

SECTION: CHAPTER: Substantive Issues: Maintaining health and fitness

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Abstract

Public health measures implemented to control COVID-19 (e.g., lock downs, social distancing) have dramatically changed the geographies of recreational physical activity, closing off traditional exercise places, and pushing people both inside homes and into outdoor spaces in new ways. This chapter problematizes geographies of physical activity in the time of COVID-19 by critically considering the implications of these changes for inequities in physical activity participation. We ask fundamentally whether physical activity even matters in pandemic times, and for whom? First, taking a critical public health perspective, we illustrate how exercise is being ‘weaponized’ against COVID-19 as a tool for the neoliberalization of health that downloads responsibility for COVID-19 prevention and management to a moral problem for individuals. Next, we consider early evidence about the effects of the pandemic on physical activity, which paints a mixed picture while largely indicating a continuation of inequitable trends. Finally, we demonstrate how a pandemic geography along an indoor (private)/outdoor (public) binary not only intensifies existing inequities in physical activity but crystallizes how participation is interconnected with wider social injustices.

Bios

Stephanie E. Coen is Assistant Professor in the School of Geography at the University of Nottingham, United Kingdom. Her research interests include critical geographies of health, qualitative and creative research methods, and feminist geographies. A key strand of her work has focused on the role of place in the ‘gendering’ of physical activity, particularly in the context of gym environments. She tweets from @steph_coen.

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1. Introduction

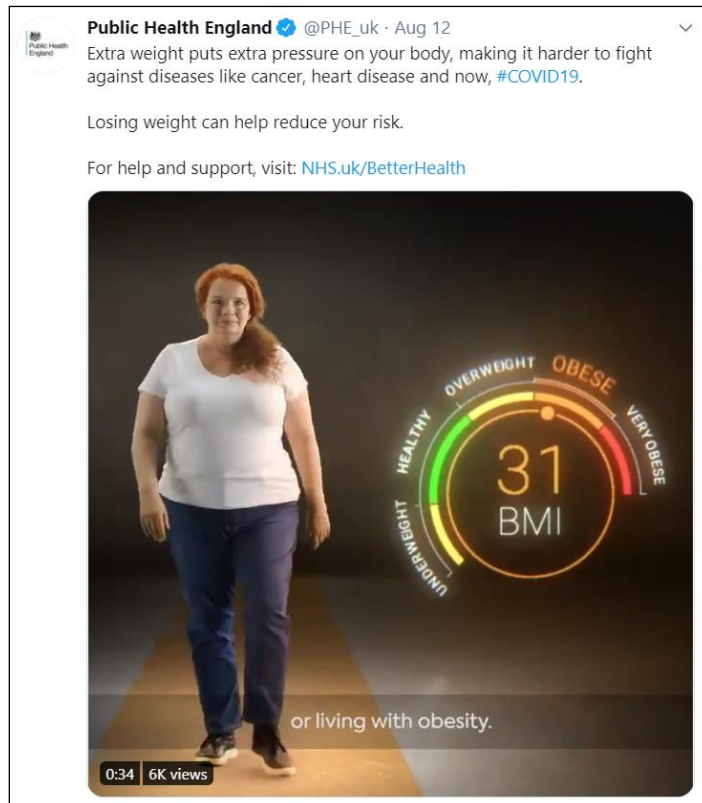
Geographies of physical activity are broadly interested in where and how physical activity happens, environmental barriers to and facilitators of physical activity, representations and experiences of physical activity, and the social, cultural, and political implications of these. Critical geographical perspectives, rather than seeing physical activity as a 'lifestyle behaviour,' understand physical activity to be shaped by and situated in socio-material structures and contexts that support or constrain participation. Such approaches foreground concern with disparities in participation along gendered, racialized, and other intersecting lines across places and populations (Coen et al., 2020)—but in a global pandemic, when some of our most basic health and social needs are jeopardized, should we even care about physical activity?

In this chapter, we interrogate pandemic geographies of physical activity, focusing on the socio-spatial inequities which surround access and participation. First, taking a critical health geography perspective, we illustrate how exercise is being 'weaponized' against COVID-19 as a tool for the neoliberalization of health that downloads responsibility for COVID-19 prevention and management to a moral problem for individuals. Next, we consider early evidence about the effects of the pandemic on physical activity, which paints a mixed picture while largely indicating a continuation of inequitable trends. Finally, we demonstrate how a pandemic geography along an indoor (private)/outdoor (public) binary not only intensifies existing inequities in physical activity but crystallizes how participation is interconnected with wider social injustices. We argue that the question 'who cares' about physical activity in pandemic times, is better thought of as 'who *can* care.'

