

Critically evaluate the impact of outdoor adventure on the health and well-being of a specific demographic group in your local area and make recommendations for removing barriers to participation.

Introduction

While many studies are small and causality is difficult to determine, evidence is mounting that nature experiences have physical and mental health benefits (Carpenter & Harper, 2016; Curry et al., 2012; Gatterer et al., 2015; Gray et al., 2015; Hanson & Jones, 2015; Harper et al., 2021; Heezik et al., 2021; Martin et al., 2020; Twohig-Bennett & Jones, 2018). In addition to recreation and exercise, contact with nature may ease stress, restore attention, improve quality of life and relieve various ailments associated with contemporary lifestyles (Lemmey, 2020; Marselle, 2019; Mygind et al., 2018; Ohly et al., 2016; Pirchio et al., 2021; Pryor et al., 2005; Steg et al., 2013). However, raising activity levels is challenging. In the UK, one in six are rarely or never in nature (MENE, 2019) and the same proportion in Oslo rarely or never use the local forest area (Kantar, 2021). Even in Norway, with its emphasis on *friluftsliv* [Norwegian term for outdoor life], only one in three adults get enough activity, although recreation in natural environments is the activity which most people, according to surveys, would like to increase (HOD, 2023a, pp. 56-57).

As Van den Berg (2017) acknowledges, the challenge is dual: bringing nature to people and people to nature. In Norway, the recent white paper for public health priorities greenspaces (HOD, 2023a) in accordance with research recommendations; local greenspaces can reduce social differences and offer opportunities also for citizens with little money, poor health and low mobility (Figari et al., 2019; Rutt & Gulsrud, 2016; Twohig-Bennett & Jones, 2018). However, research on green urban justice demonstrates how access and use may still vary with age, gender, education, ethnicity, health, and class (Figari et al., 2019; Rutt & Gulsrud, 2016). Cultural and social barriers, lack of support, knowledge, motivation, and opportunity also matter (Curry et al., 2012; Kantar, 2021; OK, 2023). Well-being is not just an individual issue, in accordance with a socio-ecological perspective, it depends on complex interactions between systemic, environmental, community, social, and personal factors (Carpenter & Harper, 2016; Pryor et al., 2005; Thoma et al., 2021).

This paper discusses outdoor adventure's role for working women's health and well-being in Norway, specifically in the capital of Oslo, where I live. Women of working age (mid-20s to mid-60s) make up 30 % of the population in a city of around 700 000 people (SSB, 2023). I discuss health challenges for women (Part I), the outdoor activities they choose (Part II) and barriers to participation (Part III).

While the understanding of outdoor adventure varies from person to person (Priest, 1999), my focus is on local activities, with a low threshold for participation, a low degree of commercialisation and low environmental costs. Such activities are often termed proximity tourism (Nevala, 2021), slow adventure (Prince, 2017; Varley & Semple, 2015) or microadventure: "an adventure that is close to home: cheap, simple, short, and yet very effective" (Humphreys, 2014, p. 14).

I. Working women and health challenges: The case of Oslo

Norwegian working-age women are generally healthy and well educated, according to a recent government report on women's health (HOD, 2023b). 80 % of working-age women are employed, and 60 % have higher education (compared to 38 % of men). However, this also means that women are exposed to work-related health issues and problems combining caring and working roles. Sick leave for women is much higher than for men, and adult women have more doctor visits and more complaints and symptoms in everyday life. There is concern that the proportion of young women (25-34) on full-time benefits almost doubled between 2015 and 2021 (HOD, 2023b, pp. 64-69).

One reason to focus on women in this essay is that this group is essential for the labour market, yet a group whose health issues command lower status (HOD, 2023b, p. 53). Furthermore, gender differences exist in how women and men use natural environments. A systematic review (Figari et al., 2019) shows that women use greenspaces more than men and express a higher need for nature recreation, but are less physically active and participate less in sports outdoors; they associate nature more with aesthetic qualities and wellness. From a green urban justice perspective, Figari et al. question whether the needs of both genders are considered in the design of urban nature areas. Working women's interests are rarely focused in health-related policies for friluftsliv; targeted initiatives are often directed at groups with more specific challenges, such as children and youth, the elderly, disabled, and immigrants (KLD, 2016). According to a recent review of nature-based health interventions, there is also little research dealing with adult women (Reis et al., 2023).

