

**MAKING LITTLE CHANGES:
INCREASING PHYSICAL ACTIVITY
LEVELS THROUGH FEMINIST
COMMUNITY EDUCATION**

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**Submitted in part fulfilment of the requirements for
the MEd in Adult and Community Education**

**Department of Adult and Community Education
Maynooth University**

2018

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Acknowledgements

I'd like to thank the women from Tallaght West who took part in the Women's Health and Fitness Programme and who shared their personal stories and journeys and who collectively shaped the content of the course.

I'd like to acknowledge everything that my partner, Matthew, has done to make this piece of work possible. Thank you for the unwavering support. I'd like to thank my daughter Síofra, for her wonderful lack of patience and insistence on having fun regardless of whatever I am supposed to be busy with! I'd like to thank my parents, Rhoda and Declan, for all the childcare they provided and for always extending a helping hand when asked.

I'm grateful to my employer, An Cosán, for all the time they afforded me in my pursuit of this level of education.

My sincere thanks to Camilla Fitzsimons, my supervisor, who has diligently guided me through this process, providing support and focus as needed.

Abstract

Globally, 80 per cent of adolescents and 23 per cent of adults are engaging in low levels of physical activity. This is creating a potentially dangerous unhealthy future, with significant implications of sustaining the costs of public health systems, as the increased burden of responding to projected increases in preventable chronic health conditions emerges over the next 10 – 30 years. This is a gendered phenomenon, with women engaging in lower levels of physical activity than men across the life cycle.

Women and working class people consistently have the lowest levels of physical activity in Ireland. This research project set out to establish a women's health and fitness community education programme that was aimed at working class women. This women's health and fitness programme hoped to increase both critical health literacy and levels of physical activity.

This has been a Feminist Action Research project. The goal was to explore the outcomes of an intersectional feminist and critical community education programme which pedagogically differed significantly from public health and sports initiatives which have aimed to increase physical activity levels.

It found that the Women's Health and Fitness Programme did increase health literacy and levels of physical activity, as well as improving healthy eating for the women who participated. It identified lack of time due to care work responsibilities and the lack of knowledge and support for women's postnatal bodies in sports sites to be barriers to women participating in physical activity. The pedagogical approach inherent in the community education setting, which emphasised wellbeing, built community and solidarity and democratised the classroom, was shown to be a crucial element. It argued that women's community education is a key and under-utilised site for increasing physical activity levels among working class women.

CHAPTER 1 - INTRODUCTION

This research seeks to explore the role of women's community education in improving the health of working class women in Ireland, through increasing both health literacy and physical activity levels of women deemed to have low physical activity levels under national guidelines. Healthy Ireland, a government-led initiative which "aims to create an Irish society where everyone can enjoy physical and mental health, and where wellbeing is valued and supported at every level of society" (2018), highlights the importance of increasing health outcomes across a range of indicators, including increasing physical activity. The community education sector has long considered promoting and improving health as part of its remit, with a wide range of programmes focused on positive mental health, wellbeing or increasing health literacy (e.g., Traveller Primary Health Care Projects; National Adult Literacy Agency's *Well Now!* programme). I was curious about creating a feminist health education programme, in a community education setting, which had the potential to impact health positively at individual level through a physical exercise programme, while simultaneously providing the space for feminist consciousness raising through increasing health literacy focused on a social model health.

Research Question

The research question this research project attempts to answer is: What are the outcomes of a feminist physical fitness and health education programme aimed at working class women with low levels of physical activity in a community education setting? I set out to explore the process and outcomes of running a women's health programme which specifically focused on increasing physical activity levels among working class women, increasing health literacy on a number of collectively identified health topics, and raising levels of critical consciousness about the social determinants of health and the impact of patriarchy on our bodies as women.

Women's Health and Fitness Programme

I established the Women's Health and Fitness Programme (WHFP) in January 2018. This eight-week programme worked with a group of twelve women, seven of whom agreed to be research participants. The programme's design and creation was as participatory as time constraints allowed. Each week, we did an hour's workshop on a health topic,

followed by an hour's workout and a half hour group reflection over a small nutritious meal. I facilitated these sessions, but bringing in an external instructor for half of the workout sessions. Each week a different health topic was covered and a different workout took place. The women collectively decided these topics and workouts at the start of the programme. Any changes to the agreed programme were discussed and decisions were collectively made.

Research Methods

This was a Feminist Action Research project. The sessions with the women were audio recorded and these recordings were analysed thematically to create the findings of this piece of research. The research methods are detailed in Chapter 4: Methodology.

Context

Socio-economic and Organisational Context

The fieldwork took place in my workplace, An Cosán, in Tallaght West, Dublin 24. An Cosán is a large community education centre, established in 1986, originally set up as a women's community education centre with the aim of eradicating poverty in Tallaght West through education. While it has expanded its target community over the years, it remains a heavily feminised space, with numerous programmes targeted specifically at women. An Cosán is committed to a transformative model of community education. This model is outlined in detail in the Chapter 2.

Tallaght West, is an area of significant socio-economic disadvantage. Central Statistics Office (CSO) socio-economic data from 2016 shows that education levels are low in Tallaght West with progression to third level in Tallaght West a great deal lower than the national average. Nationally 51.4 per cent progress to third level, while in Fettercairn that figure is 31.2 per cent and in Killinarden it is 20.6 per cent. There are low rates of access to technology in Tallaght West with 34 per cent of households not having a PC and 13 per cent of households with no access to the internet. Unemployment rates are nearly three times the national average, at 22 per cent compared to 7.9 per cent. This is despite the Magna Business Park, City West Business Campus, and Roadstone being located in the area.

Forty eight per cent of children are living in one parent families. Children make up 35 per cent of the local population. Nationally children account for 25 per cent of the population.

The risk of social exclusion is seen in the number of people that are living in social housing, which is significantly higher than in the rest of the State. Nationally, 9.7 per cent of the population is living in social housing, while in Tallaght West there is a high of 57.7 per cent of the population in social housing in Killinarden; in Fettercairn the figure is 55.9 per cent and in Jobstown the figure is 32.3 per cent.

An Cosán's model of education is one which attempts to take account of the barriers facing local community members in accessing community education programmes, including providing free childcare, actively creating community between learners through providing freshly cooked small healthy meals for a class to eat together during their break times, mentoring and academic support for those on accredited programmes and through an onsite counselling service.

I am the Education and Training Manager in An Cosán, which gave me significant autonomy to establish the programme in accordance with both the learners' and the research's needs. The community education and community development sector has been pressurised over recent years to conform to an ideologically neoliberal, individualised service provision model through its funders (Connolly, 2013b; Fitzsimons, 2017). This neoliberal ideology centres on a vocational focus for education, with an increasing focus on education to produce a skilled workforce. This is in stark contrast with the rights-based, social inclusion and social justice focus, which has traditionally informed community education (Aontas, 2017, p.1). However having a senior role within An Cosán, coupled with An Cosán's commitment to its transformative pedagogical approach, created the space for me to provide the programme which was committed to a feminist critical pedagogical approach. The informal nature of the programme, freed me from any accreditation constraints and there was no funder's needs to satisfy.

My Personal Journey into the Research

I have been working in community education for 14 years. Throughout that time I have been committed to a critical and feminist pedagogical approach and have worked, in particular, in women's community education settings with working class and Traveller women.

I approach my work from an intersectional feminist perspective, in particular in my understanding of how class intersects with gender. In my work in Jobstown, I am often

working with women I went to school with. I grew up in Greenhills, traditionally a working class area, bordering Tallaght. While Greenhills is considered a disadvantaged area, it does not face the more severe levels of poverty and socio-economic disadvantage that the communities of Tallaght West deal with.

I went to university straight after second level school, and have worked professionally since in community development and community education organisations. This has afforded me a sort of class fluidity, whereby I can pass in middle class professional settings with a relative ease, but also can build trust quickly in working class environments. I no longer 'fit' fully in either space, but am comfortable in both.

My feminism permeates all areas of my life. Apart from my community education work, I have always been interested in contact sports and have experienced this as an empowering approach to physical fitness and health. Before I became pregnant with my daughter at age 29, I was physically fit. Exercise and striving to be stronger, faster and fitter was a significant part of my life and I trained, either through Gaelic football or boxing, four times a week. When I gave birth to my daughter, I suffered rare 'significant trauma injuries' including tearing a pelvic floor muscle nearly entirely off the bone. These injuries will never fully heal and significantly impact my ability to engage in high intensity exercise. I can no longer engage in any moderate or vigorous physical activity without specific physiotherapy shorts to support my pelvic floor.

I have had to reassess my understanding of my body in exercise, sport and physical activity. Training hard and pushing past my fitness barriers was important to me. I love the energy and positive mental health that comes from being physically fit. Having to let go of the idea of ever again reaching my pre-pregnancy fitness levels has been a source of considerable frustration for me. Exploring the health benefits and the differences between fitness for health and fitness for sport is what led me to this thesis topic.

Thesis Overview

The literature review is covered in Chapters 2 and 3, with Chapter 2 broadly focusing on health and physical activity literature and Chapter 3 exploring community education pedagogy. Chapter 2 outlines health policy guidelines and impacts of physical activity, and explores the social determinants of health. It briefly discusses de Beauvoir's (1952) social analysis of the 'othering' of women's bodies and moves from there to examine the

feminism of physical activity and sport. Chapter 3 explores community education in Ireland, with a particular focus on women's community education. It outlines An Cosán's pedagogy before moving to a discussion of Freirean critical pedagogy and intersectional feminist pedagogy.

Chapter 4 justifies the Feminist Action Research methodology applied to this research, outlines the ethical approach, and describes the Women's Health and Fitness programme and pedagogical approach.

Chapter 5 outlines the findings of the research, describing the impacts and outcomes of the Women's Health and Fitness programme for the women who took part in it, largely through excerpts from the recordings of the programme.

Chapter 6 analyses the findings in light of the health and critical and feminist pedagogical literature discussed in Chapters 2 and 3.

Chapter 7 concludes the thesis, making recommendations for future research and for policy.

CHAPTER 2 – HEALTH, PHYSICAL ACTIVITY AND FEMINISM

There is no drug in the world that can do what exercise can do for your health.

Moyna, 2012, 15:40

Introduction

This chapter will provide an overview of health policy and literature, with a particular focus on the social determinants of health and physical activity guidelines and health benefits. It will analyse the low levels of physical activity among women in Ireland and explore feminist literature which theorises on the reasons for the low levels of engagement in physical activity in terms of exercise and sport for women.

Health Policy and Research

The Department of Health (2013) defines health as “everyone achieving his or her potential to enjoy complete physical, mental and social wellbeing” (p.9). Health is a human right. It is also “a unique resource for achieving other objectives in life, including education and better employment” (Dahlgren and Whitehead, 2006, p. 3). Healthy Ireland, a Department of Health led initiative, aims to “create an Irish society where everyone can enjoy physical and mental health, and where wellbeing is valued and supported at every level of society and is everyone’s responsibility” (Healthy Ireland, n.d.).

Healthy Ireland was established in response to concerns that the health status of people in Ireland “is leading us towards a future that is dangerously unhealthy, and very likely unaffordable” (Healthy Ireland, n.d.). Much of current health services costs are being driven by the treatment of non-communicable chronic diseases (Healthy Ireland, 2013). The Healthy Ireland Framework (2013) outlines that the prevalence of chronic diseases is projected to grow by 40 per cent between 2013 and 2020, with the number of adults with diabetes expected to grow by 30 per cent, coronary heart disease by 30 per cent, and the numbers of cancers are increasing by 6 -7 per cent annually. By 2030, it is estimated that depressive mental illnesses will be the leading cause of chronic disease. Some of these increases are explained by an ageing population. However, it is also explained by ‘lifestyle’ behaviours, including diet, having low levels of physical activity, smoking, and substance abuse. Obesity is now the leading cause of cancer in non-smokers in Ireland (Healthy Ireland, 2013).

These trends are a significant concern for disadvantaged communities with the “prevalence of chronic conditions and accompanying lifestyle behaviours being strongly influenced by socio-economic status, levels of education, employment and housing” (Healthy Ireland, 2013, p. 9). Healthy Ireland names tackling health inequalities as one of its four overarching goals and uses a social determinants model to articulate those health inequalities.

Social Determinants of Health

Many community development workers will likely be familiar with the below social-ecological model of health created by Dahlgren and Whitehead (1991).



This model outlined the multiple factors and layers affecting health, including biological factors, individual lifestyle factors, social and community networks, living and working conditions and the wider socio-economic, cultural and environmental conditions. It stressed what are commonly known as the social determinants of health: those factors which produce the social inequalities in health that are seen in disadvantaged communities where low levels of education, unemployment and poor quality housing are combined with wider socio-economic, cultural and environmental policies and contexts. According to Dahlgren and Whitehead, “social inequities in health are directly or indirectly generated by social, economic and environmental factors and structurally influenced lifestyles” (2006, p.5). This challenged those creating health programmes and initiatives to account for these factors, not reducing programmes to target only lifestyle factors if they wanted to create sustainable change. Dahlgren and Whitehead (2006) stress that social inequalities in health are unfair, and crucially that as they are socially produced, not biologically inevitable, can be changed. Many community health and

education projects, (e.g. Traveller Primary Health Care projects) have taken their work as their theoretical starting point.

Michael Marmot (2006), Chair of the World Health Organisation's Commission on Social Determinants of Health, outlines the importance of the social determinants of health in addressing health inequalities. He notes that in developed countries, where clean water, sanitation, sufficient calorific intake, shelter and access to health services are taken as a given, that it is non-communicable disease (and violence) which are the leading cause of death among those living in poverty. He explains that "individuals choose to drink, smoke, or eat more calories than they consume in physical activity, but their choices are influenced by the environment" (Marmot, 2006, p. 2091). He advocates that when material conditions for good health (public health services, availability of healthy food, opportunities for exercise, and crime-free communities) have been met, that individual and community empowerment are essential for combating health inequalities. Empowerment consists of having high levels of social capital within communities (strong social networks and supports) and is mediated through "power relations in society, as they operate through social institutions and the opportunities afforded to those in relatively disadvantaged positions" (p. 2091).

Physical Activity and Health

The World Health Organisation (WHO) (2017) defines physical activity "as any bodily movement produced by skeletal muscles that requires energy expenditure – including activities undertaken while working, playing, carrying out household chores, travelling, and engaging in recreational pursuits". The WHO (2017) rates low levels of physical inactivity as one of the leading risk factors for death worldwide. The Department of Health (2016, p.9) outlines that in Ireland physical inactivity is thought to cause:

- 9 per cent of the burden of disease from coronary heart disease
- 11 per cent of type 2 diabetes
- 15 per cent of breast cancer
- 16 per cent of colon cancer.

