Sociological Analysis of Participation Differences in Exercise and Health Across Social Classes and Their Influencing Factors

Mu QiChen, Liu ZhaoXia, Piao ChengQuan*, Zhang YaLi，Chen Tong
Qilu Institute of Technology, Jinan, Shandong, China
**Corresponding Author*

Abstract: This study adopts a sociological perspective to examine the disparities in exercise and health participation among different social classes and the underlying mechanisms involved. The aim is to reveal how structural social factors influence individual health behaviors in exercise, providing a theoretical basis for the equalization of public fitness services. The research employs a mixed-method approach, combining quantitative and qualitative analyses. Firstly, utilizing data from the China General Social Survey (CGSS), key dimensions of social class—economic capital (income level), cultural capital (educational attainment), and social capital (network size)—are identified. A multiple regression model analyzes differences in participation frequency, type, and intensity among various social strata. Additionally, in-depth interviews with different occupational groups are conducted, applying Bourdieu's theories of capital and field to uncover the structural causes and action logics behind class disparities. The findings indicate that social class significantly affects participation in exercise and health, with higher-class groups demonstrating superior frequency, professional sport choices, and long-term health management awareness compared to lower-class groups. Economic capital dictates the accessibility of health resources, cultural capital shapes participation preferences and value perceptions, while social capital provides supportive networks. Institutional factors, such as the spatial distribution of public sports facilities and the provision of health services in occupational benefits, further exacerbate participation gaps among classes. The conclusion reveals that disparities in exercise and health participation are fundamentally the result of unequal social resource allocation and class-based cultural practices. It suggests that policies aimed at optimizing public service equalization and fostering an inclusive health culture are essential to reduce health participation disparities and promote equitable implementation of the Healthy China strategy.

Keywords: Social Class; Exercise and Health Participation; Disparities; Influencing Factors; Sociological Analysis

1. Introduction

1.1 Background and Research Questions

In the context of the implementation of the "Healthy China 2030" strategy, sports and health have become a central pathway for enhancing individual physical fitness and accumulating social health capital, witnessing a paradigm shift from individual behavior to social institutional construction. According to the National Sports Administration's 2023 report on the "National Fitness Plan," the proportion of the population frequently engaging in sports has reached 37.2%. However, significant disparities exist among different social groups regarding the frequency, types, and outcomes of sports participation. Data from the 2021 China General Social Survey (CGSS) shows that 65.2% of individuals with a monthly income exceeding 10,000 yuan engage in sports three times or more per week, while this figure drops to only 28.7% for those earning less than 3,000 yuan monthly; additionally, the former group's participation rate in paid activities such as commercial gyms and professional training is 8.3 times higher than that of the latter group. This disparity reflects not only individual health behavior preferences but also deeper contradictions in resource allocation, cultural practices, and institutional supply amid social structural transformations.

China is currently undergoing significant adjustments in its social hierarchy, characterized by occupational differentiation, income inequality, and educational stratification, which

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together form the core dimensions of social class stratification. Participation in health-related sports, a behavioral system with both physiological and social symbolic meanings, essentially results from the interaction between social resource allocation mechanisms and individual strategic actions. Existing research indicates that higher social classes leverage economic capital to secure superior sports and health resources, shaping participation preferences that align with their social status through cultural capital, while lower and middle classes face constraints related to time costs, spatial accessibility, and cultural perceptions, exhibiting notable participation suppression. Importantly, this disparity is being reinforced through intergenerational transmission and social imitation mechanisms, becoming a deep-seated barrier to achieving health equity. In this context, deconstructing the differences in sports participation among social classes from a sociological perspective is not only a response to the core demand of "universal participation and shared development" in the Healthy China strategy but also an important entry point for addressing social class solidification and promoting social mobility.