2. When exercise is not medicine

As the pandemic unfolds, physical activity is being co-opted as a neoliberal intervention to mitigate the health effects of COVID-19. Given some evidence that suggests body weight correlates with COVID outcomes, along with a concern that sustained inactivity during quarantine could increase susceptibility (Woods et al., 2020), many governments are advocating exercise as a personal risk management strategy (Ding et al., 2020). As illustrated in Figure 1, such approaches make exercise a moral obligation to confront COVID, and individualize COVID responsibility with messages that we can make our bodies 'fitter' to 'fight' COVID, without recourse to or recognition of the social inequities that prevent access to physical activity opportunities (Williams and Gibson, 2017). By propagating false 'lifestyle choices' that set up individuals and communities to be blamed for 'moral failings' in COVID prevention and management, such interventions risk worsening outcomes for communities already disproportionately affected by COVID-19 because they ignore the social structures at play (e.g., systemic racism). Relatedly, such approaches pathologize body size, highlighted in Public Health England's campaign (Figure 1) that depicts a woman's body as inherently 'risky' and categorizes her as 'obese' on a Body Mass Index (BMI) meter. Yet, a growing body of research has called into question the validity of BMI (Guthman, 2012) and illuminated the racist origins of the measure (Evans and Colls, 2009), underscoring how using body weight as a mechanism for COVID risk management risks exacerbating inequities. Perhaps most flawed of all, such messaging erroneously positions COVID-19 as a 'lifestyle disease' when it is a virus.

Figure 1: Tweet from Public Health England that links weight loss to COVID-19 personal risk reduction.



(Source: https://twitter.com/PHE_uk/status/1293570008094834698)

At the same time, evidence shows that physical activity can help support some people in coping with the mental and physical challenges of lockdown (e.g., older people, see Jiménez-Pavón et al., 2020). We contend, therefore, that especially in the time of COVID efforts should focus on community-level interventions that support physical activity participation while simultaneously addressing other community needs, like social care, childcare, food access, and employment support. This could include, for example, creating local infrastructure with opportunities for free physical activities (such as cycle paths, trails, outdoor gyms) and offering programming to support families juggling complex challenges such as childcare and job loss (e.g., offering family-inclusive group physical activities and free food).

3. Inequities: old and new

How these changing contexts and discourses around physical activity have affected actual physical activity levels is not at all clear. Early research suggests a mixed picture, perhaps reflecting differences in countries whose COVID-19 measures permitted physical activity and those with greater collective capacity to ‘care’ about physical activity during a pandemic than others. While interest in physical activity in Australia, the United Kingdom (UK), and the United States (US) increased to unprecedented levels following lockdowns (Ding et al., 2020), this rarely translated into population-level increases. In

Germany, significant decreases in physical activity were reported with almost 60% of the population only managing to maintain their pre-lockdown activity levels or becoming inactive due to COVID-19 (Mutz and Gerke, 2020). Such aggregate data, however, mask vast diversity in who has been able to convert increasing interest into actual increases in physical activity. This diversity is generally split along social divisions and, somewhat contradictorily, data seem to demonstrate both an entrenching of pre-existing inequities and almost an inverting of them, or at least the formation of new ones. In both Germany and the UK, some consistent patterns regarding those who find it easier to be physically active were reported. In Germany, younger people were most likely to be able to maintain and intensify their physical activity during the early stages of COVID-19 (Mutz and Gerke, 2020), while Sport England (2020: n.p.) data suggest that “women, people from lower socio-economic groups, older adults, people with a long term condition, illness or disability, and people from some BAME [Black, Asian and Minority Ethnic] communities – are still finding it harder to be active”.

Still, some evidence also suggests that the changing spatio-temporalities of lockdown life have altered previously inhibiting structures for some. Alternative data for the UK suggest a seeming inversion of prior physical activity patterns, with women and older people finding it easier to be active (Smith et al., 2020), similar to Germany, where women reportedly found new opportunities to increase physical activity (Mutz and Gerke, 2020). Important here could be the lightening of spatio-temporal demands engendered by lockdown, enabling a large barrier to physical activity to be overcome (Welch et al., 2009). Scepticism about these findings is warranted, as they likely represent short-term changes in countries that permitted and encouraged physical activity within their lockdown measures (e.g., exercise was one of the only permissible reasons to leave home), rather than longer-term changes to physical activity inequities. Indeed, evidence suggests physical activity levels are starting to reduce as the pandemic continues (Garmin, 2020; Sport England, 2020), bringing into question the longer-term impact of COVID-19 on physical activity.