Moyna (2015) highlights that modern human bodies have evolved from hunter gatherer lifestyles, which were based on walking and being active for extended periods of time daily. This contrasts sharply with the sedentary and screen based lifestyles of large

proportions of people currently living in developed countries and this sedentarism has significant impacts on our health. WHO (2017) estimates that 23 per cent of adults and 80 per cent of adolescents worldwide have levels of physical activity which are too low and that 26 per cent of men and 35 per cent of women are insufficiently active in high income countries.

Physical Activity Guidelines

WHO distinguishes between physical activity and exercise, explaining that exercise is a subcategory of physical activity which is “planned, structured, repetitive, and aims to improve or maintain one or more components of physical fitness” (2017, Physical activity factsheet). This research project explores increasing levels of physical activity through exercise. Moyna (2012) distinguishes between “fitness for health versus fitness for sport” (13:26). Fitness for health implies have physical activity levels that are at a sufficient level to optimise health, hence enhancing or increasing standards of living, preventing a wide range of chronic diseases.

The *Get Ireland Active: The National Physical Activity Plan for Ireland* (2016) was created in response to the recommendations of *Healthy Ireland, A Framework for Improved Health and Wellbeing, 2013-2025*. It defines sedentary behaviour as, “any waking activity characterised by an energy expenditure ≤ 1.5 metabolic equivalents and a sitting or reclining posture” (p.5) and outlines that adults between the ages of 18-64 should be engaging in 30 minutes of moderate physical activity five days per week and two muscle strengthening activities. These 30 minute physical activity sessions can be broken into three x 10 minute activity sessions, with the minutes accumulated over the day. These guidelines are in line with international standards (NHS, 2011; Office of Disease Prevention and Health Promotion, 2008; WHO, 2010).



(NHS, 2011).

Physical Activity Benefits

Physical activity which follows the above guidelines causes significant health improvements and reduces risk of numerous chronic diseases. (Black Dog Institute, 2018; Dept. of Health, 2013; Dept. of Health, 2016; Moyna, 2012; UK Chief Medical Officer's Guidelines, 2018; WHO, 2017). Regular exercise over a period of sixteen weeks has been shown to be equally effective in the treatment of mild to moderate depression as antidepressant medication (Black Dog Institute, 2018). According to the NHS Chief Medical Officer's Guidelines shown above (2011), increasing physical activity levels to the national guidelines amount can result in a reduction of the following health conditions

- Diabetes, by 40 per cent

- Cardiovascular disease, by 30 per cent
- Falls, by 30 per cent
- Mental health illness, by 30 per cent
- Dementia, by 30 per cent
- Back and joint pain, by 25 per cent
- Cancers of colon and breast, by 20 per cent

Participating in physical activity in communities leads to a building up of community and social networks and a reduction in social isolation and social exclusion (Dept. of Health, 2016).

Women and Physical Activity in Ireland

Only a minority of women across all age ranges in Ireland are reported to be achieving the recommended physical activity levels according to the *Healthy Ireland Survey Report 2016*. Thirty four per cent of young women aged 15 – 24 years have physical activity levels which are not reaching the national guidelines, with this dropping to 23 per cent for 35 – 44 year olds and to a low of 7 per cent in the over 75 years age bracket.

Age	Men		Women	
	Feel that activity levels are sufficient	Achieve activity guidelines	Feel that activity levels are sufficient	Achieve activity guidelines
15-24	78	56	50	34
25-34	63	52	51	32
35-44	53	39	49	23
45-54	51	38	51	25
55-64	60	33	50	18
65-74	65	24	58	13
75+	54	14	54	7

Perceived versus actual physical activity level, Healthy Ireland Survey 2016 Report, p. 24

While 65 per cent of the general population report that they have an awareness of the national physical activity guidelines (Healthy Ireland, 2016), only a minority of women across all age ranges are reported to achieve the 150 minutes of moderate physical intensity activity and two muscle strengthening activities per week. The table above suggests that women at all ages are not as physically active as men. A significant number

of women that are not achieving those guideline amount of physical activity, believe that they are. In the 15 - 24 years age bracket, 16 per cent of women surveyed believe they are achieving the recommended amount of physical activity when they are not, going up to 47 per cent of women in the over 75 years age bracket.

Sport Ireland, the statutory authority with responsibility for the development of sport in Ireland, defines sport as “all forms of physical activity which, through casual or regular participation aim at expressing or improving physical fitness and mental well-being and at forming social relationships” (2016, p. 5). It includes not only competitive sports, but also recreational forms of exercise including walking, dancing and gym activities (Sport Ireland, 2016). Sport Ireland produces the Irish Sports Monitor (ISM) – a large scale public survey measuring active and social participation in sport in Ireland, published every two years.

The *Irish Sports Monitor Annual Report 2017* (Sport Ireland, 2018), showed that there is a 4.5 per cent difference in sports participation between men and women, the lowest ever recorded figure, and that for the first time ever, women over the age of 45 are more likely to be engaged in sports than men of the same age. It should be noted that this is partly explained by a decrease in the number of men engaging in sport over the last two years (attributed to a lack of time caused by an increase in employment levels nationally).

Those with low income and low levels of education are consistently the least likely to participate in sports according to the ISM data (Sports Ireland, 2018; 2016). Dahlgren and Whitehead (2006) advocate that all programmes aimed at reducing health inequalities should analyse differences in health by both gender and social position (class). Despite these factors, the *Get Active! The National Physical Activity Plan for Ireland* (2016), does not have one recommendation (out of sixty) which specifically targets women. When discussing the comparatively low levels of participation of women in sport the Sport Ireland (2018) suggests that maintaining mothers’ involvement in sports is crucial due to their “very important [role]...in terms of encouraging and facilitating their sons and daughters to participate in sport” (p. 83), but quite remarkably, makes no suggestions about women participating themselves.

Time and Carework

There are entrenched gender inequalities in the division of unpaid labour within the private sphere of the family home in Ireland with women engaging in far higher levels of unpaid carework, in particular childcare in the family home than men do (Barry, 2008;

Lynch & Lyons, 2008;). Carework is an essential element of human life, and no human can survive without it. Yet this work is significantly undervalued and attributed low status (Lynch and Lyons, 2008), as can be evidenced through the low pay for those employed in this sector, e.g. early childhood educators, special needs assistants etc. Carework is publicly constructed as essentially women's work (Oakley, 1974; O'Connor, 2010) and this impacts women's representation in public, political, professional and cultural level of society (Lynch and Lyons, 2008). Sports Ireland (2018) notes that 'time' has become a significant factor affecting rates of participation in sports and has attributed a drop in national male sports participation rates to a rise in national employment levels between 2015 and 2017. Time spent on unpaid work remains entirely invisible.

Women's Bodies through Life Stages and Implications for Physical Activity

At certain stages in women's lives, such as, puberty, pregnancy, post-partum (for the majority of women who have children) and menopause, significant changes occur. Some of these changes are still considered embarrassing and taboo, in particular those related to continence, despite the high numbers of women who experience them. Brown and Miller (2001) analysed data from the *Australian Longitudinal Study on Women's Health* (ALSWH) and found that "leaking urine is frequently mentioned (anecdotally) by women as a barrier to physical activity" (p.4). They recommended health professionals proposing physical activity to women should be aware of this.

There is no mention of the barriers that women experience in participating in physical activity, in terms of the gendered time challenges or the changes women's bodies experience in engaging in moderate and intense physical activity at different stages in either *Get Active! The National Physical Activity Plan for Ireland* (2016) or in the *Irish Sport Monitor Annual Report 2017*.

Feminist Sociology of Physical Activity and Sport

Women's Bodies as Other

Simone de Beauvoir, writing in the early 1950s, described in *The Second Sex* how women, and in particular women's bodies, are 'othered'. She outlined how the male body and being a man is the societal norm to which all else is deviant. She declared:

Thus humanity is male and man defines woman not in herself but as relative to him; she is not regarded as an autonomous being... She is defined and differentiated with

reference to man and not he with reference to her; she is the incidental, the inessential as opposed to the essential. He is the Subject, he is the Absolute – she is the Other. (1952, p. xxii)

de Beauvoir situated women's bodies socially and historically: "One is not born, but rather becomes, a woman" (1952, p.267). She advocated that the othering of women's bodies was not a natural or inevitable state of affairs. She argued that "no biological, psychological or economic fate determines the figure that the female body presents in society" (1952, p.267), rather, it is the result of socialisation.

Despite these radical claims, de Beauvoir did hold to some biological determinism and a belief in women's frailty: "puberty transforms the young girl's body. It is more fragile than formerly; the feminine organs are vulnerable, and fragile in their functioning" (1952, p. 329). This is palpable in how she discussed women's menstrual cycles: "a woman may be temporarily in a state of semi-lunacy" (1952, p.287). While contemporary feminist analysis eschews the remnants of biological determinism described above, the following excerpt from *The Second Sex* (1952) perhaps illustrates how far feminism has to go and strength of patriarchy's grip is on physical activity and sport remains today:

Today, thanks to the conquests of feminism, it is becoming more and more normal to encourage the young girl to get an education, to devote herself to sports; but lack of success in these fields is more readily pardoned in her than in a boy; and success is made harder by the demands made upon her for another kind of accomplishment: at any rate she must be *also* a woman, she must not *lose* her femininity." (Emphasis in original, p. 282)

Historical Overview of Women's Bodies & Constructions of Femininity in Sport

The founder of the modern Olympic Games, Baron Pierre de Coubertin, argued that women's sport was "against the laws of nature", and that "the eternal role of woman in this world was to be a companion of the male and mother of the family, and she should be educated towards those functions" (quoted in Cronin, Duncan and Rouse, 2014, p. 320).

Hargreaves (2002) outlines how in Victorian society a (middle or upper class) woman's role was in the family/private sphere as mother and companion to her husband. The female body was constructed as delicate and physically and biologically inferior to the male body. Medical opinion held that vigorous exercise was damaging to women's health and that only moderate exercise was appropriate to "enhance the health of women and their potential to conceive healthy children" (Hargreaves, 2002, p. 57). Abdel-Shehid and

Kalman-Lamb (2017) challenge this normative history of gender and sport noting that it is a specifically white history that ignores the experience of black women slaves in the US, who engaged in the same physical labour as black men slaves, with no expectation that women would not be capable of the same level of physicality as men.

In Ireland, the historical national discourses around women and their role in sport can be traced using the development of Gaelic games as an example. Girls and women cannot play Gaelic games as part of the Gaelic Athletic Association (GAA, founded in 1884) once they are over 13 years of age. The formation of both The Camogie Association in 1904 and the Ladies Gaelic Football Association (LGFA) in 1974 as separate entities to the shows both the patriarchal assumptions that women had no role as athletes or in management in the GAA, as well as women's self-organised resistance to this discourse.

It is a simple fact that man walked on the moon before woman played football in Croke Park. In sport, the past holds a tight rein on the present and, when it comes to women, the sporting mould shaped by the Victorian world was never properly broken. (Cronin, Duncan and Rouse, 2014, p. 319)

Women were active agents in the promotion of patriarchal norms in sport (Hargreaves, 2002), with the maintenance of patriarchal assumptions of femininity, central to the establishment of both The Camogie Association and LGFA. They were set up with different rules to the men's games, with less physical contact allowed (this remains true to this day). Women's football is 'Ladies' football and camogie players continue to wear 'skorts' as part of their kit. In 1944, Professor Agnes O'Farrelly, Honorary President of The Camogie Association asserted that, "this national game of ours, of which the cardinal is Patron, cannot by any stretch of the imagination be called unwomanly or any way unsuited to the dignity of our sex" (quoted in Cronin, Duncan and Rouse, 2014, p. 329). Hargreaves asserts that the proliferation of women's sports in the twentieth century was only possible "because they occurred in separate spheres from the sports of men...if men and women never opposed one another in open competition, the newly learned female 'aggressiveness' and 'competitiveness' could be defined as qualitatively different from men's" (p 62).

Hargreaves contends that "separate male and female sport did nothing to minimise the polarization between masculine and feminine that was manifest in the separate spheres of private (or family) life and public life" (2002, p. 62). Cronin, Duncan and Rouse (2014) argue differently, suggesting that women's participation in sport in the early 1900s, in

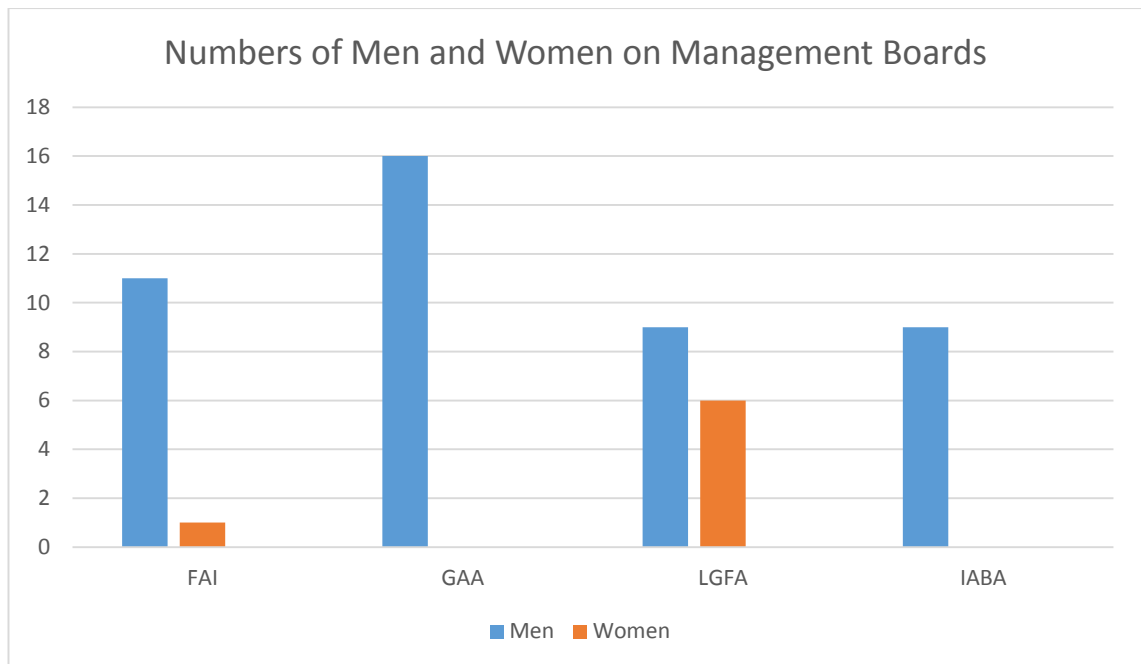
Ireland specifically, deconstructed notions of the weak incapable female body and “played a significant part in shifting perceptions of what a woman was capable of doing. This shift involved a leap over the sideline and onto the playing field” (p. 321).