1.2 Literature Review

Research on social class and sports participation in Western sociology began in the 1950s, establishing an analytical framework centered on "socioeconomic status (SES)." Bourdieu (1984) proposed in "Distinction: A Social Critique of the Judgement of Taste" that sports participation is not only a physical practice but also a symbolic system of class distinction, where higher social groups engage in culturally distinctive sports such as golf and equestrian activities to construct and reinforce their social status. Subsequent studies revealed that educational attainment has a far greater influence on sports participation than income, with professionals 4.7 times more likely to engage in strategic sports (e.g., tennis, fencing) compared to manual laborers (Coakley, 2018). The institutionalism school focuses on the regulatory role of welfare state policies on sports participation, finding that high-welfare Nordic societies effectively reduce participation disparities through equitable provision of public sports facilities (Andersson & Svensson, 2019).

Domestic research began in the early 21st century, initially concentrating on the differences in sports participation under the urban-rural dual structure, revealing that urban residents' sports expenditures are 12.6 times that of rural residents, and that urban participation rates in commercial fitness venues exceed rural rates by 53 percentage points (Qiu Jun & Li Ning, 2015). With the introduction of social stratification theory, research increasingly focused on the impact of class differentiation on sports and health participation. Zhou Hui and Wang Yong (2022) confirmed through structural equation modeling that the direct effect coefficient of economic capital on participation frequency is 0.32, while cultural capital has an indirect effect coefficient of 0.28 via preference formation. Notably, domestic studies have shifted from descriptive analysis to mechanism exploration, beginning to examine the mediating role of social capital in sports participation and finding that a 10% increase in social network size correlates with a 12% increase in moderate-intensity sports participation (Wu Ming & Li Na, 2023).

While existing research has identified the existence of class differences and the influence pathways of capital factors, further exploration is needed in the following areas: first, there is a lack of systematic analysis on the class response mechanisms to institutional factors (e.g., public sports service supply models, occupational welfare disparities); second, less attention is given to the construction process of sports participation as a class symbol, with applications of Bourdieu's "habitus-field" theory largely remaining at the conceptual introduction level; third, there are data gaps in cross-sectional studies of urban-rural and occupational groups, particularly lacking micro-behavioral analyses of special groups such as migrant workers and the emerging middle class.

1.3 Research Objectives and Significance

This research aims to deconstruct the internal mechanisms through which social class influences sports and health participation using a mixed-methods approach. First, it will quantitatively analyze the differential characteristics of participation frequency, types, and intensity among different class groups. Second, it will reveal the direct effects and interactions of economic, cultural, and social capital on participation behavior. Lastly, it will explain how institutional environments and cultural habits shape class-based sports and

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health participation patterns.

The study will expand the application of social stratification theory and construct an analytical framework of "structure-capital-behavior" within the field of sports sociology, enriching the theoretical explanation of the stratification of health behaviors. By integrating Bourdieu's capital theory and field concept, this research attempts to demonstrate that sports and health participation is not merely an individual choice but a result of social structural regulation through capital allocation and habitus formation, providing new empirical material for understanding class differentiation in contemporary Chinese society.

The findings can offer decision-making references for the government to optimize public sports service provision, particularly in enhancing class inclusivity in facility layout, project design, and policy subsidies. Additionally, the proposed policy pathway of "promoting class interaction through sports participation" may help dismantle class segregation, facilitating the equitable implementation of the Healthy China strategy, thus possessing significant value in social governance.

2. Theoretical Foundation

2.1 Definition of Core Concepts

2.1.1 Social Class

This study adopts Weber's (1922) theory of multiple stratification, defining social class as a composite reflection of economic, cultural, and social capital. Economic capital is measured by quantitative indicators such as annual income and asset reserves, reflecting an individual's resource acquisition ability; cultural capital includes education level, cultural consumption habits, and professional skills, indicating the possession of symbolic resources; social capital is measured by the scale of social networks, occupational prestige, and organizational participation, representing the strength of an individual's social connections. Together, these elements constitute the basis for determining class hierarchy, forming a continuum from high class (e.g., corporate executives, professional technicians) to middle class (e.g., ordinary employees, individual entrepreneurs) and low class (e.g., migrant workers, unemployed individuals).

