

Hypothesis

Culturally Equitable Approaches to Physical Activity Programming for Black American Adolescent Girls

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Abstract: Physical activity interventions and programming for Black American girls often overlook racism and sexism as a fundamental cause of the differences in engagement between their white and male peers. Deficit framing is a standard where Black girls are often compared to the health, physical activity, and beauty standards driven by white feminine or masculine norms, suggesting there is only one way to be fit and healthy. Approaches that lack cultural and historical relevance, including the effects of systemic racism and sexism, are seldom considered before aiming to increase physical activity engagement and favorable health outcomes for Black teenage girls. **Aim:** This paper presents a brief overview of physical activity programming for Black adolescent girls and young women (aged 14–18) and proposes theoretical frameworks and approaches to consider before implementing physical activity interventions and programs. **Concluding Remarks:** Voice, intersectionality, misogynoir, representation, and gendered racism as a root cause should inform physical activity programming designed for Black adolescent girls. Culturally equitable approaches for real and sustainable change are required to increase physical activity engagement.

Keywords: school-based physical activity; African American girls; misogynoir; racism in physical activity research; sexism in physical activity research; intersectionality



Academic Editors:

Kalyn McDonough, Kelly Clanchy,
Michael A. Hemphill and Tarkington
J. Newman

Received: 1 February 2025

Revised: 25 February 2025

Accepted: 1 March 2025

Published: 4 March 2025

Citation: Blackshear, T. B. (2025). Culturally Equitable Approaches to Physical Activity Programming for Black American Adolescent Girls. *Youth*, 5(1), 26. <https://doi.org/10.3390/youth5010026>

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1. Introduction

Physical activity interventions and programming focusing on Black American adolescent girls (aged 14–18) are rare, with varied environments (schools, churches, and at home), theoretical frameworks, and approaches having mixed effects (Barr-Anderson et al., 2018; Blackshear & Baucum, 2024; Pfeiffer et al., 2019; Thompson et al., 2013). Many of the aims consist of obesity prevention or weight loss (Browning et al., 2015; Robbins et al., 2020; Pfeiffer et al., 2019), despite the varied benefits of physical activity engagement, including fun, social connection, leadership development, and overall health and well-being (Barr-Anderson et al., 2014; Blackshear & Baucum, 2024; Thompson et al., 2013). Additionally, physical activity programming tends to focus on Black girls aged 14 and under (Barr-Anderson et al., 2014; Robbins et al., 2020; Thompson et al., 2013; Ward et al., 1997), excluding the needs of older Black girls and young women. Moreover, the body mass index (BMI) is the metric often used to assess obesity and overweight, which skews negatively and inaccurately for Black women and girls (Byrne, 2020; Kimm et al., 2002). Despite repeated reports that BMI is racist and sexist with no scientific value (Byrne, 2020), its usage, based on the white male body, positions Black girls as erroneously deficient.

Research on physical activity among Black adolescent girls also ignores their unique perspectives and needs, leading to a significant gap in understanding. Girls aged 14–18 years old are also at a pivotal period regarding physical, emotional, social, and

cultural development, which is marked by significant changes, including increased vulnerability to negative body image and mental health challenges (Voelker et al., 2015) to transitioning to independent living via college or the workforce. Furthermore, many studies focus on quantitative data, such as participation rates and health outcomes (Kimm et al., 2002; Sallis et al., 2000), without incorporating qualitative insights from the girls within the intervention. This exclusion, coupled with non-Black scholars and non-women scholars conducting research on Black girls, misrepresents the challenges they face and neglects cultural context, preferences, and motivations for engaging in physical activity. As such, programs and policies designed to promote physical activity may miss the mark, failing to resonate with Black girls while engaging in stereotypes and reproducing gendered racism. As Black girls in later adolescence are overlooked, ill-assessed, and misrepresented in physical activity research and programming, this paper aims to center Black adolescent girls in high school with a call to engage in culturally equitable methods and approaches that get to the “root” of the low physical activity engagement problem and associated health risks among Black girls rather than unrealistic, unsustainable, topical applications.

2. Cultural Equity

The *Americans for the Arts* (2016) reminds us that to engage in cultural equity, we must champion policies and practices “that empower a just, inclusive, and equitable nation” (p. 3), specifically for those who have been historically underrepresented, marginalized, and oppressed, including, but not limited to, Black girls and women. To engage in championing equitable policies and practices, we must also challenge policies and practices that foster injustice and do not serve the intended group (Blackshear & Culp, 2025; Culp, 2023). Cultural equity in physical activity spaces for Black girls can be expressed through student voice, representation, and acknowledging the impact of the intersection of racism and sexism before creating programming on their behalf.