Sport and Patriarchy

Competitive sport is often considered the pinnacle of the liberal idea of achievement based on opportunity – a unique site of meritocracy where those who are most skilled and work the hardest climb the highest. Working class, black and other discriminated against social groups often coming out on top through sheer grit and drive. However, biological determinism, which “presupposes a pervasive picture of sex and considers that biology grounds and justifies social norms” (Moi, 2005, p. 20) is rife in sport still, with an overwhelming strict separation of women and men in sports and widespread favouring of men’s sports over women’s. There is no doubt that the hegemonic discourse in sport is that women play an inferior game to men; women’s bodies are othered in almost all sport arenas.

While women may have moved from the sideline to the playing field, they have not moved from the pitch into sports management, where levels of exclusion remain stark. Women account for 30 per cent of the board of Sport Ireland (three out of 10 members). The Sports Council of Ireland has 18 members, of which women make up 11 members.

The gender ratios in the management of three high profile sports in Ireland that working class women have a significant public presences in - soccer, Gaelic football, and boxing are examined below.



The Football Association of Ireland’s (FAI) Board has 11 positions, of which only one is held by a woman, who sits in the post for Women’s Football (FAI, *Fai Board and Council*). The GAA’s Management Committee has 16 seats, with no women sitting on it (GAA, *Coiste Bainisti Members*). The LGFA has a management team of 15 people, nine of whom are men, but with women holding the top two senior positions – President and CEO (LGFA, *Management*). All nine directors of the Irish Amateur Boxing Association are men (IABA, *Board of Directors*). While it could be argued that boxing is very much a male dominated sport, Katie Taylor’s current success as Ireland’s most decorated international athlete of all time would point to the importance of women’s involvement at all levels of the sport.

The management of teams fares no better as shown below. The FAI’s website lists five management team members for the men’s international team, all men, with only one management team member for the women’s international team, who is also a man. (Accessed 29/12/17). In ladies Gaelic football, only one of eight Division 1 county teams is managed by a woman, and not one men’s Gaelic football team is managed by a woman.

Dworkin and Messner (2002) describe how as women’s sports become more successful, women tend to be pushed out of management roles within those sports. Hall (1996) argues that this leads to women being coached under the values underpinning men’s sports, “hierarchy, competitiveness and aggression” (p. 91). There is a tension as to whether or not this equates to women’s sports fields, in particular contact sports, as uncritically absorbing patriarchal norms or a direct challenging of them by resisting the notion that

femininity prevents women from being aggressive and competitive (Dworkin and Messner, 2002; Hargreaves 2002; Whitson, 2002). There tends to be an assumption of a dichotomy underpinning much feminist sports writing that sports fall into two categories – those based on physical power and domination and those based on skill, with contact sports falling into the first category. Contact sports are presumed to be based on domination of the opponent and hence legitimising a violent form of hegemonic masculinity, which it would be unwise for women en masse to uncritically engage in. It is suggested that a feminist reconstruction of sports and exercise should focus less on competition and aggression and look towards other physical practices such as yoga, dance, aerobics where “the challenges and the pleasures are in skill and self-possession rather than confrontation and offer empowering experiences to women and men alike” (Whitson, 2002, p. 237). This appears to be a false dichotomy and based on a fundamental misunderstanding about how physical strength is used skilfully in the controlled environment of contact sport with the result that a patriarchal construction of femininity as being caring, cooperative and submissive physically is maintained.

Dworkin and Messner discuss the trend from the 1990s for women to become toned and lean, a move away from being very slim, to being physically fit with developed musculature. They outline the tension between this initially being a form of resistance against a patriarchy that defines women’s bodies as weak and the corresponding shift in patriarchal assumptions of female beauty to now include being toned.

Defined according to the latest commodified eroticisation of heterosexual femininity, most women (with difference by race, class, sexuality, age) remain acutely aware of how much muscle is “allowed”, how much is “still attractive”.” (Dworkin and Messner, 2002, p. 24)

It is clear that organised sport is still almost exclusively gender segregated, with men’s sport attracting far higher audience numbers, prestige, sponsorship, media coverage, profits and with women excluded from sport management (Cronin, Duncan and Rouse, 2014; Dworkin and Messner, 2002; Hargreaves, 2002; Pfister, 2015).

Physical Education and Community Education

In childhood education, including in early years education, physical activity is promoted and accepted as being a core educational focus. Under the Wellbeing theme of *Aistear, The Early Childhood Curriculum Framework* (2009) published by the National Council for Curriculum and Assessment, it is aimed that “children will be as healthy and fit as

they can be” (p.17). From Junior Infants in primary schools, right through to 6th year at second level, physical education and physical activity are promoted strongly, with national outcomes measured against the Department of *Education’s Get Active! Physical Education, Physical Activity and Sport for Children and Young People: A Guiding Framework* (2012). Moyna (quoted by O’Brien, 2018) advocates that the PE programme should be expanded to include more health literacy and it should be prioritised as a Leaving Certificate subject and in 2017 PE is being piloted as a Leaving Certificate subject in 80 schools nationally.

When it comes to adult and community education, it would appear that physical education and physical activity are broadly absent. It is not a core subject on any further education QQI accredited General Learning Major Award’s levels, with physical activity only being a module option on the Level 1 General Learning award. While personal development is usually a core or optional module, physical education is entirely absent for the vast majority of adult learners on an accredited general learning programme. The national Further Education and Training Authority, SOLAS, does not mention ‘health’, ‘physical education’ or ‘fitness’ once throughout its *Further Education and Training Strategy 2014 – 2019*, compared to ‘work’ being mentioned 354 times, ‘employment’ 265 times and ‘career’ 43 times. There appears to be no policy or plan to prioritise physical education programmes in adult education from its only core public funder, despite commitments to interdepartmental approaches to the implementation of the *Healthy Ireland Framework* (2013).

Adult education is evidently strongly influenced by neoliberalism and being actively funded to pursue economy’s needs (Connolly 2013a; Finnegan, 2017; Fitzsimons, 2017). The SOLAS *FET Strategy 2014 - 2019* is a clear iteration of this, with the purpose of adult education to meet the needs of the labour market, and shrugs off the active citizenship and rights-based elements of the Department of Education’s (2000) *Learning for Life: White Paper on Adult Education*.

Conclusion

Community education has long been the site of resistance against neoliberal educational policies, and has taken its lead from its local community’s identified needs and strengths, not from national and international stated economic policy priorities. The next chapter will explore the pedagogical approaches underpinning community education in Ireland.

Chapter 3 - Community Education, Critical and Feminist Pedagogy

Here we are attempting to capture the power of a community as it learns to resist and to replace the habits and systems of an unjust and unequal society. It replaces learning objectified and inert knowledge with inter-subjective knowledge in an aesthetic and relational environment. This is created in a place of beauty through practices that encourage stillness of self, respectful mutuality, and loyalty to community.

(Gilligan and Zappone, 2006, articulating their vision of community education in An Cosán)

Introduction

This chapter provides a brief overview and history of women's community education in Ireland, before moving into a description of the pedagogical approach of An Cosán as articulated by its founders. An Cosán is the community education centre where this research project was located and is one of a small number to have published literature outlining its pedagogy. This is followed by an exploration of the critical pedagogy of Paulo Freire and intersectional feminist pedagogical approaches, before finishing with a consideration of what type of action feminist critical pedagogical approaches might hope to lead to.

Women's Community Education

Community Education means different things to different people in Ireland. It describes a broad range of activities at grassroots level (Connolly, 2010; Connolly and O'Toole, 2005; Fitzsimons, 2017). Women's community education (WCE) is targeted specifically at women and takes place in community settings, either local geographic communities or within communities of interest, e.g. Traveller women, young mothers. It can describe personal development courses, adult basic education such as literacy or numeracy classes, higher education programmes, creative classes, or women's groups who meet for the purpose of community development. Connolly (2008) identifies "ownership, agency, subjectivity and consciousness raising" (p.7) as the key characteristics of WCE. Aontas, the national adult learning organisation, describes WCE as:

about providing women with the space to see the world in a different way and to offer women opportunities to understand the reasons underlying their experiences of the world that have been shaped by an unequal society where women come second to

men. WCE organisations engage in and prepare and invite participants into collective action for social change. (2009, p.21)

Fitzsimons (2017) highlights the heterogeneity of community education, with different practitioners philosophically positioning their work in different ways. She notes that community education is “influenced by the socio-political climate, its location and the reasons why a group comes together in the first place” (p. 53).

Aontas’s vision for WCE in Ireland is

the achievement of equality for women across the social, cultural, economic and political spheres of life as well as the changes necessary to the structures and systems of society that are essential for this vision to be fulfilled. (2009, p. 41)

Community Development

I often think of community education as the meeting point between adult education and community development. Feminist community education, that is, women’s community education which is underpinned by feminist pedagogies, emerged in Ireland in 1980s in tandem with the rise of radical community development. Community development principles stress the importance of organising collectively from the grassroots, with disadvantaged community members actively participating and taking leadership positions within community development approaches to tackling/eradicating specific social issues (Community Work Ireland, 2016). It is an intersectional approach, which emphasises solidarity across and between oppressed social groups and the centring and amplifying of the voices of those from social groups typically silenced in research and in programme planning and evaluating.

Community development recognises that policies and programmes targeted at communities and groups experiencing poverty, inequality, discrimination and social exclusion will not and cannot be effective without the meaningful participation of those communities and groups in their design, implementation and monitoring. (Community Work Ireland, 2016, p.22)

Fitzsimons and Connolly (2015) assert that aspects of the radical community development movements in the 1980s were gender-blind and despite its focus on social justice and equality, did not always tackle patriarchy within its movements, highlighting that “feminist community education emerged in response to the deficit ensuring the status of women was addressed in the process of community development” (p.11). Conversely,

local feminist community education groups equally challenged the class bias existing in the national feminist movement (Connolly and O'Toole, 2005). Feminist community education was largely community education which was self-organised by women, for women in working class communities.

An Cosán's 'Living System of Education' Model

An Cosán is one of Ireland's most renowned community education centres. As explained in the Chapter 1, An Cosán is the site where this research project took place. While it was originally established as a women's community education centre in 1986, it has broadened its parameters to include men on the advice of the local community, although it remains a largely feminised space. Katherine Zappone (current Minister for Children and Youth Affairs) and her late wife, Ann Louise Gilligan founded An Cosán as a community education centre underpinned by a 'living system of education' philosophy. They believed that this living system of education model was directed towards radical social change, and that this change was created when groups of people engaged in a set of 'generative activities': increasing our sense of belonging; deepening spiritual awareness; reflecting on personal experience; applying social analysis and engaging in practices for change (Gilligan and Zappone, 2006).

Gilligan and Zappone (2006) point to the importance of developing a genuine experience of belonging to combat individualism and build communal energy to create change. This is to be achieved through creating a warm and welcoming learning environment in a beautiful setting. Creating the space for dialogue over food is a crucial element of this. Each class in An Cosán starts with an 'opening circle', a space for stillness and reflection, inviting each learner to ground themselves in the learning they are about to collectively engage in. Gilligan and Zappone dismiss the idea of banking education and encourage creating space for hearing silenced voices:

reflecting on our personal experiences and histories...and to place these personal truths in dialogue with how others have understood or interpreted similar realities. Thus begins an ownership of knowledge that can change our inner and outer worlds. (2006, p 27)

Raising consciousness through applying social analysis to social problems facing the community is core to this process. Finally, actively and physically creating social change at both the personal and public (community, social and political) levels is the result of

this model living system of education. The quote below is often used to encapsulate what An Cosán is striving to achieve:

“Transformative learning – which requires a curriculum that touches the mind, heart, body and soul, can effectively generate enough individual and communal vigour to literally change the world...we are alluding here to a revolutionary form of education that teaches all of us how to reorder our society and economy so that we can shape new ways of being human together” (p 22).

In establishing An Cosán in the mid-1980s, Gilligan and Zappone were influenced significantly by the radical and humanist educational theorists of the time, including Paulo Freire. His theories of praxis, conscientisation and his radical humanist focus on love as an agent of change are clearly seen in Gilligan and Zappone’s pedagogical approach.

Freirean Critical Pedagogy

Paulo Freire was a Brazilian educator and radical, committed to critical pedagogy. During the 1970s he wrote *Pedagogy of the Oppressed*, one of the most influential critical pedagogy books ever written. Freire writes with both a revolutionary passion and compassion. His educational approach is one which holds humanity, love and hope at its core.

Freire argued that education is always political and is not a neutral practice (1970; 1994). Education can be authoritarian and domesticating, supporting and recreating systems and structures of oppression, or it can be a democratic, humanist and liberatory practice, in which “the oppressed unveil the world of oppression and through the praxis commit themselves to its transformation” (Freire, 1970, p. 36).

Freire rejects the ‘banking concept’ of education which positions the teacher as an expert with knowledge that docile learners must uncritically absorb, advocating instead for a ‘problem posing’ pedagogical approach (1970). In problem posing education, a dialogical relationship exists between teacher and learners, where both are simultaneously teachers and learner. The content of education programmes (in particular in his focus on literacy programmes) is centred on the starting point of learners’ experiential knowledge. Freire clarifies that this does not mean that personal experiences will dictate all class content, but that he is referring to “democratising the power of choosing content” (1994, p. 101). This is a topic which is further discussed in the below section on feminist pedagogy.

Freire's critical pedagogy is committed to praxis: "reflection and action upon the world in order to transform it" (1970, p. 33). Critical reflection on the world leads to conscientisation, at both the individual and collective level. Through conscientisation

people develop their power to perceive critically *the way they exist* in the world *with* which and *in which* they find themselves; they come to see the world not as a static reality, but as a reality in process, in transformation. (Freire, 1970, p. 64)

Learners use this critical understanding of their social, political and historical place in the world to take informed collective action against oppression. Praxis in radical community education "can take many forms such as the creation of alternative spaces for dialogue, negotiation with power holders, rights-based campaigning and lobbying work and the establishment of supports that simultaneously address *and* highlight shortfalls in public provision" (Fitzsimons, 2017, p.59).

Freire (1970) notes that humans "exist in a dialectical relationship between the determination of limits and their own freedom" (p. 80) which create "limit situations" (p.80), situations where people feel they are facing an insurmountable barrier to their liberation, but which actually are "concrete historical dimensions of a given reality" which can be overcome through praxis, which builds hope and confidence (p.80).