4. Binary spaces and intensifying inequities

The pandemic has invariably shifted and limited the geographies of where we exercise. COVID-19 restrictions have commonly involved limitations on outdoor activities - from preclusion of all but essential outdoor activity (e.g., Spain) to limits on the time or distance for permitted exercise (e.g., France) as well as excluding the use of shared outdoor gym equipment (e.g., UK). This is coupled with popular reports of rising home exercise uptake amongst some groups during the pandemic. This emergent binary geography of physical activity, along an outdoor (public)/indoor (private) divide, has revealed and, in some cases, intensified existing inequities.

Being limited to close-to-home physical activity opportunities has heightened the importance of local outdoor spaces. From private gardens to good quality public green spaces, access is inequitable across the UK by socio-economic status and ethnicity (ONS, 2020; CABE, 2010). Likewise, in the US, Black and brown communities not only have less access to outdoor spaces but are seen by some as not belonging in such spaces (Smith, 2020). Ray (2017), for example, reported pre-pandemic that Black men are less likely to engage in physical activity in neighbourhoods perceived to be predominantly white and are more likely to participate in physical activity in neighbourhoods perceived as predominantly Black. The converse is reported for Black women, white women, and white men. Such geographical patterns relate to wider racial inequalities, including the over-policing of Black men and the effect of the ‘white gaze’ in

public spaces (Owusu-Bempah, 2017) - the potentially fatal consequences of which are exemplified by cases such as the murder of Black jogger Ahmaud Arbery by white neighbourhood residents in the US (Fausset, 2020). The ways that the pandemic has materially shrunk geographies of physical activity can literally put lives at stake. These examples highlight how inequities in physical activity are invariably embedded in—and are also outcomes of—wider structural injustices that place some people at risk.

While a seeming pandemic-induced home fitness revolution has been heralded by some commentators (Nyenhuis et al., 2020) and evidence suggests an increase in home-based physical activity (see Garmin, 2020), lockdown measures in response to COVID-19 have also confined people to their homes and domestic spaces in ways that have rendered recreational physical activity indoors impossible for many. As Fullagar and Pavlidis (2020, p. 5) note, “Home as a safe place to retreat from contagion is an assumed ideal in many government responses, being for some a privileged location and others a reminder of dispossession, nonbelonging and loss.” EU member states reported a 60% rise in emergency calls about domestic violence (Mahase, 2020), which brings us back to our central question of who *can* care about physical activity in a pandemic? The home is a historic site of gender inequality, and the new geography of home as a site for everything intensifies and lays bare the intersections of privilege (e.g., time, money, space, gendered household roles) in terms of who *can* be active (Fullagar and Pavlidis, 2020). There is also a danger that the content of home workout materials can fuel damaging tropes about idealised feminine and masculine bodies (Andreasson and Johansson, 2013) and promote stigma (e.g., ‘fear of fatness’) during the pandemic – both of which may be exacerbated by public health messages framing body weight as an individual COVID risk management measure (Figure 1).

At the same time, the rapid proliferation of free online workouts has inclusive potential. While not a panacea, online access to home workouts has potential to support physical activity within disability communities (Fitzgerald et al., 2020) in terms of accessibility (e.g., close captioning) and the ability to pause and resume as needed (e.g., to self-pace). We need to activate these possibilities.

5. A post-pandemic geography of physical activity?

The promotion of physical activity as a moral and public duty whilst shrinking its permissible geographies during COVID-19 has largely reinforced and even worsened existing inequities. Gendered, racialized, aged, and classed divisions have been highlighted in this chapter, yet our discussions have centred mostly on the minority world, reflecting from where research into pandemic physical activity has emerged. The absences within this should be heard loudly. Caring about physical activity during a pandemic is a privilege unequally distributed within and between societies—perhaps most starkly when we consider the majority world where lockdowns have decimated informal sector livelihoods with little to no social safety net. For societies able to care, the pandemic has further underscored the complex and intersectional inequities of physical activity participation, exemplified, for instance, in how systemic racism puts exercising bodies at risk. In the longer term, considering physical activity participation as a health behaviour in isolation not only risks failing to increase participation, as structural barriers will still be in play, but also risks that physical activity interventions become a mask for inaction on underlying inequities.

There are positive glimpses of how physical activity can be made more accessible and inclusive within the context of COVID-19. For some, the spatio-temporal restructuring of everyday life and the increasing

availability of online and home-based physical activity options are enabling participation in ways not possible previously. These warrant further attention and future work should continue to consider how such developments can be carried forward to chart new post-pandemic geographies of physical activity.

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