3. Student Voice (Empower)

One concern in physical activity programming focused on Black girls is the lack of voice in the type of programming they want to engage in. Research studies that incorporate student voice or employ an activist approach for girls have been shown to be impactful, including enjoyment and equity, but tend to include primarily non-Black voices in countries other than the United States (Howley & O’Sullivan, 2021; Luguetti & Oliver, 2019)—not reflective of the experiences, cultural meaning, or significance for Black girls in America. However, while they did not specifically describe the inquiry as student voice, Barr-Anderson et al. (2014, 2018) centered Black adolescent girls’ voices through posed questions around physical activity preferences and environments to aid in developing culturally relevant interventions and programming. Despite limited data on student-voice, studies involving Black adolescent girls and student voice in physical activity settings has been shown to empower youth to take ownership of physical activity engagement and transform their environment (Barr-Anderson et al., 2014; Blackshear, 2024; Lamb et al., 2018; Luguetti & Oliver, 2019). Listening to Black adolescent girls’ preferences (and their families) in physical activity research can increase physical activity participation (Barr-Anderson et al., 2014; Blackshear & Baucum, 2024).

4. Representation (Inclusive)

Representation for Black girls fosters a sense of belonging, increases self-esteem and school engagement, and encourages aspiration (Jones et al., 2017; Kaur, 2020). Unfortunately, only a fraction of Black women investigators lead physical activity studies on Black girls and young women aged 14–18 (Barr-Anderson et al., 2014; Blackshear & Baucum, 2024;

Thompson, 2011). Furthermore, many researchers with Black female participants seldom share the same racial and gender identity as participants (Kimm et al., 2002; Saffer et al., 2013; Sallis et al., 2000; Ward et al., 1997), lacking cultural nuance that may get overlooked or misunderstood. These studies are also grounded in quantitative methodologies that lack the ability to present cultural aspects for the participants. Missing from practice are white scholars failing to consider how their racial identities and gender identities impact their approaches and interpretations (Ward et al., 1997), as they do not live a Black experience. It should be noted, however, that representation alone does not foster forward progress in physical activity advocacy for Black girls, thus, intersectional approaches must be included.

5. The Intersection of Racism and Sexism (Injustice)

5.1. Racism

While physical inactivity can lead to poorer health outcomes, so does racism. Racism has such an adverse effect on Black people that it has been deemed a public health threat (Racism Now Broadly Seen as Public Health Threat, 2021), as it is associated with anxiety, low self-esteem, depression, heart disease, diabetes, and obesity (Trent et al., 2019; Yearby, 2020). However, systemic racism, including redlining, food deserts, environmental pollutants (Mizelle, 2023), lower academic expectations, increased punitive measures for Black children (Foster, 2024), and less funding of public education in predominantly Black schools (Trent et al., 2019), is prevalent, and its effects are not considered or controlled for in physical activity research focused on Black youth. Furthermore, Black parents have reported that racism is their number one health concern for their children. Concurrently, physical activity does not reach their top 10 health concern list (Freed et al., 2020), illustrating that addressing racism should be paramount before addressing physical inactivity and other health concerns for Black children.

5.2. Sexism

Black girls are also compared to the physical activity levels of boys, especially Black boys, without taking into consideration the physical activity and sports socialization differences between racialized genders (Smith, 2019; Telford et al., 2016), further putting Black girls at a deficit. In addition, the effects of structural sexism, like racism, negatively impact the physical health outcomes of women and increase the risk of chronic disease (Homan, 2019). However, the health effects of sexism are seldom considered in physical activity research focused on Black adolescent girls. These factors highlight the intersectional complexities, dual binds of race and gender discrimination, and the compounding effects of racism and sexism that their white and male counterparts do not have to contend with (Crenshaw, 1989).