Despite Freire's contribution to critical pedagogy, he has been critiqued by feminist writers (hooks 1994) for his sexist language in *Pedagogy of the Oppressed*. While bell hooks (hooks' critical black feminist pedagogy is discussed below) critiques Freire's construction of a "phallogocentric paradigm of liberation – where freedom and experience of patriarchal manhood are always linked as though they are one and the same" (1994, p.49), she is clear to reject a dismissal of his work, advocating that there is "so much that remains liberatory" (1994, p.49). Freire addressed feminist critiques of this work in his later works, including in his book *Pedagogy of Hope* (1994) where he acknowledged that "the rejection of a sexist ideology, which necessarily involves the re-creation of language, is part of the possible dream of a change of the world" (p.57).

Feminist Pedagogy

Feminist pedagogies are women centred, challenging the construction of hegemonic 'legitimate' empirical knowledge, valuing the knowledge created through personal experiences, and focused ultimately on taking informed action to break down patriarchy

to create an equal society. Feminism is a diverse school of thought, home to many different perspectives.

Intersectional Feminism

An intersectional feminist approach rejects claims of a universality of gender oppression or a unified sisterhood (hooks, 1994; Mohanty 2003; Yuval-Davis 2011). Mohanty suggests that “it is at the intersections of the various systemic network of class, race, (hetero)sexuality, and nation, then, that position us as “women”” (2003, p. 55). bell hooks, a black feminist and critical pedagogist raised in the rural southern USA, explains that to her:

feminism is not simply a struggle to end male chauvinism or a movement to ensure that women will have equal rights with men; it is a commitment to eradicating the ideology of domination that permeates Western culture on various levels – sex, race, and class, to name a few – and a commitment to reorganising U.S. society so that the self-development of people can take precedence over imperialism, economic expansion, and material society. (1981, p.195)

bell hooks – Liberatory Pedagogy

hooks outlines her theory of liberatory pedagogy in her book, *Teaching to Transgress* (1994). She is influenced greatly by Freire’s concepts of conscientisation and praxis. hooks’s pedagogy is a ‘practice of freedom’, a liberatory practice that is informed by revolutionary theory. It is an intersectional black feminist approach that affirms that “our ways of knowing are forged in history and relations of power” (p.30). hooks asserts that her ‘engaged pedagogy’, a holistic and transformative pedagogical approach, “is more demanding than conventional critical or feminist pedagogy...[as] it emphasises wellbeing. That means that teachers much be actively committed to a process of self-actualisation” (p.15), through being learners alongside their students.

hooks is as concerned with teaching methods as curriculum. hooks was writing from the perspective of an academic teaching in higher education institutions, where she advocates for a democratic classroom, “where everyone feels the responsibility to contribute” (1994, p.39) to developing the learning environment. She highlights the importance of increasing the participation of students and of fun and pleasure in the classroom. She encourages sitting in a circle rather than rows, of building a community of learning and trying to reduce the weighting of the balance of power within the classroom, while remaining clear

that the power is not equal between tutor and student, but that tutor and learner “are equal to the extent that we are equally committed to creating a learning context” (1994, p. 153).

hooks advocates the importance of passion and emotion in the classroom, acknowledging that going through processes of conscientisation can be painful and that education must move away from the presumption of a rational intellectual mind/body split (1994, p.155). Developing this thought further, hooks (1994) says that teaching has become a disembodied practice:

The erasure of the body encourages us to think that we are listening to neutral, objective facts, facts that are not particular to who is sharing the information...we are all subjects in history. We must return ourselves to a state of embodiment in order to deconstruct the way power has been traditionally orchestrated in the classroom, denying subjectivity to some groups and according it to others. (p.139)

The sharing of personal experience in the classroom (from both tutor and learners), is for hooks a key site of knowledge noting that when personal narratives are combined with academic information, then the potential for learning is enhanced (1994, p.148). She cautions against an identity politics “authority of experience” (1994, p.90) approach to the use of personal narrative within the classroom, which can be “used to silence and exclude” (1994, p.90). Instead she is clear that personal experience is “a standpoint on which to base analysis or formulate theory” (1994, p.90). It needs to be used strategically in the classroom as a position to engage in “dialectical exchange of ideas” (1994, p.149).

Action for Social Change

A commitment to taking action to create social change is a core element of critical and feminist philosophies and practices. This is a basic premise underpinning praxis. But what counts as taking action, what type of change do we wish to see and at what level in society? As community educators, are we including action at individual level based on critical social analysis or action which transforms oppressive social structures? Where do we locate those structures to be in terms of the public (social) and private (home) spheres?

Mohanty (2003) recognises feminist action happening at a number of levels, including the individual level through relational communities, collective action level and through the production of knowledge level (as discussed further in Chapter 4). hooks (1994) is clear that it is social action as part of revolutionary feminist movements for change that

concentrates her pedagogical focus, and is critical of “lifestyle-based feminism” (p. 70). She acknowledges that “that historical moment when one begins to think critically about the self and identity in relation to one’s political circumstance” (p.47) as the initial stage of transformation, but reminds readers that critical consciousness raising is always part of praxis and not an end in itself. Alternatively, Linda Connolly and Tina O’Toole (2005) acknowledge that consciousness raising in feminist community education that results in social change at the cultural level is necessary, and argue that “raising the consciousness of a wider constituency of women who do not the resources, childcare and time for other activist or community development work is also a critical element of feminist empowerment (p. 236). Discussing community education, Bríd Connolly (2010), welcomes a critical pedagogy that develops the resources and community leadership to take action locally on divisive issues such as drug addiction or racism, but cautions against community education advocating that it can provide the solution at local level to destructive social structures which are caused by “globalised economic and cultural trends” (p.17).

Conclusion

This chapter gave a brief depiction of women’s community education in Ireland, and described the theories of Paulo Freire, bell hooks and described the diversity of perspectives in feminist pedagogy in relation to what constitutes ‘action’ in critical and feminist educational approaches.

The next chapter takes up this discussion again while examining the methodology and research methods used in this research project.

CHAPTER 4 - METHODOLOGY

Feminist scholarship... is not the mere production of knowledge about a certain subject. It is a directly political and discursive practice in that it is purposeful and ideological. It is best seen as a mode of intervention into particular hegemonic discourses...it is a political praxis that counters and resists the totalizing imperative of age old "legitimate" and "scientific" bodies of knowledge.

(Mohanty, 2003, p. 19)

Introduction

In this research project I have sought to explore in what way can community education increase levels of physical activity among working class women, with a specific focus on those who are deemed to have low levels of physical activity by health science practitioners. I decided to pilot an eight week 'Women's Health and Fitness' community education programme, in An Cosán, where I am the Education and Training Manager.

This research project started with aspirations of using a Feminist Participatory Action Research (FPAR) methodology. It quickly became apparent that the time and resources needed to complete an authentically PAR project were not available. So while this research project became a qualitative Feminist Action Research (FAR) project, it retained many of the Freirean PAR theoretical underpinnings. A discussion of both methodologies is included in this chapter as a result.

Methodology Overview

It has been a challenge to fit this piece of research neatly into an existing research paradigm. Reid and Frisby (2008) advocate for a coming together of feminist research (FR), PAR and Action Research (AR). They argue that these methodologies buttress one another epistemologically and methodologically through a renewed focus on valuing the historically and culturally located lived experience of research participants, coupled with a clear commitment towards taking action to bring about social change (p.94).

Ontology and Epistemology

I have worked in community development, in particular in community education for 13 years. I am an intersectional feminist and an activist, involved in radical social movements

since my teenage years. My community development work, feminism and radical activism principles and practices inform each other and are informed by the critical pedagogy theory of Freire and intersectional feminists, in particular Black feminists, including hooks (1981, 1994) and Mohanty (2003), as described in Chapter 3.

I strive towards an emancipatory community education model which facilitates processes of conscientisation, holds processes of praxis at its core and practices solidarity across different social groups, centring the most marginalised voices in a manner that encapsulates meaningful participation.

This research project aimed to facilitate the meaningful participation of working class women in Tallaght West in engaging with national health policies around physical activity and to create a space for the voices to emerge in a way that could inform or challenge those policies. I looked to find a research methodology that would enhance my critical pedagogical approach and provided the space for the principles and practices that inform critical feminist community education. What emerged over the course of the project, was a clear FAR model, informed by, but not purely rooted in PAR. What follows below is an exploration of both FR, AR and PAR methodologies and a discussion about where this research project lands.

Feminist Research

Feminist research approaches highlight the patriarchal norms within the academy, whereby women's bodies and social experiences have been othered, and analysed through a male lens (Letherby, 2003; Stanley and Wise, 1993). The androcentric and patriarchal norms inherent within much positivist research is rejected by feminists (Reid, 2004), along with the belief that there are objective universal truths which govern human social life (Stanley and Wise, 1993). Subjectivity, agency and the experiential knowledge of research participants is strongly valued in feminist research (Letherby, 2003). Creating space for marginalised and oppressed women's voices, in particular those which are not usually captured by academic research is of particular interest to feminist researchers (Frisby, Reid, Millar & Hoeber, 2005) while at the same time, recognising the diverse experiences and intersections of oppressions that different groups of women face and being careful not to homogenise women's experiences into a universal sisterhood (hooks, 1981; Mohanty, 2003). In this research project, I have focused on trying to illuminate the perspectives of working class women in relation to national physical activity public health

policy, a voice which does not appear to have been included in the formulation of this policy to date.

Feminist research is reflexive, critically reflecting both on the power relations present within the research, between researcher and participants and on their own practice (Letherby, 2003).

Participatory Action Research

PAR actively partners with research participants, transforming their role from participant to co-researcher. It is participative in the radical community development understanding of the term, that is, that the research participants are co-researchers, collectively involved in all stages of the research process, including deciding to conduct research, deciding the research topic and questions, being offered the space to have their knowledge and skills in research methods developed, being part of the decision around what research methods to use, collecting data, analysing results, and making decisions about the dissemination of the research findings. Participants (co-researchers) are co-creating knowledge with the researchers (co-researchers). It holds at its core that “people must conduct substantive research on themselves on the practices that affect their own lives” (Taggart, 1997, p.26) in order to create social change.

It is Freirean in its approach in that it both involves processes of conscientisation, as co-researchers gain “an ever deepening analysis of their own realities, develop an understanding and the capacity to act to improve that reality” (Participatory Research in Asia, 2000, p.10) and is a form of praxis, with research leading to action to create social change at a structural level.

This piece of research initially set out to model itself on PAR, but fell short of some of its stated compulsory elements. While the Women’s Health and Fitness programme used elements of a learner directed approach, the research topic itself was not picked by the women and the analysis of the findings has not been conducted by the women, although the emerging themes were noted and discussed by the group. The women were both the research participants and the creators of knowledge / co-researchers within this research project. The women were participants in the sense that they followed the research model I proposed, and there was not space provided to try to suggest significant changes to this due to time and space constraints. While we collectively decided the health topics to cover over the programme, I introduced feminist social analysis content that had not been explicitly suggested by the women themselves, for example, a session on body positivity.

I strove to be as transparent as possible to any changes from what we had collectively decided (e.g., when I could not find a Tai-Chi instructor during the timeframe of the programme so I organised a different workout session) and was honest and upfront when I had introduced a topic which had not been identified as of interest to the group (e.g., the social determinants of health).

Participatory Action Research and Action Research

It is a challenge to clearly articulate the differences between PAR and AR, as the terms are often used to describe the same research approaches and methods, and blurred with other terms such as collaborative inquiry (Smith, 2002) and ‘collaborative action inquiry’ (Kasl and Yorks, 2002; Yorks, 2005). For example, Reason & Bradbury (2008) centre the role of participation in their definition of action research:

A participatory process concerned with developing practical knowing in the pursuit of worthwhile human purposes. It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities. (p. 4)

There exists a form of AR, in particular in the field of education, which is focused specifically on self-reflexivity for the individual practitioner/researcher with the aim of enhancing professional development at practitioner and educational organisational level (McNiff, 2002) which is distinctly different from PAR. However, often, there is not a clear line delineating AR from PAR, instead a fluidity exists between the terms. This is particularly true of FAR, which holds participation and praxis at its core.

Feminist Action Research

Despite its focus on working in communities facing oppression or domination, PAR has been critiqued for being “built on a critique of positivism that often ignores and repeats many of the androcentric aspects of dominant social science research” (Reid 2004, p.3). The PAR approach has been developed to embed feminist research principles and practices resulting the FAR and FPAR methodologies.

Reid (2004) proposes a feminist action research model for researching working class women’s health experiences and promoting a social justice model of change arguing that “hegemonic discourses of poverty and health that favour middle-class values and

experiences necessitate research efforts that explore poor women's experiences" (p.2). This encapsulates what has been attempted in this project.

Methodological approach

Outlined below are some the key tenets of my FAR methodological approach.

Participation

Both FAR and PAR methodologies are political, affirming the community development demand for meaningful participation. PAR upholds the right of research participants from oppressed or excluded communities to have a say in decisions about how research is carried out in their communities and how it is used to bring about social change (Bradbury & Reason, 2008; Frisby, Reid, Millar & Hoerber, 2005).

Democratisation of Knowledge

A key component of both feminist and PAR research methodology is giving voice to oppressed, silenced or excluded groups in society, where the experiential knowledge of the participants emerges (Frisby, Reid, Millar & Hoerber, 2005; Letherby, 2003). The goal of this research was to create space for the experiential knowledge of the working class women involved in relation to women's health, fitness and physical activity. While I recorded this knowledge and identified key themes emerging, these were all discussed and analysed collectively, albeit briefly, with significant further analysis being conducted by me alone.

I sought to enhance the democratisation of knowledge which is inherent with FAR methodologies through creating spaces throughout the WHFP for the women to critically analyse and reflect on national and international health policies, patriarchal norms around women's bodies.

Action and Social Change

This research focused on action with a group of working class women, but at an individual (and family) level. A feminist epistemology problematises the assertions of many PAR theorists, that the only form of valid action resulting from the praxis process inherent in PAR, is action that creates social changes in societal structures. FPAR writers Reid, Tom & Frisby (2006) warn against the assumption that

researchers and community members share understandings about what constitutes action...expectations regarding action may differ considerably and smaller and achievable personal/local actions may go unrecognised. (p. 317)

They problematise the notion that action necessarily involves social change at structural or societal levels, and advocate that action at the personal and local level should be recognised and legitimised. Mohanty (2003) advocates that feminist practice operates at a number of different levels including the level of daily life “through the everyday acts that constitute our identities and relational communities” (p. 5), at the level of collective action and at the levels of “theory, pedagogy, and textual creativity in the scholarly and writing practices of feminists engaged in the production of knowledge” (p. 5). This research project not only acknowledged, but actively celebrated, the changes that occurred at both the daily life level for the women, in particular where these changes challenged previously assumed gender roles.