Many female health problems are related to pregnancy, childbirth, menstruation, and menopause. In addition, women of working age suffer disproportionately from a range of ailments where outdoor recreation and exercise can have beneficial effects (Mygind et al., 2018). The Commission on Women's Health (HOD, 2023b) points out that women have more musculoskeletal disorders than men, a significant cause of reduced life quality. There is a growing problem of obesity affecting one in six women over 45, and obesity among young women is rising. Women have much more mental disorders and experience more discomfort, anxiety, and depression, while immigrant women are more exposed to chronic stress and microaggressions. Females are also more affected by psychosomatic disorders that are difficult to diagnose and treat. A high proportion of women of working age suffer from long-term pains, headaches, fibromyalgia, fatigue, irritable bowel, or sleep problems (p. 51-53, 76-85, 158-161).

Female overrepresentation in these conditions is often explained with terms such as "the third shift"; women have more caring responsibilities and greater challenges in combining work and family life (Gerstel, 2000; HOD, 2023b; Yee, 2021). There is increased attention to negative body images and the

extra work women do to keep fit and attractive (Maddox et al., 2020). Many women perceive their bodies as a continuing project of self-development, where appearance is central to self-worth. Social media, advertising, criticism and comments from friends and family contribute to stress and negative self-images (HOD, 2023b).

Demographic information about Oslo indicates that some problems are accentuated. First, many in Oslo live alone or without a partner; 48 % of households consist of one person, much higher than the national average (OK, 2023). Health problems such as obesity and depression are more common among people who live alone or without a partner (HOD, 2023b). Second, the dominant work sectors are public services, hospitality, and transport (SSB, 2023). Women's work in such sectors often offers little flexibility and difficulty managing 'the third shift' (HOD, 2023b). Third, there are significant socio-economic differences. The cost of living is high; 90% live in apartments (SSB, 2023), and four out of ten do not have access to a car (NTB, 2019). In general, fewer women have access to cars despite having more travel needs related to caring roles and feeling less safe on public transport (Hjorthol & Næss, 2006).

To summarise, women are overrepresented in health conditions where exercise and nature experiences can have a beneficial effect. Many health problems are related to managing conflicting obligations in everyday life. The female population in Oslo share some characteristics which imply that outdoor adventures may be difficult to fit in unless opportunities are available locally, there is a low threshold for participation, and activities are perceived as enjoyable in everyday life.

II. Working women and outdoor adventures

Women's relationship with the outdoors has changed significantly in Norway. In the 1900s, adult women were much less active than men in friluftsliv, spending less time and participating in fewer activities. From the 1990s, females increased their activities, and today, women outnumber men in non-competitive and health-promoting activities, especially recreational walking [in Norwegian: "tur"] and just being in nature (Gurholt & Haukeland, 2020). While women gain media attention for climbing mountains and going on Arctic expeditions (Gurholt, 2020), there is a parallel trend of propagating local activities that are environmentally friendly and less time-consuming (Kleiven, 2018). As Professor Gurholt states in a newspaper interview:

There is a positive drive for everything to do with nature. Many people want a simple lifestyle close to nature at the same time as having exciting lives filled with extraordinary experiences. Most people do not engage in extreme activities but want to learn about the outdoors to do things on their own terms and feel safe (cited in Kleiven, 2018).

To assess activities, it is useful to employ the framework of Raymond Williams, distinguishing between residual, dominant and emerging cultural forms. Residual forms are shaped in the past but still an effective element of the present; dominant are those activities which most people subscribe to, while emerging are cultural formations which are growing in importance but still somewhat oppositional or alternative (Williams, 1986). In this section, I point to gathering, recreational walking, and all-year swimming as outdoor adventures representing these types.

