The Need for Sports Participation By the UK's Ethnic Communities

Evidence of Need document to support more equitable health outcomes and greater social inclusion through involvement with Sport

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1.0 Introduction

This document has been prepared to set out the evidence of need to substantiate that the UK's Ethnic communities need to have greater involvement in Sport so as to derive benefits relating to improved physical health, improved mental health, greater social integration and diminished community isolation.

This document was created by the British Bangladeshi Sports Association and i2i Media.

2.0 Underrepresentation of Ethnic Minority Communities in Sport

National evidence shows that ethnic minority communities are underrepresented in sport and physical activity compared with the general population in England and the UK more widely.

Sport England's *Sports Participation and Ethnicity in England* report shows that nationally 46% of the population participates in sport.

Source:

https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/sports-participation-and-ethnicity-in-england-headline-findings.pdf

However, the Sport England data highlights particularly low participation among South Asian communities:

- Bangladeshi adults: ~30%
- Pakistani adults: ~31%
- Indian adults: ~39%

These figures sit well below the national average and contribute to the inequalities in health and wellbeing.

Analysis shows that lower participation among ethnic minority communities is driven primarily by practical and structural barriers, including home and family responsibilities, work/study demands, lack of suitable local facilities, and financial constraints.

Source:

https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/sports-participation-and-ethnicity-in-england-headline-findings.pdf

3.0 Gender Inequality in Sport Participation

Gender emphasizes inequalities in sport participation within ethnic minority communities. Women from ethnic minority backgrounds are less likely to participate in sport than:

- Men from the same communities

- Women in the wider population

This inequality is formally recognised as a priority issue within national sport and physical activity policy.

Source:

https://www.sportengland.org/news/sport-for-all

3.1 Participation Rates Among Ethnic Minority Women

Overall participation rates show a clear gender gap for women from ethnic minority backgrounds.

Sport England evidence shows that:

- Approximately 39% of women nationally participate in sport
- Participation rates are lower among women from ethnic minority backgrounds
- Within this already reduced level of participation, rates fall further for some communities.
- British Bangladeshi women experience some of the lowest sport participation rates in England, illustrating the impact of gender and ethnicity.

Sport England data shows that:

- Only around 19% of Bangladeshi women participate in sport
- In comparison approximately 39% of women nationally participate
- This represents one of the largest gender participation gaps across all ethnic groups.
- Evidence shows that this gap is driven by practical barriers rather than lack of interest, including caring responsibilities, low confidence in traditional sport settings, limited access to suitable opportunities, and social isolation.

Sources:

https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-02/Sportforallreport.pdf
https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/sports-participation-and-ethnicity-in-england-headline-findings.pdf

4.0 Physical Inactivity and Health Inequalities

Lower levels of sport and physical activity contribute directly to significant health inequalities among ethnic minority communities.

National health evidence shows higher prevalence of:

- Preventable long-term conditions
- Risk factors associated with physical inactivity

- These inequalities are particularly pronounced among South Asian populations, where baseline health risks are already elevated.

Source:

https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england

4.1 Type 2 Diabetes, Physical Inactivity and Ethnic Inequalities

UK Government and peer-reviewed research consistently shows that South Asian populations including Bangladeshi, Pakistani and Indian communities are at significantly higher risk of Type 2 diabetes compared with the White British population.

Government evidence shows that:

- Type 2 diabetes develops at younger ages in South Asian populations
- Risk occurs at lower BMI thresholds
- Physical inactivity is identified as a key modifiable risk factor

Peer-reviewed studies further demonstrate that:

- Incidence of Type 2 diabetes is significantly higher among Bangladeshi, Pakistani and Indian populations
- Regular physical activity has a strong protective effect, reducing diabetes risk and improving metabolic and cardiovascular health
- Lifestyle-based interventions are particularly important in communities with higher baseline risk
- Taken together, this evidence highlights the importance of preventative, community-based sport and physical activity interventions as a mechanism to reduce health inequalities and long-term pressure on health services.

Sources:

https://www.gov.uk/government/publications/adult-obesity-and-type-2-diabetes
https://link.springer.com/article/10.1007/s00125-006-0325-1
https://pmc.ncbi.nlm.nih.gov/articles/PMC4893142/
https://openaccess.sgul.ac.uk/id/eprint/104531/

5.0 Access to Care and Mental Wellbeing

Ethnic minority communities face barriers to accessing timely and appropriate health services, including structural and economic factors such as deprivation, housing, employment, and discrimination. These barriers can limit engagement with health-promoting activities, including sport, and cause physical and mental health inequalities.

MDPI research indicates that many young people from ethnic minority backgrounds fail to meet the recommended 60 minutes of daily physical activity. Failing to reach these activity levels contributes to poorer mental and physical health outcomes, including increased anxiety, depression, and risk of long-term conditions.

Participation in sport and regular physical activity can help address these challenges by:

- Improving mental wellbeing and reducing symptoms of anxiety and depression
- Strengthening social connection, trust, and a sense of belonging
- Supporting engagement in healthier lifestyle behaviours

This highlights that alongside physical health benefits, sport can play a key role in improving access, inclusion, and mental wellbeing for ethnic minority communities.

Sources:

https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england
https://www.mdpi.com/1660-4601/20/2/1087

6.0 Sport as a Tool for Social Integration

Sport is widely recognised as a powerful mechanism for social integration and community cohesion.

Inclusive sport environments support:

- Relationship-building and trust
- Confidence and sense of belonging
- Cross-cultural interaction

Participation is highest when provision is:

- Community-led
- Culturally sensitive
- Delivered in trusted local settings

Targeted approaches are particularly effective for:

- Women
- Inactive adults
- Socially isolated groups

Sources:

https://www.sportengland.org/news/sport-for-all
https://www.sportingequals.org.uk/about-us/our-team/howard-haughton

7.0 Summary of Evidence of Need

Ethnic minority communities remain underrepresented in sport, with participation gaps particularly pronounced among South Asian populations and women.

Physical inactivity contributes to poorer physical health outcomes, higher risk of long-term conditions such as Type 2 diabetes, increased mental health challenges, and social isolation.

There is strong, multi-source evidence that inclusive, culturally sensitive, community-based sport interventions can:

- Improve physical and mental health
- Enhance social integration and community cohesion
- Address long-standing inequalities in participation and health outcomes