Power Relations

Within feminist and participatory action research, there is a concerted effort to reduce power inequalities between the researcher and the research participants. In PAR projects, research participants become co-researchers and hence there is an assumed equality of power relations.

Given my role as senior manager in An Cosán, as facilitator of the programme and as a researcher connected to the academy, it would have been unethical and disingenuous to assume that power relations could have been equalised between myself and the women who participated in the research. Letherby (2003) cautions against any research where equal power relations are assumed equal between researcher and participants, including in PAR projects, as “we need to acknowledge the location of ourselves in research and writing in order to make it clear that the production of knowledge is a dialectic loaded in favour of the researcher” (p. 9).

Methods

Process

I publicly advertised the programme locally and with women who were already attending courses in An Cosán for approximately three weeks from early January. The advertisement used body positive imagery, i.e. a plus size model depicted as being strong and capable, or a “normal sized woman” as one of the women, Julie, described her.

Throughout the course all imagery used of women reflected a diversity of body types, shapes and skin colours.

Women's Health and Fitness Class

Would you like to get more active?

Come join our 8 week course!

We will cover topics such as:

- How to get fit
- Health eating
- Different types of exercise
- Minding your muscles

This class is aimed at beginners.

Each class will include a workout session.

Tuesday mornings from 10:00 – 12:30, starting 30th January.

Info session and registration:
Tuesday, 23rd January at 10:00.

Cost: €3 p/session

Course takes place in An Cosán, Fortunestown Road, Jobstown, D 24.

Please contact Caoimhe on 014628488 or c.kerins@ancosan.com for more info.

AnCosán
For Health, Learning, Leadership & Enterprise

Advertisement poster for WHFP

The programme started at the end of January, in the hope that recruitment of leaners would be bolstered by the focus on New Year resolutions. An information morning was held a week before the programme began, where I introduced that the course was part of a research project, introduced the idea that the course would be learner directed to a large degree and gave out information sheets and consent forms for the women to take home with them.

There were six sessions in total. Eight had been planned but two were lost due to the Status Red snow fall in early March 2018. Each session lasted two and a half hours and started with an 'opening circle', "a practice of quiet reflection,....we called each other to be present to the moment, so that our energies could be focused on the people gathered and our work together" (Gilligan & Zappone, 2006, p. 8) as all sessions in An Cosán do.

The first hour of the session was dedicated to a health topic, such as nutrition or the health benefits of exercise. The second hour was a workout session, with a different

exercise/sport tried out each week and the final half hour was spent reflecting as a group on the morning's session over tea, coffee and a small healthy lunch (toast, eggs, and fruit selection). I facilitated this group reflection, asking broad open questions on what the women's experiences of the session that day had been. These were a loose focus group type discussion.

In the first session, I attempted to use the SIMPAQ questionnaire (see Appendices) to collect data on how much physical activity each woman was already engaging in. The plan was to repeat this on the final session for comparative purposes, but this plan was abandoned. The SIMPAQ questionnaire is designed to be used in a one-to-one scenario, but I had hoped that asking each person to fill it in individually in a group setting might also work, as that was all that time allowed for. However, some of the questions were misinterpreted by the women and while the filling in of the questionnaire was useful for shining a light on what types of physical activity the women counted and what they did not, it was not useful for comparative data collection purposes.

For the first three sessions I voice recorded just the 30 minute reflection after the workout but for the final three sessions I recorded the first hour as well. No workouts were recorded. After each session I wrote up critical reflections and took notes on emerging themes. At the final session, there were only three women in attendance, and each of the women filled in a brief evaluation questionnaire (see Appendices).

Research Participants

The programme started with 12 women involved (seven of whom agreed to be research participants), and ended with five. All of the women were mothers living in Tallaght West. There was a mix of ages, from mid-twenties to mid-sixties, with most of the women in their thirties and forties with young children at home. Further detail on the individual participants is included in Chapter 5.

One woman dropped out in the days before the programme commenced due to lack of time despite having been very eager to join, two of the group only attended the first session, with three women further dropping off for a variety of reasons, including poor health and lack of time. One who dropped out had been referred to the course by her GP as he thought it would be good for her to get some exercise, not realising she spent seven hours per week dancing already.

The heavy snowfall during early March significantly impacted the course, as Jobstown was particularly badly affected. The road to An Cosán was impassable for over a week, and we missed two classes from the programme, what would have been sessions 5 & 6. There were two women who had been attending regularly up to then, who did not come back, despite texting their intentions to. The rhythm had been broken.

Programme Outline and Description

Class topic	Workout
1. National physical activity guidelines; measuring how much physical activity we currently do	Walk 3.5km
2. Social model of health	Circuits
3. Nutrition – food pyramid, essential nutrients	Yoga
4. Nutrition & portion sizes	Walk 5km
5. Components of Fitness; Health benefits of exercise	Boxing
6. Body positivity; Course evaluation	Pilates

At the end of the first session, the women collectively decided what topics they would like to cover and what workout sessions they would like me to organise. The women picked their workout sessions with ease, suggesting many more workouts than we would have had time to cover: circuits, Zumba, Pilates, yoga, aqua aerobics, boxing, Tai Chi and walking. For the specialised workouts, including boxing, yoga and Pilates, I booked in a qualified instructor and I joined in fully with the class. I completed all workouts with the women, except for the circuits, as I was facilitating this and it would have been impractical. In terms of what information the women identified, reliable information about healthy diets was the strongest. I decided to include other session topics, including the social determinants of health and body positivity to broaden the opportunities for critical social analysis. Both the health topics and the workouts chosen were revisited and the women changed them as the course progressed.

Pedagogical Approach

A critical and intersectional feminist pedagogical approach was taken with this course. The course was strongly learner centred, with the women participating in the decision

making processes about course content. While I prepared a course outline for the programme in the planning stages and came to each session with a lesson plan in my hand, the sessions rarely followed my plan, instead following the flow of where the women's experiential knowledge and interests took us, while remaining broadly on topic.

I had predetermined the structure of each class, i.e. that we would do one hour information session, one hour workout and half an hour eating together and reflecting.

Experts on Our Own Bodies

I reinforced with the women repeatedly that I was not a fitness instructor or personal trainer. A culture was created where each person took responsibility for pushing themselves to increase their own fitness, but within their own self-identified body's limits. Many of the women had health conditions or injuries, the impact of which will be discussed in the following section.

Ethics and Confidentiality

At the information morning held the week before the WFHP started, I gave each of the women were given a consent form and information sheet and read through it. The women were encouraged to hold onto these and return them at the next session. The women were reminded during each session that the programme was part of a research project, and that they could chose to withdraw their consent to participate in the research at any stage and continue the programme. It was clearly announced at each occasion when the recorder was being turned on and when it was being turned off. The women were aware at all times when they were being audio recorded.

In addition to the consent form, in the final weeks of the research project, two months after the WHFP had finished, each of the women were emailed with the quotes that had been attributed to them, as well as the description of them in the text, and were invited to edit or delete any as they wished. Particular attention was drawn to the text used to describe one woman's (Julie) personal story, which had been shared with me during an exercise session when the recording was not taking place. Julie gave permission for this text to be included in the final draft. The women picked their own pseudonyms.

One of the women, Michelle, was a staff member on my team in An Cosán. This is not an unusual occurrence in An Cosán, as staff members regularly take courses on offer in

the centre, and the majority of the Education and Training team staff started in An Cosán as participants. The WHFP was the third programme, and first unaccredited programme, I had facilitated that Michelle had been a learner on. We discussed the confidentiality issues and issues of power between myself and her, and between her and other women. None of these raised ethical difficulties at any stage during the WHFP.

There were some conversations, which produced rich data, which were not included in the writing up of this thesis. In the final two weeks, a strong group bond and trust had developed, along with a sense of ‘forgetting’ the recorder was there and the women discussed intimate and vulnerable details of their own lives. This caused a mild ethical dilemma, in that I felt the data omitted added to the richness of the findings. However, on balance, I felt that it was an intrusion on the women’s trust and privacy to include those conversations.

Conclusion

This research follows the methods more commonly associated with Feminist Action Research while working from an epistemological position that usually underpins FPAR – an epistemological position that shares many of the principles of radical community development work: participation of marginalised or oppressed communities, collective decision making, and a commitment to praxis.

The next chapter is dedicated primarily to the voices of the women who participated in the research. Their voices illuminate the core themes which emerged over the course of the research.

CHAPTER 5 – FINDINGS – EMERGING VOICES

Introduction

In the following section, the themes which emerged over the course of the Women's Health and Fitness programme will be identified and discussed. For the most part, these are done in the voices of the women directly, either through individual quotes from sessions (indicated by speaker's name in brackets at end of quote) or through snippets of dialogue (indicated by speakers' names at the beginning of quotes). Inevitably, in conversation, we tended to speak over each other, often collectively building analyses, through sentences tumbling over each other. In some places sentences stop in mid flow because of this. The dialogues here reflect that. In most places, speech mannerisms have been left in, as to remove them, would remove some of the distinct nature of Dublin working class women's language patterns.

The seven participants are:

Sinéad is in her thirties living in Tallaght West. She is a mother of two small children. She attended three sessions. She didn't come back after the snow break, and missed two early sessions due to child illness.

Michelle is in her thirties living in Tallaght West. She is employed in An Cosán and has participated in many different educational programmes there over the previous five years. She is a mother of three children, two adult and one small child. Michelle missed one session.

Julie is a mother of three small children, living in Tallaght West. She is unemployed, and is unable to engage in paid employment anymore due to the chronic pain she suffers from significant injuries she suffered in childbirth. Julie attended all sessions.

Ann is in her thirties, living in Tallaght West. She is a mother of two small children. She missed one session.

Sophie is in her forties, living in Tallaght West. She has participated in a number of programmes in An Cosán over the last ten years. She attended four out of six sessions, missing one due to a hospitalisation.

Margo is in her sixties, living in Tallaght West. Her children are adults. She attended the first four sessions, but did not return after the snow break.

Sheila is in her fifties, living in Tallaght West. She regularly attends other programmes in An Cosán. She attended the first three sessions. She left as she didn't feel the programme met her needs. She engages in seven hours of physical activity weekly and had attended on her GP's recommendations.

My own name, *Caoimhe* has not been replaced by a pseudonym so that I can be clearly identified.

The themes that emerged were: the importance of enhanced knowledge about exercise for health; importance of enhanced knowledge of healthy eating; time and carework; women's bodies; importance of community education setting; and transformations and are discussed in detail below.

Importance of Enhanced Knowledge of Exercise for Health

Few of the women had a knowledge of the Healthy Ireland national guidelines physical activity guidelines of 150 minutes of moderate intensity exercise weekly (30 minutes x five days p/week) plus two muscle strengthening exercises.

[There's] a lot of stuff that I didn't know, that I probably thought I knew everything about everything, and I didn't so I'm after finding out loads that I didn't know. (Sinéad)

We Are More Active Than We Thought

During the first session, each of the women completed the SIMPAQ questionnaire (see appendices), which asks respondents to self-quantify the amount of physical activity they engage in. The women tended to not count any of the physical activity they engaged in doing housework or walking either to shops or to schools/crèches, perhaps reflecting the lack of value that they attributed to this work. One of the women, Michelle, came into the first session with the belief that she had very low levels of physical activity and asserted that she wanted to be more physically fit, like me. She was astounded to discover that in fact she has significantly higher levels of physical activity than I do, as she is rarely seated, walks to work, spends significant amount of time on her feet when at home and in work.

In comparison, I drive to work, and am sedentary for both most of work day and my time at home.

Many of the women found that their perceptions of the level of exertion needed for different activities was higher than the reality, and that they underestimated their own fitness levels. In the early stages of the programme the women were taken aback at how much they enjoyed the workouts.

I really enjoyed that walk, I'm very surprised I did. (Michelle)

On the first day of the programme, I had planned to bring the women on a 5km walk. They balked at the idea and we decided to reduce it to a 3.5km walk. On the fourth session we did a 5km walk and the women did it with ease.

Julie When we walked in here on the first day and you said we were doing a 5km walk, we all went, "Yeah right".

Michelle I know, but it was grand...And now I literally walk nearly everywhere. I don't drive - very rare, unless I have to go far.

Some of the women were physically active in line with or surpassing the national guidelines before commencing the course. One of the women, Sheila, danced for seven hours every week and Margo, Ann and Julie went on walks, with Margo specifically going on walks for exercise purposes.

Benefits of Exercise

The women were all surprised at the extent of the health benefits of engaging with physical activity in accordance with the national guidelines. The information provided on physical activity and the extent to which it delays the onset of frailty was of particular interest.

It's crazy isn't it? (Michelle)

How quickly the benefits can quick in...everything changes in a matter of two weeks. It's never too late to start doing something or when you stop it really does affect you. (Ann)

We really need to start looking at our health now, before we get older. I'll be stuck in a chair at this rate! (Michelle)

Making Small Changes

One of the most significant and hopeful pieces of learning that was taken away from the programme was that small changes to the level of physical activity engaged in, can benefit health significantly.

It doesn't have to be a huge dramatic change, straight away. You can slowly introduce things. (Ann)

Many of the women had assumed that the levels of physical activity that they 'should' be engaged in 'to be healthy' were high above the national guidelines of 30 minutes of moderate exertion five times per week (plus two muscle strengthening activities).

- Julie I'm more conscious with the exercises...I would have thought I done nothing before I done this course, where when I add it up.
- Michelle I think that's what I learnt over all: that you don't need to go to the gym five days a week. That if you eat right and walk just that amount, that's healthy. That's what you're supposed to do.
- Ann Making little changes in your life.
- Michelle Yes. Not making big massive changes, just tweaking your life a little bit and that makes a big difference and you can actually feel it.

Importance of Enhanced Knowledge of Healthy Eating

There was confusion at the beginning of the programme among the women about what constitutes a healthy balanced diet and in particular there was frustration expressed with contradictory information. There were 2.5 sessions on nutrition over the course of programme, but had two weeks not been lost to the adverse weather conditions, there would have been more. It was a topic that the women came back to again and again.

During the first session, when the curriculum for the programme was being collectively decided, when asked what topics they would like to cover in the sessions, healthy eating was the first topic that was raised:

- Michelle What is a healthy diet? Like, you hear of so many different diets.
- Julie Ah, there is a huge variety.
- (Multiple) Yeah, [*inaudible*]

Julie You're on one that doesn't include bread; she's on another one that doesn't include potato; you're on another one that only includes all of this.