5.3. Intersectionality

“The boys told me I couldn’t play with them because I was a girl and I was Black . . . Some boys don’t want the girls to play because they are girls, and I think that’s a real problem because we should all be able to do what we want to do. We should all be able to play.” Maggie Mae, age 10”. (Oliver & Hamzeh, 2010, p. 43)

Although the quote above is from a preteen girl, her comment highlights the dual bind of race (racism) and gender (sexism) and the messaging that Black girls experience early on—in general, and in physical activity spaces (Collins, 2021; Oliver & Hamzeh, 2010). While the authors acknowledge the intersecting impact of race and gender in the paper (Oliver & Hamzeh, 2010) and throughout Oliver’s follow-up book (seven times among 114 pages) (Oliver & Kirk, 2015), ‘girls’ remain the primary focus—not quite addressing solutions or the issues confronting Maggie Mae and other Black girls in physical activity

programming and research. Additionally, the intersectional research cited are mostly white [women] scholars, without a Black woman physical activity scholar in sight, further perpetuating the manufactured “dominant” white and male narratives common in physical activity research (Azzarito, 2009; Barker, 2017).

Legal and critical race theory scholar Kimberlè Crenshaw (1989) created the term intersectionality, highlighting that single axes of discrimination (e.g., racism, sexism, classism, and homophobia) inadequately explain the experiences of Black girls and women as “their intersectional experiences are greater than the sum of racism and sexism” independently (p. 140), leaving Black girls and women ill-served in general and in health and physical activity programming. Intersectional realities of Black girls and women are not only disbelieved but the active attempts to discriminate, demean, and dismiss their experiences regularly transpire through misogynoir or the intersection of anti-Black racism and misogyny (Bailey & Trudy, 2018).

5.4. Misogynoir

Misogynoir is evident in physical activity research focused on Black girls and young women, as evident in the focus on obesity and obesity prevention using European/white standards/metrics and the hypervisibility of low physical activity rates among Black girls driving the narrative despite white girls having low physical activity rates, too (Kimm et al., 2002). Black girls also have cultural needs that differ from their white female peers, including hair textures and styles, which often require more time and money to take care of after physical activity engagement. Thicker body size preferences are also desired in many Black communities (Flynn & Fitzgibbon, 1998; Thompson et al., 2013), where thinness is not a goal or the driver of physical activity compared to white girls and women (Awad et al., 2015). Furthermore, physical activity may be ineffective for Black girls and women who want to lose weight, given their (slower) metabolic rates than their white peers (White & Jago, 2012). In addition, many of these studies fail to mention that Black girls and women have less visceral (harmful) fat than their white counterparts (Vatier et al., 2014), further illustrating the metrics used to determine Black health and establish differences are misogynoiristic (Foster, 2024) and inappropriate, as Black girls receive messaging that something is wrong with their bodies. These examples support the need for culturally equitable approaches and the employment of a gendered racism as a root cause (GRRC) framework.

5.5. Gendered Racism as a Root Cause

Malawa et al. (2021) presented the racism as a root cause (RRC) framework as a solution-centered corrective approach that has four criteria, including (1) prioritizing a specific, racialized group for a precise, rather than universal, impact; (2) work to change policies, systems, or environments, as opposed to changing people; (3) institutionalizing sustainable programming that creates a long-term impact; and (4) repairing historical injustices by shifting resources, power, and opportunities to racially marginalized groups (p. 2). To develop effective health and physical activity interventions for Black adolescent girls, scholars must recognize gendered racism as a root cause (GRRC) of health disparities taking the intersections of race and gender into account. Systemic racism and sexism negatively impact access to resources, opportunities, and supportive environments (Homan, 2019; Malawa et al., 2021; Yearby, 2020), thus impacting Black girls’ ability to engage in physical activity. By framing gendered racism as a central issue, scholars can work toward dismantling the real underlying issues fostering disparities. BLinG-Health (Black Leadership in Girls’ Health) is a recent example employing the gendered RRC criterion, along with student voice and representation in a physical activity intervention program that

focused on Black adolescent girls (Blackshear & Baucum, 2024; Blackshear, 2024). BLinG-Health participants attended the same school with a shared zip code by the Black woman researcher, consisting of a culturally relevant physical activity program and antiracist pedagogies affirming Black girls through positive statements and leadership training while focusing on health, fitness, and fun, not fatness. Activities scheduled after school evolved into a permanent (sustainable) after-school program while funding participants (during the intervention), paying group fitness peer instructors, and providing snacks and fitness attire (during and after the intervention), fostering a pipeline to increased physical activity opportunities, experiences, and careers. Qualitative participant feedback gathered before, during, and after the intervention (*student voices*) aided in the ongoing improvement and refinement of the permanent after-school program (Blackshear, 2024).