A residual form of *friluftsliv*, which women do more than men, is gathering, especially berry and mushroom picking. This activity has offered women a chance to be outside and enjoy nature while doing something useful for the household (Gurholt, 1999). The activity remains important but more among older women (SSB, 2021). While 50 % of the population went gathering in the 1970s (Dalen & Oppøyen, 2023), it is done by only 35 % of the population in Oslo today (Kantar, 2021). Gathering is a seasonal activity taking place in the large forest area around Oslo called Marka. The free access rule guarantees access to 1,700 square kilometres, which in 2009 was protected by law as an area for *friluftsliv*. Marka is accessible on foot from all around the city and everyone can get there within half an hour on public transport (Gurholt, 2023).

While gathering remains significant, most use Marka for recreational walking [“tur”]. In Oslo, 90 % of women had been on “tur” in the local forest in the last twelve months, against 81 % for men. Men use Marka more for strenuous sports such as off-road cycling (Kantar, 2021). Recreational walking is the best example of a dominant activity for working women, and “tur” in the neighbourhood is the most important activity for the adult population (OK, 2021). Regular recreational walking has proven health effects and is the most important activity for reaching recommended exercise levels (Gatterer et al., 2015; Mygind et al., 2018). It is done all year, can be adapted to different fitness levels, and requires little specialised knowledge and equipment apart from outdoor clothing.

In later years, more adventurous activities have blossomed, not least in the winter months. In Oslo, there is a long dark season with sub-zero temperatures, and many take short breaks to warmer climates. During COVID-19 and with rising environmental consciousness, local winter pursuits are expanding alongside traditional activities such as skiing. Perhaps the best example is all-year swimming, which has become as a cultural phenomenon (Esperland et al., 2022; Soberg, 2022). Seven out of ten Norwegians swim in the sea in an average year (SSB, 2021), and in Oslo, many floating saunas have enabled all-year access to the water. Winter swimming is still an alternative activity; a survey from December 2021 showed that 5 % of Norwegians had done a winter swim so far, and 8 % more planned to do one that winter. However, in Oslo, the combined figure was as high as 19 % (Jakhelln, 2022). Visiting the floating saunas and swimming facilities is an emerging female

adventure; participation is almost double that of men (Borud, 2021; Jakhelln, 2022). A sauna visit is cheap, requires little equipment and is available as drop-in all over the city, but out-of-season swimming still requires confidence. The health effects are also contested. Studies point to positive effects for cardiovascular, endocrine and respiratory health, as well as improved mood and pain relief, yet point out that that causality is difficult to demonstrate and there are also health risks (Esperland et al., 2022; Huttunen et al., 2004; Knechtle et al., 2020; Manolis et al., 2019; Soberg, 2022). Still, winter swimmers report improvements in energy, well-being and seasonal affective disorder, enjoyable companionship, and intimate connections with nature (Soberg, 2022, p. 29). Hence, sauna/swimming represent a local, yet adventurous, approach to improve health and well-being.

To summarise, female friluftsliv is changing. While traditional activities such as gathering are less important, recreational walking is becoming more dominant. At the same time, urban water activities are on the rise with high female participation, demonstrating that intense nature experiences and well-being can be obtained in new ways. Such microadventures are also photogenic and highly promoted on social media. 36 % of women say social media inspires them to do outdoor adventures (against 28 % of men), while Instagram is the most inspirational (Jakhelln, 2020).

III. Removing barriers to participation

Barriers to participation in outdoor adventure operate both on the supply and demand side, and both general and gender-specific barriers are identified (Curry et al., 2012; Kantar, 2021; OK, 2021). Four barriers are discussed here: availability of facilities, practical constraints, competence and confidence, and meaning and culture. While I discuss barriers in order from the material to the personal, data suggests that this may not be the order of importance in Oslo. A survey of non-users of Marka, for example, indicates that competence and confidence is the most important barrier (for example “too little knowledge of where to go” 45 %), followed by meaning and culture (“not interested” 33 %), with practical constraints in the third place (lack of time 22 %, equipment 18 %, transport 12-15 %, money 10 %) (Kantar, 2021).