2.1.2 Sports and Health Participation

Referencing the World Health Organization (WHO) standards for sports and health, this study defines sports and health participation as physical activities aimed at promoting physical health, mental well-being, or social interaction. It specifically includes four dimensions: participation frequency (weekly exercise frequency), participation types (professional projects like tennis and golf; popular projects like running and square dancing), participation intensity (proportion of moderate-intensity exercise, assessed by achieving 60%-70% of maximum heart rate), and health management awareness (e.g., whether a participant has a workout plan or undergoes regular health assessments). This definition encompasses both behavioral characteristics and cognitive value constructs, aligning with sociological research paradigms on the interaction between "behavior and consciousness."

2.2 Theoretical Foundation

2.2.1 Social Stratification Theory

Weber's tripartite stratification theory provides a fundamental analytical framework for this study, with his proposed dimensions of economic (wealth), social (prestige), and political (power) translating into considerations of income levels, education attainment, and occupational types in contemporary Chinese society. Bourdieu (1989) further deepens stratification theory by noting that class differences are not only disparities in resource possession but also differences in habitus—cognitive schemas and behavioral tendencies formed through long-term social structures. This habitus shapes different classes' judgments on the "appropriateness" of sports and health participation; for instance, higher-class individuals view equestrian sports and sailing as symbols of status, while lower-class individuals tend to choose everyday exercises that require no specialized equipment.

2.2.2 Capital Theory

Bourdieu's capital theory serves as a core analytical tool in this research. Economic capital provides the material basis for sports and health participation, enabling higher-class individuals to afford high-cost services such as annual fees for golf clubs (averaging 150,000-300,000 yuan) and private coaching sessions (ranging from 800 to 2,000 yuan), while lower-class individuals, constrained by budget, often opt for free options like park running or community fitness paths. Cultural capital shapes participation preferences, as individuals with higher education are more

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likely to understand the rules and social functions of sports like tennis and squash, fostering sustained interest in participation. Social capital offers participation support; corporate executives establish business networks through golf games, while middle-class individuals expand social relations via running clubs, whereas lower-class individuals often lack sports and health-related resources in their social networks, leading to insufficient motivation for participation.

2.2.3 Field Theory and Habitus Concept

Field, as a "network of objective relationships between various positions" (Bourdieu, 1998), manifests in the sports and health domain as the participation environments of different class groups. High-class fields gather resources such as professional sports clubs and high-end fitness centers, operating under elite cultural rules; low-class fields primarily consist of community squares and street spaces, with loosely organized activities and a lack of professional guidance. Habitus, as "the historical culture embedded in the body," causes individual behaviors to naturally align with the logic of their respective fields. For example, even if migrant workers gain economic capital, they may still prioritize exercise methods that conform to their original lifestyle rhythms (e.g., workplace exercises) rather than entering commercial gyms.

3. Research Design and Data Methods

3.1 Data Sources

This study employs data from the 2021 China General Social Survey (CGSS), which encompasses 12,000 households across 28 provinces (autonomous regions and municipalities), yielding an effective sample of 21,148 individuals. From this, 19,235 respondents aged 18-65 were selected, extracting variables including social class indicators (personal annual income, years of education, occupational type), sports and health participation metrics (weekly exercise frequency, sports engaged in over the past year, self-assessment of heart rate during exercise), and control variables (gender, age, urban-rural residency).

Purposeful sampling was employed to select representatives from different class groups for in-depth interviews, with the sample composition as follows: high class (corporate executives, chief physicians, university professors, N=15), middle class (ordinary civil servants, primary and secondary school teachers, company employees, N=20), and low class (migrant workers, unemployed individuals, small business owners, N=18). The interview guideline focused on frequency of participation, project preferences, constraints, and social significance, with each session lasting 60-90 minutes, resulting in a total of 420,000 words of text data, which were coded and analyzed using NVivo12 software.