Sophie Cabbage or something-

Julie You're on one with broccoli, carrots and potatoes or broccoli, carrots and rice-

Michelle What is a recommended [*diet*] for your family? Just not for yourself, for your family.

Julie Yeah, not Slimming World, Weight Watchers.

(Multiple) Yeah.

Sophie It's a load of...

Julie I don't want to say bullshit, but bullshit. [*Laughs*]

Michelle Yeah.

Julie Because once you start eating after that you pile on the weight again.

During the first session on the food pyramid, the women each filled in a private food diary, recording what they had eaten the day before. The women found that they both learnt a lot they hadn't known when going through the food pyramid, and in some instances that they had healthier habits than they had been aware of.

Julie I never knew what the difference between saturated and unsaturated fats were...But, going through the food pyramid, I do actually eat healthier than I think I would...Like, today's dinner would have four veg in it. I'm having an apple here now and I'm already after having two pears at home. So there's seven.

Caoimhe Yeah

Julie Whereas when you said seven earlier on I was like, "I don't eat that".

Sinéad "I don't eat that". But when you think of it, you do.

The women discussed becoming committed to being more conscious of their food choices and to making changes to their behaviours around their diet as the programme progressed.

Julie The whole water thing...I'm struggling to drink tap water or bottle water, just plain.

Michelle Yeah

Caoimhe Did you try putting fruit in it?

Julie I did.

Michelle I don't like that either.

Julie I put cucumber in it.

Michelle Lemons,

Julie I put lemons in.

Sophie The lemon thing, you get used to that.

Julie I done that. I done it overnight, you know the way it infuses overnight.

Caoimhe Did you try herbal teas?

Julie Yeah, I'm not too bad on the herbal teas.

Caoimhe Well that's the same thing.

Julie Oh.

Caoimhe So, if you're drinking herbal teas, you're drinking water.

Michelle So, you're drinking it without realising it.
Caoimhe It's the exact same as drinking water, health wise.
Julie Ah well, I can get the water in that way, yeah no problem.

Time & Carework

All of the women on the programme were mothers. Almost all of the women were in caring roles. They all felt that their time was extremely limited due to these roles and that this created barriers to them participating in higher levels of physical activity.

Julie See this is what with us all being Mammies: you walk out of here and you are straight back into that role.
Michelle That's where you need to give yourself ten minutes. Take ten minutes out of your day.
Julie It's finding that ten minutes. You have all the intentions of doing your ten minutes, but it's finding that ten minutes.

In the early stages of the programme, all of the women acknowledged the importance of making time for themselves, and there was a strong resistance from one woman with young children that this was practically possible.

Sophie But you have the older kids to mind the little ones when you're doing it as well.
Julie Are you for real?
Sophie It's only ten minutes. They'll be alright for ten minutes.
Julie I can't even go to the toilet while she's in the sitting room with them without one of the kids coming into the toilet to me with either something they shouldn't have in their hand, like the art project the nine year old was doing and didn't put it away and the two year old got her hand on it and now it has to be restarted.

The women all discussed prioritising their family members, in particular their children, over themselves. For those with male partners, they all identified that they would prioritise his free time to do physical exercise over their own. The same trend of prioritising their family members over themselves existed when it came to healthy eating too.

We are always so busy we don't have time to do anything for ourselves. (Michelle)

As I said to the girls earlier, when we have children it's hard as well because you are handing them something and you forget about yourself. (Julie)

Women's Bodies

Rejection of Public Shaming

A various stages over the programme the women completed individual activities, such as a worksheet where they would measure where they themselves were at in relation to a particular health topic, for example, what type of diet they ate or how much physical activity they had taken in the previous week. These were filled in individually by each woman to privately assess where they currently were at and they were not shared with others in the room. Inevitably, some of the women did share and that was facilitated too.

We discussed how many exercise or weight loss programmes involve a public weighing in, and have shaming built into them. On many TV programmes, such as Operation Transformation, overweight people are made to strip down into Lycra and weigh themselves in front of the viewing public, in a society where fat is culturally considered ugly.

I attempted to create a space where personal honesty with ourselves was crucial but any pressure to be publicly vulnerable or any public shaming was avoided at all costs. During the first session one of the women asked where the weighing scales is and how I would measure their progress over the weeks. Earlier in that session, when we completed a walking debate participatory exercise on motivations for increasing physical exercise. Ten pictures of different motivations were hung around the room, including, better sleep, weight loss, higher energy levels etc. Out of twelve women, not one had stood beside weight loss, despite being able to stand in between multiple pictures, to indicate multiple motivations. We revisited that exercise and discussed how it is presumed that women engage in exercise to lose weight or tone their bodies and decided that during the WHFP, we were not going to be working from that presumption, as there is a pressure in it about how we are supposed to want our bodies to be. We decided that there would be no weighing scales.

Rejection of Gym and Being in Control of Body and Respected

Of the twelve women that started the programme, eight had previously been involved in sport when girls, including basketball, soccer, camogie, Gaelic football. None were still involved. Most had dropped out of sport either when they left school or when they had had children, in their mid-late teens. All had tried to reengage in exercise through going

to the gym but none had maintained this. When asked, there was consensus that they did not like going to gyms. For one this was due to feeling self-conscious.

You think you are on your own about the way you feel self-conscious going to a class or the gym. But the majority of women feel the same way. It's not just you. (Ann)

Two of the women had significant post natal injuries and could no longer engage in exercise in the way they had previously.

I'd love nothing more than to be able to go into the gym and do the workouts that I used to do. But obviously my strength now limits me and my health injuries limit me to go back and do something. So that would have been about four year ago I would've stopped doing that. (Julie)

Two of the women believed that the instructors in the gyms and other exercise sites they had tried out did not know enough about postnatal conditions (prolapse, issues with coccyx) and that they were being judged in gyms for asserting that they could not do certain exercises, such as lunges or sit ups. They felt that there was an assumption they were lazy.

Health Conditions and Injuries

Two of the women were dealing with health conditions or injuries, in particular post natal related injuries, which significantly impacted on their ability to engage in exercise at the level they would like to. When discussing postnatal injuries, the women all felt that there was a lack of information about it after giving birth.

Michelle You don't be told these things either.

Caoimhe No you're not told them at all.

Michelle You should be given a leaflet or something...

Caoimhe They don't give you anything.

Julie Or they tell you to do Kegels.

Michelle They don't follow up.

All Yeah.

Caoimhe And for most women, Kegels exercises will sort it out but for a lot of women they won't. Kegels exercises are not going to deal with the level of incontinence that most or a lot of women deal with after childbirth.

Both I and another woman in the group had had surgeries to deal with postnatal injuries, with another woman waiting for one. Another woman was waiting for surgery. All of the women observed that stress incontinence and pelvic floor muscles injuries are not discussed openly. As a result, some of the tools and tips for dealing with them are not

commonly known, such as wearing a tampon when engaging in high intensity exercise or wearing EVB sports shorts which “provide firm non-elastic support to the pelvic girdle, lower abdomen and lower back, and a lifting up effect to the perineum and pelvic floor” (EVB Sport, n.d.).

Beauty Industry and Body Insecurities

When discussing body positivity and the pressures of the beauty industry on women’s bodies, the women easily identified these pressures, naming the pressure to conform to beauty norms such hair styles, waxing, Botox, laser treatments and plastic surgery. They described how this pressure is targeted specifically at women with the result that women are insecure in their bodies.

Everything is about women...it’s all about how you look and making a model.
(Michelle)

Michelle Why are we so insecure about ourselves?...

Ann If they’re not full make up or their hair is out of place, they’re being ridiculed in the magazines. They are being shamed.

Julie The minute they put an ounce on, it’s ah look, she’s pregnant.

Ann Yeah, when they’re on holidays in their bikinis.

Julie She has a bit of a bump, is she pregnant?

Ann Yea.

When asked how they would describe a beautiful woman, they described her as

A beautiful woman is obviously portrayed as skinny, tall, long legs. (Michelle)

Tall, skinny, perfect hair, perfect skin. (Julie)

They imply that they have no imperfections at all. (Ann)

No flaws. (Julie)

It’s all blond hair and blue eyes. (Michelle)

While the women had a strong awareness of airbrushing and that the beauty industry was “setting unreal expectations” (Ann), after watching two short films released by Dove (2013) and Tim Piper (2013), which showed the level of airbrushing and photo-shopping that takes place on beauty advertisements in print media, they were astounded,

That is absolutely crazy...I was aware, but not to that extent. (Michelle)

The women identified mainstream media, (TV, social media, magazines) and their mothers as their key influences around beauty norms. The women discussed how their mothers raised them with the idea that beauty is on the inside and not on the outside. They talked about how none of their own mothers wore makeup on a daily basis and how the pressures around wearing make-up has intensified. They discussed their worries for their daughters.

“Beauty is pain.” I actually think I have said that to my daughter and niece. (Michelle)

It’s the Kardashian era. All the kids want to look like Kim or Khloe or whatever. (Julie)

I hope [my daughter] is not like that. (Michelle)

The women joked about their own bodies and two of the women believed that they were more beautiful as younger women.

I have a body like Barbie, but I have all the extra packaging. *All laugh* (Julie)

As soon as you hit an age, that’s it, you’re gone. (Michelle)

I was a fine thing when I was younger... I had lovely hair, natural curls. (Michelle)

Importance of Community Education Learning Environment

Building up a sense of community and solidarity for each other was important to the women on the course.

Julie We’re all here for the one goal, well in and around the one goal.

Caoimhe Which is? What is the goal?

Julie To change our lives, to get up off the couch, eat better, be more healthy, do you know what I mean? To interact with the community that’s there. Do you know what I mean? Little changes like that.

The women found that by being in a group it was easier to motivate themselves than trying to do exercise alone.

I think the company makes it too. I wouldn't have got as far on my own. (Margo)

You would have found the excuse on your own. (Julie)

I wouldn't have even thought to go on a walk, on my own. (Michelle)

Participation in Programme Design – Democratising the Classroom

Throughout the WHFP I adopted a strong learner centred approach, where the learners chose what health topics they would like to discuss, and what workout sessions they would like to try out. When changes needed to be made to the programme, these were collectively discussed by the group. During the last session the three women present, Julie, Michelle and Ann all agreed that this was an aspect of the programme that they appreciated and that it contrasted with their instructor led experiences in other exercise settings they had been in.

You're getting the opportunity to say, "This is what I'd like to do." It's not just, "this is what you have to do and that's it." You swapped things up. It's not the same all the time. (Michelle)

Sense of Belonging, Trust and Care

This theme came up multiple times throughout the programme. The women all agreed that An Cosán was a setting that they felt more comfortable engaging in physical activity programme than in other exercise settings.

Julie It's more personal here.
Michelle It's more relaxed. You don't feel out of place.
Ann Definitely.
Julie It's more of a secure feeling. You're not intimidated.

The importance of social interaction and getting out of the house was named by a number of the women, numerous times over the course of the programme. A number of the women identified the group as a source of encouragement, which motivated them to push themselves during workout sessions.

Margo I think the company makes it too. I wouldn't have got as far on my own...
 I wouldn't have walked on my own.
Multiple Yeah.

Julie I would have got as far the Selby now, and said, “No come on, I’m going home”. If I was on my own, I would have been, “Come on, it’s too cold” ...you would have made an excuse, just to go back home.

For one of the women, Julie, the last time she had been in An Cosán, was when her son had been attending An Cosán’s community childcare setting, Rainbow House. He died from a brain tumour when he was a toddler. She hadn’t been able to attend any courses in An Cosán in the 13 years since. She spoke to me on an (unrecorded) walk about how she had set herself the goal for 2018 of getting herself ‘right’. She gave up smoking. In January, on her son’s birthday, she received a call from the counselling service she had previously attended, saying that they had a space for her again. She felt that this was her son’s way of seeing her struggle and looking after her from heaven. Then she saw the women’s Health and Fitness class advertised and said she knew it was meant to be.

On her first day, she settled her toddler daughter into Rainbow House and came into class. She didn’t miss one class throughout the programme. Many of the staff in An Cosán recognised her immediately and welcomed her back. I was spoken to afterwards by a number of staff about their relief and joy that she had found a way back to the community that is An Cosán. Her bravery was acknowledged both by the staff and the women in the group.

Transformations

Midway through the course, by the start of the fourth session, the women discussed changes they had made – eating more consciously, looking for follow-up classes for after this one has finished, noticing gaps in community news sharing – not knowing where to find information on what is on in the county.

Before here, my idea would have been, right you have to go on Slimming World, you have to go on Weight Watchers in order to lose weight. And then to get fit and healthy you had to join the gym. Where this course has literally put a total spin on it. (Julie)

Changes in Physical Activity

The women’s perceptions of what levels of physical exercise they needed to do shifted significantly over the course. All of the women realised first that they underestimated the amount of physical activity that they did, and had under measured themselves in the first class, when filing in the questionnaire about their own physical activity levels.

I don't need to make big changes in life to be healthy...I know how much exercise I need or should do daily. (Michelle)

I will be more aware of making sure I get in the recommended weekly amount of exercise / physical activity. (Ann)

All of the women enjoyed having the opportunity to explore different types of exercise and to find ones that they would like to return to.

It's been really good, finding out what really suits you - what exercise you like and what you don't like. (Michelle)

I really enjoyed the Pilates. (Ann)

I loved the boxercise. (Michelle)

The yoga was amazing. It was just so spiritualised. You actually got into your own body, I don't think I've ever gone in that far into my body, ever. (Julie)

All of the women had increased their physical activity levels over the course of the programme. Many of them had increased the amount they were walking and mindfully and consciously implemented small changes to increase the amount of movement they were having in their daily lives.

I ensure I walk at least twenty minutes a day with the kids...I do exercises I have learned at home or fifteen minutes a day, most days. (Michelle)

Do you know what I noticed I'm starting to do? I'm parking the car further way from the door wherever I'm going. (Julie)

Healthy Eating Changes

Some of the women made small changes to what they were eating and drinking that have significant health benefits. They had noticed those health benefits, in particular through changes in terms of cutting out soft drinks during the day.

I've literally have no spots. I have no rough skin. It's absolutely crazy. I bring a bottle of water into work with me every day which I usually get a bottle of Coke or get a can 7Up. (Michelle)

Julie I'd easily go through two litres of Coke a day on a normal basis. But since I started this I haven't.

Michelle Yeah, I'm the same.

Caoimhe That's amazing. That's a huge difference. Where you here the day we talked about it in terms of the weight?

Michelle Yeah that's why I stopped.