Although lack of facilities is a significant barrier, green and blue spaces for outdoor recreation are manifold in Oslo and have expanded significantly. Government policies have shifted emphasis from high-mountain friluftsliv to recreational areas where people live (KLD, 2016). The policy presumes that the largest potential lies in self-organized everyday activities; hence, maintaining and improving routes and passageways is prioritised (KDD, 2021). In Oslo, the city council, in recent years run by the Labour and Green parties, has invested massively in walking and cycling areas, access paths from land to sea, and coastline facilities for swimming, kayaking and walking. More toilets, benches, barbecues, and places to sleep outdoors are designed and public transport to green and blue areas is prioritised

(OK, 2021). Still, there is conflict between the view that nearness to nature is the greatest attraction and expectations for facilitation and environmental interventions (Gurholt & Broch, 2019). In general, more women than men would like to use Marka more, but women feel less safe in Marka than men (Kantar, 2021). More lights and toilets would help, but this is contested as the area becomes, in the terminology of Steg et al. (2013, p. 50), more like “greenspace” and less like “nature”.

The second type of barrier is practical constraints (Curry et al., 2012). Women often do nature experiences closer to home, in between tasks; hence, proximity and public transport are essential. SportsScotland (2008) recommend organising local walking groups to lower the threshold for women, as the activity is companionable and requires less time and money. In Oslo, there is a high number of “tur”-opportunities offered by local NGOs, especially the Norwegian Trekking Association (DNT), the dominant organisation for friluftsliv. According to their online calendar (DNT, 2024), there is at least one guided “nærtur” (nearby walk) in an area of Oslo every day and many in deprived areas; these are free and require no registration. The Oslo municipality also prioritises equipment loans (OK, 2021), but availability is limited. The coordinator of a women’s international “tur”-group in Oslo suggests that all refugees should get an outdoor jacket and walking boots as a welcome package to aid integration, health and female autonomy (norskfriluftsliv.no, 2018).

Lack of confidence and competence is the third barrier. Many lack knowledge and the state and municipality emphasise that schools must introduce children to friluftsliv (KLD, 2016; OK, 2021). They also fund NGOs as socialisation agents, acknowledging that family and childhood socialisation is insufficient (Gurholt, 2023; Heezik et al., 2021; KDD, 2021; OK, 2021). A recent development is “newbie-events” for adults unfamiliar with friluftsliv, which are low-cost introductions to values and practices (DNT, 2024). While this is valuable to lower barriers, the proportion of people who had used Marka in connection with NGO or public sector activities was only 6 % in one year (Kantar, 2021). Curry et al. (2012) identify how people who are less well, overweight, feel inhibited about exercising in public places, fear hurting themselves or lack social support are difficult to involve in outdoor activities.

In Oslo, the overarching focus is on upstream interventions, facilitation and preventive health measures, whereas downstream interventions – therapeutic interventions aimed at those most in need (Pryor et al., 2005) – are less common. Environmental therapies play a minor role in health services despite the country’s friluftsliv traditions (Gabrielsen & Fernee, 2014). While the Commission for Women’s Health pointed to inactivity and stress as big problems, none of the recommendations identified outdoor adventures as a solution (HOD, 2023b). In general, schemes to get those most in need to use the outdoors are difficult to design, the scientific evidence for health benefits of nature is

still limited (Harper et al., 2021), and systems for green prescriptions, introduced in Norway in 2003, suffer from lack of coordination and accept among medical professionals and participants (Bringedal & Aasland, 2006; Curry et al., 2012; Van den Berg, 2017).