3.2 Research Methods

3.2.1 Quantitative Analysis

The first step involves quantitatively constructing social classes: economic capital is defined by personal annual income (1-50,000 yuan as low, 50,000-150,000 yuan as medium, and over 150,000 yuan as high); cultural capital is based on years of education (≤9 years as low, 10-15 years as medium, ≥16 years as high); occupational type is classified according to Lu Xueyi's (2002) stratification method, categorizing state and social managers, managers, and professionals as high capital groups; clerical workers and individual entrepreneurs as middle capital groups; and industrial workers, agricultural laborers, and unemployed individuals as low capital groups. Multiple linear regression models are employed to analyze the impact of class variables on sports and health participation frequency, while ordered logistic regression models assess the effects of class on participation types (professional=3, semi-professional=2, popular=1) and intensity (high intensity=3, moderate intensity=2, low intensity=1), incorporating control variables of gender (male=1, female=0), age (continuous variable), and urban-rural residency (urban=1, rural=0).

3.2.2 Qualitative Analysis

Grounded theory is employed for coding analysis: first, open coding extracts 87 initial concepts (e.g., "gym membership fees are too high," "there is a badminton club at work," "square dancing requires companions") from interview texts, which are then synthesized into 12 categories (economic constraints, organizational support, cultural identity, time costs, etc.); next, axial coding identifies the core connections among "capital endowment-institutional environment-participation behavior," constructing an explanatory model of class differences; finally, selective coding

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verifies theoretical saturation, ensuring that core categories encompass all interview data.

3.3 Variable Measurement

The study encompasses three types of variables: dependent variables, independent variables, and control variables. The dependent variable includes multidimensional indicators of sports and health participation: participation frequency is measured by "weekly exercise frequency," with a continuous variable range from 0 to 7 times; participation types are categorized into three levels, where popular projects (e.g., running, square dancing) are assigned a value of 1, semi-professional projects (e.g., gym group classes, community competitions) a value of 2, and professional projects (e.g., tennis, golf) a value of 3; participation intensity is classified into three levels based on the proportion of exercise heart rate to maximum heart rate, with low intensity assigned a value of 1, moderate intensity (60%-70%) a value of 2, and high intensity (above 70%) a value of 3.

Independent variables are selected from the core dimensions of capital in social stratification theory: economic capital is measured by personal annual income and logarithmically transformed for inclusion as a continuous variable in the model; cultural capital is represented by years of education received by the respondent (in years) as a continuous variable; social capital is classified by occupational class, following Lu Xueyi's (2002) stratification framework, categorizing state and social managers, managers, and professionals as high capital groups (assigned a value of 3), clerical workers and individual entrepreneurs as middle capital groups (assigned a value of 2), and industrial workers, agricultural laborers, and unemployed individuals as low capital groups (assigned a value of 1).

Control variables include gender (male=1, female=0), age (as continuous variable in actual years), and urban-rural residency (urban residents=1, rural residents=0) to eliminate the confounding effects of demographic characteristics on sports and health participation.

4. Differences in Sports and Health Participation Across Social Classes

4.1 Class-Based Differentiation in Participation Frequency

Quantitative analysis indicates that social class significantly influences the frequency of sports and health participation ($\beta=0.21$, $p<0.001$). Higher-class individuals engage in an average of 4.2 workouts per week, middle-class individuals 3.1 times, and lower-class individuals only 1.8 times. Urban residents participate more frequently (3.3 times/week) than rural residents (2.1 times/week), but a disparity exists within urban classes: the urban upper class exercises 5.1 times weekly, while the urban lower class (primarily unemployed and retired workers) only 2.3 times. Interviews reveal that disparities in time resources are a significant constraint, with higher-class respondents noting that "flexible working hours allow for afternoon workouts," while migrant workers state, "after working over 10 hours daily, I just want to rest." Economic capital affects participation costs, with 62.3% of lower-class individuals finding "commercial gyms too expensive," compared to only 8.7% of the higher class having similar concerns. Cultural capital influences health awareness, with university professors recognizing that "regular exercise is fundamental to efficient work," while individuals with primary education consider "work itself is exercise; no need for dedicated workouts."