Julie Yeah, that's what hit me – the one can of Coke.

Michelle Same. I was having a can in the morning, I was buying the can at lunchtime and then I'd have a can on my way home. Not at all anymore.

Caoimhe Removing just that is a huge difference to your health.

Julie I'm three kilos lighter now than I was when I started here.

Caoimhe That's amazing.

Michelle Wow.

In addition, Michelle noted healthy changes to her eating behaviours.

I used to eat at night rather than during the day because I was busy but now I'm not doing that anymore. I'm having a dinner I'm not eating past six o'clock, I think that was bloating me something terrible. (Michelle)

In the final session, each of the women discussed the changes they had made in their family's eating habits. In particular they noted the changes they had made with their children's diets.

With *[my daughter]* I'm buying a lot more fruits and making sure when she's looking for a snack it's fruit she's getting instead of a biscuit. (Michelle)

To me, portion size was a huge thing. I'd have never known that before here. And I have noticed that I'm cutting back. (Julie)

I've become more active and trying to make healthier decisions with my diet and children's diet. (Ann)

Making Time for Herself

The women all spoke about how since starting on the course, that they had actively prioritised making time for themselves to engage in more physical activity. For two this meant rearranging schedules, and for Julie, she created change through renegotiating the spaces for childfree time with her male partner.

Julie I have noticed where saying to [*male partner*], “Right, I’m going for a walk,” whereas normally it’s him saying, “Right, I’m going for a run.”
Caoimhe Ah that’s interesting. So, you’re claiming that space?
Julie Yeah. I’m pulling him back and saying, “Right here, you can mind them. I’m going out for a walk.” Even if it’s half an hour, even if it’s 15 minutes.

I have got the time to give myself, even if it’s only half an hour to go for a walk... I think I need to give that time for me. I deserve it as well. If I’m happy and healthy, it’s going to affect the kids and others around me. It is possible to fit it in. It doesn’t have to be, “right I have to go sit in that class two times a week”, because that’s not feasible with the kids at home in the evening. I just can’t get back out. It has just made me realise, that I’m able to make the change. (Ann)

The women directly related their motivation for making time for themselves to their participation in the Women’s Health and Fitness Programme.

Michelle We are always so busy, we don’t have time to do anything but really you do. You can find 10 or 15 minutes a day to do something for yourself.”
Ann Definitely, it’s the reason I’ve looked forward to it more and more as the weeks went on.
Michelle Yeah it’s actually a class I haven’t missed. It has been really good.

Changes in Perception of Body

Body awareness was a concept that we returned to throughout the programme. It was reinforced with the women throughout the programme that I was not a fitness instructor and that it was up to each person to set their own personal boundaries within each workout that we did. This led to some women observing that their own personal body awareness had increased over the programme. To give some examples:

I know my body much more now than I ever did. (Julie)

Realised I’m capable of pushing myself more than I thought. (Ann)

Julie explained that she had decided to lose weight and described how this was interconnected with her increased body positivity.

Before this course, I would have looked at here and made sure that whatever I wearing wasn’t bet onto me, where you’d see the tyres the whole way down, where now I’m still like that but I’d actually look at myself naked, whereas beforehand I wouldn’t. Do you know that kinda way? God no. I wouldn’t say it was even a confidence issue, it

was more of an embarrassment issue. But knowing that I am starting to lose weight and knowing that I am starting to get fitter I'm kinda going, hey it's my body, I wrecked it, I'm fixing it. You can either see it or not see it, you know that kinda way so? (Julie)

She was clear that her motivations around weight loss were related to her health as opposed to a sense of pressure to conform to a 'skinny' body image.

Caoimhe So to push on that a little bit, yes to the fitness, but why the problem with the weight?

Julie Why the problem with my weight?

Caoimhe Yeah, why bother measuring yourself while you are doing all that?

Julie Because I'm not happy with the way I look. I think I look better the way I was than the way I am now. Plus, obviously with the conditions I have, they are only getting worse because I am putting more weight on the joints and me being heavier is causing more pain. So for that reason alone, that's where the weight comes in. Other than that, like when I was a kid I was a size 8 and 10 and everything else growing up, but as soon as I had [son] when I was 18 I went from being that size 8 to being a size 24 while pregnant and then I went down to a size 12 and I never went any lower than that...

Michelle A lot of people say they get obsessed with losing weight and that you are better not weighing yourself.

Julie It's not that I'm obsessed with it, I do want to do it and I'm pushing myself now to do it because between doing this course and doing the other thing [diet programme] outside of here, that's my push. Last year I had said was my mental health...now this year was my goal to get the body sorted. But it's not to get the body sorted to be more like that or to look like that, but to get back to myself. And not necessarily a size 12 but back to a weight where my body can handle it. I don't want to be as skinny as you [points to Caoimhe]. I don't have that goal. I want to feel healthy myself and mostly with the weight on, that's not healthy.

Ann So you are really doing to it for the right reasons.

Julie I'm doing it for the right reasons. I'm not doing it for the vanity.

Caoimhe Yeah and I just think there's a huge bravery in it, particularly that piece you were saying around looking at yourself for the first time in ages. That stuff's hugely brave, that's not easy.

The Women's Health and Wellbeing programme had been a transformative learning experience for her.

It's changed my life anyway. (Julie)

Conclusion

In this chapter the key themes which emerged during the Women's Health and Fitness Programme were outlined and the outcomes of the programme analysed using the women's voices themselves as much as possible. The analysis of these findings will be reflected on further in the next chapter.

CHAPTER 6 - ANALYSIS

Introduction

In the last chapter, the voices of the women illuminated the outcomes of the Women's Health and Fitness programme. They outlined the actions they had taken to change both their and their families' lives as a result of their participation on the WHFP. Some of these actions were taken following a critical gender analysis of the lack of time they had due to the distribution of care work responsibilities for those with male partners, or a shifting in their perspective about their own importance and worth, despite their role as mothers. Other actions were based around increasing the level of physical activity they were taking in the daily lives and taking a more healthy approach to their diets. The women identified the importance of solidarity both among each other, in the sense of belonging and being in a community. They contrasted this with gym settings and the sense of isolation and lack of trust of knowledge about their own bodies that they experienced in those settings. The women explored some of the patriarchal societal demands on women's bodies and analysed these in relation to their own aims around eating healthy diets and engaging in higher levels of physical activity. In terms of the programme content, the women felt their participation in this was important, and made the programme relevant to them specifically.

What follows here is a further analysis of some of the themes that emerged over the course of the programme as identified in the previous two chapters.

Women's Engagement in Physical Activity

All of the women had increased their levels of physical activity during the WHFP, and attributed this to the programme. This was done in mainly two different ways, through decreasing sedentary behaviour, for example, by walking instead of driving, and through engaging in sport. The women all had a strong understanding of the national guidelines on physical activity (Dept. of Health, 2016), having come into the programme with no knowledge of them and were increasing their levels of physical activity in line with what they had learnt in the WHFP, with a strong focus on making small sustainable changes to their lives.

Two thirds of the women had engaged in sports as children and teenagers and all had dropped out before reaching adulthood. It was clear throughout the programme that the women's motivation to engage in increased levels of physical activity was high. From the first session it was clear that the women both under-estimated the amount of moderate physical activity that they already engaged in coupled with an overestimation of how much physical activity should be engaged in to promote good health. They also underestimated their own fitness capabilities. This raises questions around the way that health data is being collected currently, in particular in relation to the presumptions that working class women are likely to have low levels of physical activity.

Most of the women appeared to uncritically internalise the pressure that they needed to engage in more physical activity without assessing how much they already did at the start of the programme. For one of the women, Sheila, this was compounded by her GP, who had referred her to the class as he thought it would be good for her to get some exercise, despite her doing an average of seven hours of dancing per week.

Sports and Femininity

In Chapter 2, I outlined a dichotomy in the debates in feminism and exercise in relation to contact sports. It is argued by Whitson (2002) that contact sports legitimate and bolster patriarchal notions of competitiveness and violence, and that feminist fitness spaces should pursue a mastery of body in terms of skills and flexibility. On the Women's Health and Fitness programme, every week a different workout was completed, and these were chosen by the women. Both types of exercise were chosen, with a boxing session and a yoga session both being completed and this research found that there was no sense from the women that contact sports legitimate hegemonic patriarchal cultures of violence or domination. The findings in this research project was that the women really enjoyed both types of exercise, but for different reasons. Two of the women (Michelle and Julie) committed to finding a boxing club and Julie and Ann decided to join community yoga sessions outside of the Women's Health and Fitness programme and shared details on where these classes could be found.

There were no conversations about joining a competitive sport, despite a number of affordable local options and many of the women having played sports as growing up. This is an area that requires additional research. It would be interesting to see if this would have been identified as an option by the women had local sports clubs been invited to deliver some of the workout sessions as part of the WHFP.

The remnants of Victorian patriarchal values on the social norms prevailing to women's bodies and exercise (Hargreaves, 2002) were discussed in detail in Chapter 2. However the women on the WHFP had no sense that to engage in contact sports compromised their femininity in any way. They did not discuss any difference in terms of performing femininity between exercise types such as boxing and yoga or Pilates.

Increased Health Literacy

None of the women knew what the national guidelines around physical activity were despite Healthy Ireland (2016) reporting that 65 per cent of the population are aware of them. This raises questions around the need for targeting health literacy programmes. The findings showed when the health benefits of exercise was explored, that the women were both surprised and motivated them to take action to increase their physical activity levels. The realisation that making small changes to their physical activity levels could create large health benefits, and looking at fitness through a 'fitness for health' as opposed to 'fitness for sport' (Moyna, 2012b) lens was an empowering approach.

The women identified themselves the need for increased family health literacy around healthy eating. This was a topic that took up 1/3 of the programme content and could have taken up more had there been more time. This was an unexpected development to me and had not been a topic I had prepared. Exercise and healthy eating were intrinsically linked for the women as an approach to improve health.

Feminism and Women's Bodies

The WHFP was facilitated from an intersectional feminist critical pedagogical approach. Creating the space for critical dialogue on different women's bodies, gender roles, and determinants of health was embedded throughout the programme. This was the core difference between this physical activity programme and the type of physical activity programme that takes place in most sports or exercise settings. This social analysis was crucial for the transformative and sustainable impact the programme had on the women who remained on it.

Body Size, Patriarchy and Physical Fitness

The women were collectively dismissive of hegemonic discourses that women's (and in particular, post natal women's), primary motivation for engaging in exercise programmes, is for weight loss and body toning. In the first session, when exploring

motivations for coming onto the programme, none of the women felt that losing weight was part of their motivation, instead being focused on the health benefits of increased fitness. While they acknowledged that many physical exercise and healthy eating programmes are marketed at women as weight loss strategies, they felt that this was misplaced. Operation Transformation and other mainstream media programmes purportedly aimed increasing physical activity were discussed. Operation Transformation is one of the largest publicly funded programmes to encourage higher levels of physical activity in communities right across Ireland, with significant Sports Partnership funding being distributed at local level to promote this programme. And while it is clearly successful at mobilising high numbers of community members onto physical activity programmes in January over the last few years, the women on the Women's Health and Fitness programme were critical of the role of public weigh-ins in it, where forced vulnerability is equated with transformative honesty for the purposes of boosting TV ratings.

While weight loss as a theme did emerge over the course of the programme, in particular during sessions on healthy eating and the beauty industry, it was clear that all the women rejected the idea that their bodies needed to be certain shapes or sizes to consider themselves beautiful. The women critically discussed the lack of diversity in body sizes in culture, in particular in the mainstream media and the pressures to conform to a particular body size and type: "skinny, tall, long legs" (Michelle). What emerged from the women in the final session, was not a perception of 'fitness for health' vs 'fitness for sport' dichotomy (Moyna, 2012) as discussed in Chapter 2; but more a 'fitness for health' vs a 'fitness for patriarchal demands for beauty'.

Injuries and Postnatal Bodies

One of the women disclosed postnatal injuries and another, severe prolapse that impacted on their ability to engage in physical activity at a level they would have liked. A space was created on the Women's Health and Fitness programme to discuss these issues openly. There was consensus among the group that this is not an area of women's health that is usually discussed openly and they felt that there was not enough support from the health services around this.

As noted in Chapter 2, there is limited acknowledgement of the challenges that many women experience in relation to significantly weakened pelvic floor muscles and continence over the life course, in particular after childbirth which impacts their

engagement in exercise. This is an area that requires further research in Ireland and that needs to be addressed if women are to be facilitated to engage more fully in physical activity programmes.

Community Education as a Key Site of Physical Activity Programmes

The women were clear in asserting that the core reason they had come to the Women's Health and Fitness programme was that they wanted to get fitter and they wanted to do that in An Cosán, a well-known community education centre in their community. Most of the women had attended community education programmes previously in An Cosán, and had experienced An Cosán's 'living system of education' model of community education (articulated in Chapter 3). Of those who had not been to An Cosán before, they had heard about it through word of mouth in the community.

Community and Solidarity

The women identified each other, as a group as a source of motivation. This was a theme that emerged again and again. The women encouraged each other and also found each other a source of distraction from the workout they were doing. The importance of leaving the private sphere of the home, and developing community emerged. The availability of free childcare on site in An Cosán was a crucial support that enabled three of women to attend the programme. The barriers created by the amount of time given over to childcare to women engaging fully in the public sphere (Lynch and Lyons, 2008) had to be addressed in order for those women to have the freedom to participate in the programme.

Wellbeing in Community Education Settings

The sense of belonging, stillness and of safety that Gilligan and Zappone (2006) detailed as core to An Cosán's pedagogical approach (see chapter 3), was outlined by the women in the previous chapter. This also speaks to the importance of hooks' (1994) transformative and holistic 'engaged pedagogy' which emphasises wellbeing. An Cosán was identified as a "safe" place (Julie), where the women knew they would be respected. They contrasted their experiences of An Cosán as a learning environment to their experiences of the gym, where they felt self-conscious and patronised due to the authoritarian and domesticating learning environment of the gym (Freire, 1970).

This Freirean rejection of the banking system of education, in this case physical education was clear throughout. The women embraced negotiating the content of the course, and in

co-creating a democratic classroom (Freire, 1970, 1994; hooks, 1994). In the evaluation of the programme, Michelle named this as one of the aspects of the programme that kept her engaged.

Critical and Intersectional Feminist Pedagogical Approach

As discussed in Chapter 4, I attempted to equalise relationships between myself and learner as far as possible. I shared my personal stories, including about my birthing injuries, and I took an ‘embodied’ (hooks, 1994) approach to teaching. However, I was aware that as tutor and senior manager in An Cosán, I had significant power over the programme (Connolly, 2008; hooks, 1994), including financial, coordination, access to childcare, booking in instructors and so forth. It was crucial to be aware of this power, as a blind presumption to equality would have created further unequal power relations, affecting the validity of research findings.