It is complicated to identify which barriers are related to confidence and competence, and which are related to the fourth type: meaning and culture. Many people are simply not interested in outdoor adventure as historically defined in Norway. The municipality of Oslo recognises that cultural barriers prevail (OK, 2021), but nature-related research rarely pays attention to culture as a factor (Wilson et al., 2018). Cultural ideas of what constitutes contact with nature may vary, as Birch et al. (2020) argue; research and policy conceptions may not correspond with people's experiences. Outdoor adventures are also often defined in a way that privileges male preferences (Pedersen Gurholt, 2008).

Hence, paying more attention to gender and culture may be a way to include more people. While I find no women-only events organised by the main NGO (DNT, 2024), there are many self-organised women-only activities announced on social media; these include neighbourhood groups for "tur", gathering and swimming/sauna, gay women adventure groups (FRI, 2024), and culture-based groups such as one for Gambian women (Holte, 2020). The emerging swimming/sauna culture also breaks with the dominant ideologies of friluftsliv; rather than promoting "tur" and "health", they promote "happiness", "joy", "sensory experiences", and "nature enjoyment all year" (KOK, 2023). In many ways, the emerging blue health culture has much in common with the historical culture around gathering; both are local, female-dominated, and represent companionship in a different way than competitive and risk-oriented adventures in remote locations (Gurholt, 1999).

To summarise, local and national governments enable participation by improving facilities and transport, and NGOs lower the threshold. While these policies and activities are crucial, it is notable how emerging adventures appeal to a broader range of cultures and lifestyles. A common feature in emerging outdoor adventures appealing to women is the focus on well-being, mastery, fun and companionship, flexible timing, and little division between participant and guide/teacher.

Summary

In this essay, I have explored the role of outdoor adventure for the health and well-being of working women in Oslo. Women suffer from many health conditions that could be improved by exercise and nature experiences; however, the social characteristics of the female population in Oslo imply that opportunities must be available locally and with a low threshold for participation. The essay has discussed traditional, dominant, and emerging outdoor adventures that women do more than men, which fit these characteristics. The essay has identified material, practical, motivational, and cultural

barriers to participation, how policies and NGOs adapt to engage more people, and, in particular, how emerging adventures appeal more to certain female cultures and values.

Conclusion

The essay started from the presumption that working women are an important demographic group for the labour market, yet a group whose health issues command lower status. In Oslo, where many women work inflexible work hours, many live without a partner, most live in apartments, and there is a long dark season, many prefer outdoor adventures that are local, flexible, and offer companionship and relaxation. The essay has confirmed that working women's needs are not emphasised in studies on nature-based health interventions, in friluftsliv policies, or in activities of NGOs. Nevertheless, many policies and activities implemented by state and local authorities and NGOs are vital for women because they make adventures more accessible through improved public transport, greenspaces, walkways, lights and toilets, blue health facilities and free access rules. The three activities discussed, gathering, recreational walking, and all-year swimming, are crucial for women's health and well-being in the city, and state and local policies have done a lot to facilitate them. In general, it has benefitted working-age women that emphasis has shifted from "wilder" friluftsliv in remote locations to local microadventures and everyday activities.

As a member and contributor to the activities of the Norwegian Trekking Association (DNT), the dominant organisation for friluftsliv, several observations can be drawn from this essay, which also serve as recommendations. First, policies should continue to focus on local friluftsliv, regular activities and a low participation threshold. Innovations such as "nearby walks" and "newbie-events" show that policies and NGOs can adapt their practices to meet new challenges. Still, most activities are based on traditional cultures of friluftsliv signalled through clothes, activities and guides' instructions; these may be experienced as dated, strenuous or frugal by today's diverse populations (Westskog et al., 2021). The second recommendation is that policies and NGOs should recognise that these values are not always inclusive; they can also exclude people. Indeed, there is much to learn from the way emerging activities pay attention to gender and culture, as well as the way they draw from cultural inspirations emphasising presence and pleasure in nature as alternatives to the traditional "tur"-culture (Birch et al., 2020).

NOTE: All translations from Norwegian are done by author.

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