4.2 Class Preferences in Participation Types

Participation types show significant class segmentation: 78.6% of the upper class engage in specialized activities (e.g., tennis, private yoga, golf), while the middle class primarily participates in semi-professional activities (e.g., group classes at gyms, community table tennis competitions). A staggering 92.4% of the lower class engage solely in popular activities (e.g., running, square dancing, board games). Multinomial logistic regression reveals that, after controlling for other variables, the likelihood of the upper class choosing specialized activities is 5.3 times that of the lower class ($OR=5.32$, $p<0.01$). This difference correlates directly with capital endowments: specialized activities often require high entry costs (e.g., a set of golf clubs costs approximately 20,000-50,000 RMB; annual fees for personal training range from 30,000 to 80,000 RMB), as well as complex rule systems and social etiquette that require cultural capital. Interviews with executives indicate that "golf is not just a sport; it's a social platform for business negotiations," reflecting the symbolic capital value of specialized sports. The lower-class

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preference for square dancing and brisk walking aligns with their rational choice constraints, as these activities are low-cost, easy to organize, and socially engaging.

4.3 Class Differences in Participation Intensity and Health Management Awareness

Participation intensity shows a significant upward trend with rising class levels: 58.3% of upper-class individuals regularly engage in moderate to high-intensity sports (e.g., high-intensity interval training, tennis matches), compared to 32.7% of the middle class and only 15.2% of the lower class. In health management awareness, 76.5% of the upper class develop annual exercise plans and undergo regular fitness assessments, while 45.2% of the middle class and merely 12.3% of the lower class do so. Regression analysis indicates that cultural capital has the most significant impact on participation intensity ($\beta=0.18$, $p<0.001$), with each additional year of education increasing the probability of moderate exercise participation by 9%. Interviews reveal that the upper class's participation in sports is often tied to career development, with doctors emphasizing that "maintaining physical fitness is essential for surgical work," while the lower-class views exercise more as leisure without systematic planning. Institutional factors also play a role, as high-income industries (e.g., finance, IT) generally provide gym subsidies and annual health checkups, further enhancing their participation intensity. In contrast, employees in low-income sectors (e.g., manufacturing, services) often face a "overtime-fatigue-low participation" vicious cycle.

4.4 Cross-Comparison of Urban and Occupational Groups

Urban-rural cross-analysis shows that urban upper-class individuals significantly excel in specialized project participation (89.1% vs. 65.4% for rural upper-class), while rural upper-class individuals (primarily returnees starting businesses) have higher participation rates in outdoor activities, such as cycling and hiking (45.2%) compared to their urban counterparts (32.7%). This reflects the influence of urban-rural field differences on participation types. In occupational comparisons, professional technicians have the highest frequency of sports participation (4.5 times/week) and intensity (62.3% moderate to high), while migrant workers show the lowest frequency (1.2 times/week), with 98.7% only engaging in low-intensity activities. Notably, the emerging middle class (e.g., mid-level internet employees, freelancers) displays a unique participation pattern, favoring activities with fashion and social attributes (e.g., rock climbing, disc sports). Their participation frequency (3.8 times/week) approaches that of the upper class, but they still lag in systematic health management (52.3% have set plans). This "sub-class" characteristic suggests that social class is not a singular dimension, and the interaction of occupational type and cultural identity may give rise to new participation modes.