Throughout the WHFP, spaces were created for the facilitation of consciousness raising whereby knowledge shared from personal experience was linked to wider social structures, for example through discussing the role of the dairy industry and farming sectors in Ireland in lobbying around the formulation of national nutritional information. The WHFP rejected a medical model approach to health, despite having a core focus on increasing individual levels of physical activity. It centred instead on the social determinants of health (Dalhgren and Whitehead, 2006), affecting women, including discussions on maternity services, the deprioritisation and silencing of postnatal health concerns, the beauty industry and social constructions of beauty and created spaces for critical dialogue on these topics.

Praxis: What Constitutes ‘Action’?

As outlined in Chapter 3, there is a diversity of opinion about what constitutes ‘action’ in critical and feminist pedagogy. Freire (1970; 1994) and hooks (1994) are both referring to social action motivated by critical consciousness raising on the social structures of oppression as part of a revolutionary movement. However this debate needs to be examined in relation to the duality of public/private sphere. If we only recognise the public sphere as a legitimate space for social action, do we then deny that ‘the personal is political’? Feminist theory has long rejected the denial of the private sphere as being outside social and political spheres. And yet, there is a need for caution, to not embrace a

lifestyle feminism (hooks, 1994) which embraces individualism, sweeping the need for social movements under the carpet.

It is clear that the Women's Health and Fitness Programme was transformative for the women on an individual level. Before taking the WHFP, and having the space to collectively critically reflect on their gender roles and how expectations around care work in their homes had created a situation where as women, they did not have time to exercise. This could be interpreted as a "limit situation" as described by Freire. These historically situated divisions of unpaid care labour, which create a lack of autonomy for women over time in their lives, are a result of patriarchal social structures.

One of the women described renegotiating the division of time for childcare with her male partner. The two further women present for the evaluation session described carving out time for themselves to engage in physical activity, when at the beginning of the WHFP they felt that their childcare responsibilities made this very challenging. This can be understood as taking feminist action at the individual level affecting "their relational communities" (Mohanty, 2003, p. 5) and as the type of cultural action resulting from consciousness raising education alluded to by Connolly and O'Toole (2005) that has the potential to lead to social change in the gendered notions of unpaid work, if replicated on a much wider scale. The actions these women have taken is a direct result of being part of a collective feminist learning space, where experiential knowledge and personal histories have instigated a process of conscientisation. Their actions are visible to their extended families and children. These actions may have significant impacts on their personal lives in terms of their autonomy over organising their time and their gendered experiences of living in the world as a women.

Conclusion

It is noted in the literature review that women's engagement in physical activity in line with the national guidelines drops off over the life course. This research has found that lack of time and lack of information and support around post natal health difficulties, are two factors facing working class women who are mothers.

CHAPTER 7: CONCLUSION

The goal of this thesis was to explore what the outcomes of a feminist physical fitness and health education programme aimed at working class women in terms of increasing both health literacy and physical activity levels. I conducted Feminist Action Research through creating and facilitating a women's health and fitness community education programme and explored both the impact of the pedagogical process and the outcomes of this programme.

The findings were that there is an need for greater health literacy around physical activity levels and health eating required for positive health; there is a need for greater understanding for the barriers that postnatal issues can have on women's bodies when it comes to exercising, as well as a rejection of patriarchal notions of beauty in women's exercise programmes; the time involved in unpaid carework in the private sphere of the family home creates barriers to women's participation in sport; feminist community education pedagogical approaches create a learning environment that the women feel comfortable and safe in; and that the WHFP was a transformative experience for some of the women involved and resulted in higher levels of physical activity for all the women who participated in the programme.

I have argued that women's community education that is underpinned by a critical and feminist pedagogy is successful at increasing physical activity levels among working class women with low levels of physical activity. These pedagogical approaches created a learning environment where the women's personal experiences were valued as legitimate sources of knowledge and where they were placed in the position of expert over their own bodies. Consciousness raising on the social determinants of women's health was embedded throughout the programmes and it is argued that it is because of this consciousness raising that the women on the WHFP were empowered to take action to address some of the barriers, in particular, their lack of time, to taking part in exercise. Feminist pedagogies created a learning environment where patriarchal notions of beauty and the pressure on women to conform to certain body types were critically reflected on and rejected by the women. A community of learning was created, which facilitated both a sense of belonging and solidarity among the women and space for their meaningful participation in curriculum design.

It has been outlined how sport remains an area of society that is deeply patriarchal. Women's bodies continue to be othered and competitive sport remains deeply gender segregated at both playing and management levels, with men accruing far higher financial, social and cultural returns for their participation in sport compared to women.

Health and sport policy both identify and report on women's significantly lower levels of participation in sport and physical activity in comparison to men yet women are absent from the recommendation sections of public health approaches to increasing physical activity levels, except in their roles as mothers of children who play. The implications for policy and practice are outlined in the recommendations below.

Limitations

Drop out from the WHFP

This research project was held with a small number of participants and was unexpectedly negatively affected by extraordinary weather events, which created higher drop-out rates than expected. While community education which takes place in working class communities would expect a number of drop offs or inconsistent attendance due to the stressors many learners are facing, the added impact of the Status Red snow storm forcing the cancelling of two classes limited the findings that could be made.

Resources

It would have been preferable to run the WHFP over a longer period of time, perhaps for a full semester (10 – 12 weeks) to allow more time for the learners to explore the social determinants of health and to engage in further consciousness raising. There was insufficient time to explore some topics (e.g. the beauty industry) with the depth required. There were topics that the women had requested, for example, bringing in a physiotherapist to speak about pelvic floor muscle strengthening, which we did not have time to get to.

Recommendations:

1. Funding should be made available for physical education programmes aimed at working class women who have low levels of physical activity which work from critical and feminist pedagogical approaches. Consciousness raising about the impact of

patriarchy on women's bodies and the social determinants of health needs to be embedded in these programmes. Costs of childcare must be included in the funding made available. Funders should explore partnering with women community education providers to facilitate these programmes.

2. Health and sport researchers and policy makers need to value and count the physical activity involved in unpaid domestic labour and childcare. As women do the majority of this work, it is essential that health and sport policies and programme planning include considerations of barriers this puts on women's free time to engage in sport programmes.

3. Health and sport policy makers should include working class women as specific target groups within their recommendations due to the specific barriers they face, including lack of time and low income.

4. It is important for sports and fitness instructors and policy makers to have an understanding of women's bodies across the lifecycle, in particular in relation to postnatal issues and how to build exercise programmes around these potential barriers. This should be incorporated into future *Healthy Ireland Framework* and *National Physical Activity Plan* recommendations. Addressing the barriers for women associated with health issues such as incontinence or prolapse should not be left to maternity and gynaecology services solely, as most women stop interacting with the maternity services weeks or months before they are ready to re/commence exercise. Support for the issues women face in re/engaging with exercise over the life course should be embedded in sport programmes, and the taboo and silence on these topics lifted.

5. If there were to be reiteration of the WHFP, it should take place over a longer period of time.

Further Research

Sustainability of Results

It would be useful to find out if the women who take part in programmes such as the one articulated here continue to engage in increased levels of physical activity and healthy eating practices after the programme is completed. It would also be beneficial to know if there are differences in terms of sustainability of increased physical activity levels and healthy eating practices compared with existing community health programmes, such as Operation Transformation.

It would further be important to know if the social element of the programme provides the glue and to explore if the women are less likely to continue the physical activity when the organised social element is gone.

Where are the Women?

There is a clear need for further feminist research on why women's physical activity levels are lower than men's across the adult lifecycle, and why women engage in such low levels of physical activity as they get older. This needs to examine the lack of participation of women both in engaging in exercise and in the management of sport.

Conclusion

At first glance, women's community education may seem like an unlikely site for creating positive change in working class women's physical activity levels. Currently efforts at increasing physical activity and reducing sedentary behaviour for public health as articulated in the *Healthy Ireland Framework* (2013) and in the *National Physical Activity Plan for Ireland* (2016) are seen as a simple formula of changing individual lifestyle choices without any critical social analysis outlining how to tackle those socially structured lifestyle choices. The current local authority and sports partnership frameworks and structures are fallen back onto. However, as Connolly (2013) notes, women's community education is an innovative teaching and learning space.

Adult educators call on the learning from feminist education, popular education, critical pedagogy, praxis and social analysis to underpin the practice. The practice is democratic and dialogical, and subverts the power dynamics between the learners and teachers. It is the model for the kind of society that we want for all our citizens. It is a profoundly ethical approach, and it fundamentally examines the role of education in bringing about a more just and equal society. (p. 16)

As such, it is a teaching and learning space that is distinctly different from the gyms, weight loss programmes and public sports initiatives (e.g., Operation Transformation) traditionally associated with drives to increase physical activity levels and reduce obesity. This thesis has argued that women's community education is a space that can create positive change in health outcomes for working class women with low physical activity levels. Embedding feminist, body positive, learner centred practice where the women themselves meaningfully participate in curriculum design in the creation of a democratic community of learning, provides real results in increasing physical activity levels. This is

a model that is entirely different from current public health and sports approaches. Women's community education is a key and currently underutilised site to increase physical activity levels among one of the hardest to reach low physical activity level social groups.

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APPENDIX 1

Information Sheet for Participants in Research of Women's Health and Fitness Course

About the research

I (Caoimhe Kerins) will be carrying out research on the Women's Health and Fitness Course being held in An Cosán from 30th January for 8 weeks. Each group member is being invited to also be a participant in the research project.

About the researcher

I will be both facilitating the course and conducting the research. There are no other members of the research team. I am the Senior Manager of Education and Training in An Cosán and have worked in community work and community education for over a decade. No other member of staff in An Cosán is involved in the research team in any capacity.

I am currently doing a master's degree. This research is part of my Master's Degree in Adult and Community Education in NUI Maynooth and will form a large part of the thesis I will write.

My research is being supervised by Dr. Camilla Fitzsimons, Department of Adult and Community Education, NUI Maynooth. Phone: 01 708 3951.

What is being researched and why?

The purpose of the research is to explore the role of women's physical education in a community education centre. National health policy is focused on encouraging adults who are currently living sedentary lives to become more active, and to start doing 30 minutes of physical activity, 5 days per week. This research will explore what the outcomes are in terms of levels of physical activity, when physical education which works from a feminist approach is engaged in.

What you will need to do as a participant

Your involvement in the research project, is to attend the 8 sessions of the Women's Health and Fitness Course. I will take notes and voice recordings, with permission, of parts of these sessions. You may also be asked to complete a confidential questionnaire at both the beginning and end of the course. You may also be asked to keep a journal for reflections and learnings during the course, but this will be optional.

Your participation in the research is entirely voluntary. You have the right to withdraw from the research at any time up to the publishing of the thesis in June 2018, while still remaining participant in the course

What will be recorded?

This will be agreed by the group during the first session. There will be no photography or video recording at any stage. Voice recordings may be made during the course of the sessions, and you will be informed when these are both starting and finishing. Caoimhe will, with permission, also take notes during the sessions.

Each participant on the course may be asked to keep a journal for reflections and learnings. With permission, aspects of these, will be photocopied by Caoimhe at the end of the course.

What will happen to the research?

The research will be published as a master's degree thesis. It may also be used to inform local, regional or national health or education policy. This may be done by presenting the findings of the research to relevant local, regional or national health, sport or education bodies.

What about privacy and confidentiality?

Your involvement and identity will be held in strictest confidence, I will not share this with anyone and I will use pseudonyms throughout.

However it should be noted that due to the small size of the group, members of the group may be able to guess the identity of each other in the research. Each group member has a responsibility to respect and uphold the confidentiality of each other participant.

You will be given the chance to read all recorded transcripts and remove or change any aspect of what you said as you see fit. I will hold any record or recordings of your contribution to the research securely and destroy them five years after of the research, in line with university guidelines.

Consent Form – Women’s Health and Fitness Course Research

If you consent to taking part in the Women’s Health and Fitness Course research project, as explained in the information sheet, please sign below:

I, _____, hereby consent to partake in this study, under the conditions outlined in the information sheet.

Signature: _____ Date: _____

Contact details:

Email: _____

Phone: _____

Please note that Caoimhe may use either your email or phone to contact you in relation to the findings of the research after the 8 week programme finishes.

Researcher: **Caoimhe Kerins**

Email: caoimhekerins@gmail.com

Phone: **014628488 or 0867030149**

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process please contact the research supervisor, Dr. Camilla Fitzsimons, Department of Adult and Community Education, NUI Maynooth. Phone: 01 708 3951. Email: camilla.fitzsimons@mu.ie.

Please be assured that your concerns will be dealt with in a sensitive manner.

APPENDIX 2

Simple Physical Activity Questionnaire (SIMPAQ)

Name: _____

Date: _____

Introduction: I am going to ask you about what you have been doing over the **past seven days**, including time spent in bed, sitting or lying down, walking, exercise, sport and other activities.

1 (a) What time did you mostly go to bed over the past seven days?

Answer: _____ am/pm

1 (b) What time did you mostly get out of bed over the past seven days?

Answer: _____ am/pm

2 (a) That leaves approximately ___ hours a day out of bed. Out of those ___ hours, how long did you spend sitting or lying down, such as when you are eating, reading, watching TV or using electronic devices?

Answer: _____ Hours _____ minutes /day

2 (b). How much of this time is spent napping?

Answer: _____ Hours _____ minutes /day

3. That leaves approximately ___ hour a day for other activities. Which days in the past seven days did you walk for exercise or recreation or to get to or from places? How many minutes did you usually spend walking on those days?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

4 (a) Now think about any activity that you do for exercise and sport, such as jogging, running, swimming, bike riding, going to the gym, yoga, soccer or GAA. Which days in the past week did you do any of these, or similar activities?

4 (b) What activities did you do and how much time did you spend on each activity on each day?

	Activity and intensity (0-10)	Number of sessions	Minutes	Total
<i>e.g.</i>	<i>Resistance Training 5/10; Tennis (9/10)</i>	<i>1; 1</i>	<i>15;50</i>	<i>65</i>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
	Total			

5 Now think about any other physical activities that you did as part of your work, or activities you did while at home such as gardening or household chores. How many minutes did you spend on these activities on most days?

Answer: _____ minutes /day

APPENDIX 3

End of Course Questionnaire

Name: _____

What have you learnt that was useful to you on this course?

What (if anything) have you changed in your life since joining this course?

Will this course change your approach to exercise / physical activity? How?