While gendered RRC in physical activity studies appears new, Barr-Anderson et al. (2014) are pioneers in incorporating elements of RRC, including intersectionality and culturally relevant physical activity interventions focused on Black girls. Although their Family Affair pilot study focused on Black girls aged 10–14 in mother–daughter dyads at home, they employed a mixed methods approach, including addressing the intersections of race, gender, class, and education. They also included participant *voices* by asking about their physical activity preferences while incorporating foods indigenous to African American culture. In addition, the researchers, fitness leaders leading classes (e.g., kickboxing, yoga, and hip-hop dance), and archetypes used in study materials shared the race and gender of the participants while drawing on the socioecological framework. These combined factors increased moderate-to-vigorous physical activity by 18 min among the girls in the study, highlighting the positive impact of intersectional approaches that take race, gender, and culture into account.

6. Normalize Black Girls' Health and Physical Activity Standards (Justice)

There are few comparisons between Black girls with high activity rates to those with low activity rates or those with obesity compared to those without (Ward et al., 1997), which, if employed, would provide a socially and culturally just framework to build physical activity interventions and programming that fosters health and well-being. In a rare example, Ward et al. (1997) compared Black girls with high and low obesity rates, a strength-based approach, while employing the socioecological model (Bronfenbrenner, 1977), commonly used in physical activity research, which considers environmental, interpersonal, familial, community, and school influences on behaviors and outcomes (Barr-Anderson et al., 2014; Blackshear & Baucum, 2024). These approaches have positively impacted Black youth; however, yet again, this study focused on preteens. Furthermore, it did not consider the compounding effects of racism, intersectionality, or misogynoir evident during the adolescent years (Foster, 2024; Oliver & Hamzeh, 2010).

7. Recommendations for Physical Activity Programming for Black Adolescent Girls and Young Women (Justice)

Based on the dearth of literature, current practices, and physical activity programming focused on Black girls, below is a preliminary list of recommendations for inclusive and equitable practices that may aid in increasing physical activity engagement among Black adolescent girls and young women.

1. Include Black adolescent girls and young women (aged 14–18) in physical activity research.
2. Ask Black adolescent girls and young women what they want and need to engage in regular physical activity (Barr-Anderson et al., 2014).

3. Consider schools as physical activity research sites that can transition to long-term physical activity programs—during and after school—as this is an environment that most Black girls attend giving them regular access to physical activity ([Blackshear & Baucum, 2024](#); [Edwardson et al., 2013](#)).
4. Engage in mixed-method approaches to capture cultural impact and need.
5. Partner, collaborate, and include Black women scholars in higher education, high schools, and non-traditional settings.
6. White, male, or non-Black women researchers and educators implementing physical activity programming should include position statements and reflect on the impact and the potential harm and negative biases that their identities, methods, and approaches may have on Black female participants.
7. Stop focusing solely on obesity prevention and weight loss.
8. Stop using the current BMI metric to assess Black girls' and young women's weight and health status ([Byrne, 2020](#)).
9. Establish normative standards for Black adolescent girls (e.g., create culturally relevant BMI metric based on direct measures of body fatness and metabolic risks). Use these metrics to reanalyze previous data for accurate reporting.
10. Stop racialized and gendered comparisons ([White & Jago, 2012](#)).
11. Examine the effects of gendered racism on obesity and health outcomes, as eradicating these may eliminate or reduce health disparities.

8. Concluding Remarks

Black girls in later adolescence remain understudied, excluded, or ill-assessed in physical activity research and programming. Black adolescent girls have unique experiences of overlapping identities, including race and gender, that differ from their white and male counterparts ([Crenshaw, 1989](#)). These distinct experiences must underpin health and physical activity research and programming. Acknowledging gendered racism as a root cause, intersectionality, and misogynoir requires reframing harmful deficit approaches to strength-based, culturally equitable frameworks considering what Black adolescent girls actually need. Tailored interventions to meet the specific needs of Black adolescent girls, ensuring their voices and experiences are central to the programming and intervention process, requires a commitment to anti-racism, anti-sexism, and reflection of current practices and theoretical frameworks that have not garnered significant changes in physical activity patterns for Black girls and young women throughout their lifespans. A comprehensive approach includes creating an environment that encourages participation, challenges societal norms and expectations that marginalize Black girls, and fosters empowerment to aid in the overall well-being of Black adolescent girls. It is time to abandon band-aid approaches and get to the “root” of the problem.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: No new data were created or analyzed in this study. Data sharing is not applicable to this article.

Conflicts of Interest: The author declares no conflict of interest.

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