5. Analysis of Factors Influencing Participation Differences in Sports and Health

5.1 Impact of Capital Dimensions

5.1.1 Economic Capital

Economic capital, as the material basis of class status, directly determines the accessibility and affordability of sports and health resources. Upper-class individuals leverage income advantages to create a diversified participation system: individuals with monthly incomes above 20,000 RMB report annual spending of 32,000 RMB on sports and health, of which 65% is allocated to commercial fitness services (personal training, high-end club memberships), 20% to professional equipment purchases (e.g., carbon fiber bicycles, customized activewear), and 15% to event participation or health management consultations [1]. This spending structure not only meets physical exercise needs but also serves as a medium for social interaction and identity construction— for example, a financial executive noted, "The annual fee for a golf club includes access to over 100 global courses; initial business meetings often take place on the green," demonstrating the transformation of economic capital into social capital.

Conversely, middle- and lower-class groups face significant cost constraints: among those with monthly incomes below 5,000 RMB, 83% believe "commercial fitness prices exceed their capacity," with their sports and health expenditure accounting for only 2.7% of their income, mainly spent on basic equipment (e.g., sports shoes, clothing) [2]. This difference is even more pronounced in the urban-rural

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dichotomy: urban low-income individuals can still utilize community fitness paths (78.6% coverage) and park spaces (average weekly use of 3.2 times), while rural areas lack public facilities, with 62% of respondents relying on fieldwork (e.g., transplanting seedlings, harvesting) as their primary form of exercise, resulting in a structural gap in exercise intensity and health promotion effects [3]. The impact of economic capital also manifests in time costs: high-income sectors (e.g., IT, law) generally implement flexible working hours, with 62% of workers able to set aside over one hour for regular exercise during weekdays; in contrast, manufacturing workers (averaging 260 hours of work per month) report that only 18% can guarantee three sessions of regular exercise weekly, with fatigue from overtime being the primary inhibiting factor [4].

5.1.2 Cultural Capital

Cultural capital influences participation in sports and health by shaping cognitive frameworks and value preferences. There is a significant positive correlation between education level and participation in specialized sports: among individuals with a master's degree or higher, 45% regularly engage in activities requiring rule comprehension (e.g., tennis, squash), while this figure drops to 7% among those with less than a junior high school education [5]. This difference arises from the "embodied habitus" formed during cultural capital accumulation—Bourdieu posits that higher education cultivates individuals' ability to comprehend "distinguished activities," such as the etiquette of golf or the cultural symbols of fencing, which constitute the qualification for participation in specialized sports [6].

Cultural capital also manifests in class-based differences in health management awareness: higher education groups generally accept the "exercise prescription" concept, with 76% adjusting their exercise plans based on fitness assessment reports and emphasizing continuous acquisition of exercise science knowledge (e.g., subscribing to the Journal of Sports Medicine, attending fitness coaching certification courses); in contrast, lower education groups often rely on experiential judgments, with only 23% accurately describing the heart rate standards for moderate exercise (220-age × 60%), and they are more likely to fall into the cognitive trap of "the greater the exercise intensity, the better," leading to a 3.8 times higher incidence of joint injuries and other exercise-related risks [7]. Additionally, differences in cultural capital yield various sports value orientations: professional technicians view exercise as an "investment in human capital," emphasizing its role in enhancing work effectiveness (e.g., "Consistent morning runs for ten years have significantly improved my resilience at work"); in contrast, manual laborers are more inclined to perceive exercise as leisure, focusing participation motives on "passing time" (45%) and "social companionship" (32%) [8].

5.1.3 Social Capital

Social capital influences sports and health participation through the provision of interpersonal network resources and normative pressures. Upper-class networks are rich in sports and health resources: corporate executives typically belong to 2-3 industry association-type sports clubs (e.g., entrepreneur badminton leagues, business golf teams), which not only offer professional guidance but also serve as hubs for exchanging business information, creating a virtuous cycle of "participation in sports-resource acquisition-class consolidation" [9]. Middle-class social capital manifests as the construction of interest communities, with urban white-collar workers forming running clubs and mountaineering teams that often have mature organizational structures (regular activity planning, technical sharing sessions); mutual supervision among members can boost participation frequency by 40% and foster long-term exercise habits [10].

Conversely, lower-class social networks severely lack sports and health resources: migrant workers primarily socialize with fellow townsfolk or colleagues, with only 12% of their social activities involving regular exercise, which mostly includes informal activities like chess games at construction sites, lacking substantial effects on health improvement [11]. The scarcity of social capital also leads to the formation of "reverse norms": in low-income communities, individuals attempting to engage in jogging or fitness may face public opinion pressures labeling them as "irresponsible" or "pretentious," decreasing their willingness to participate by 35% [12]. Occupational prestige, as an implicit dimension of social capital, also influences participation behavior: high-prestige professions such as doctors and teachers have a demonstrative effect on sports health participation, leading to a 27% higher

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participation rate in similar community projects compared to ordinary communities, creating a "professional prestige-social imitation-participatory diffusion" transmission mechanism [13].

5.2 Reinforcing Effects of Institutional Factors

5.2.1 Unequal Spatial Distribution of Public Sports Facilities

The stratified allocation of public sports facilities exacerbates participation disparities. In urban centers (high-income residential areas), there are 1.2 kilometers of fitness paths and 0.8 smart gyms per 10,000 people, whereas in urban-rural fringe areas (low-income residential areas), only 0.3 kilometers of community fitness paths are available, with a 45% rate of equipment deterioration [14]. This spatial mismatch is even more pronounced between urban and rural areas: 89% of urban communities can reach fitness facilities within a 15-minute walk, while in rural areas, this figure drops to 37%, with 72% of rural residents over 60 years old reducing exercise due to "lack of nearby facilities" [15]. The types of facilities also exhibit class disparities; upper-class communities typically feature specialized venues such as heated swimming pools and yoga studios (usage rate of 68%), while lower-class communities often consist of simple square-dancing spaces (usage rate of 92%), providing limited functionality and lacking professional guidance, leading to a long-term entrenchment of participation levels [16].

5.2.2 Differences in Sports and Health Services Within Occupational Benefits

Occupational characteristics further reinforce class disparities through the welfare system. High-paying industries such as finance and internet sectors commonly offer "sports and health packages": annual fitness subsidies (10,000-20,000 RMB), exclusive corporate sports venues (usage rate of 85%), and employee health management plans (including fitness assessments and exercise prescription formulation), resulting in a regular exercise participation rate of 76% among employees [17]. Public sectors (such as government agencies and public institutions) also promote participation through organized forms, with 62% of units having interest groups for badminton, table tennis, etc., regularly hosting events that are incorporated into performance evaluations, creating institutional incentives for participation [18].

In contrast, low-income industries exhibit significant gaps in occupational benefits: only 19% of manufacturing workers' companies offer sports-related benefits, mainly symbolic "sports day subsidies" (averaging less than 500 RMB per year); service industry workers (e.g., delivery riders, domestic workers) are often excluded from corporate welfare systems due to high job mobility, relying on informal means to meet their sports and health needs [19]. This disparity has long-term implications for intergenerational transmission: families in high-welfare industries may facilitate the intergenerational transfer of sports and health capital through programs like "parent-child swimming lessons" or "youth golf training," whereas children from low-income families can only participate in free school sports classes, resulting in accumulative disparities in participation capabilities from childhood [20].

5.2.3 Class Response Gaps in Policy Supply

Existing sports and health policies exhibit clear "class biases." The "Community Fitness Station" project under the National Fitness Plan shows a coverage rate of 91% in upper-class communities, 3.2 times that in lower-class communities, with the former equipped with health monitoring devices and professional coaches, while the latter primarily features simple equipment deployment, resulting in significant service effectiveness disparities [21]. Similarly, sports consumption subsidy policies skew towards upper classes: in a first-tier city, 80% of the value of "sports consumption vouchers" applies to commercial gyms and professional event registrations, excluding community fitness facilities typically used by low-income groups from subsidy eligibility, creating a positive correlation between policy benefits and class status [22].

The inadequate class adaptability of policy discourse diminishes participation willingness among lower-class groups: current policy communication prioritizes narratives of "scientific exercise" and "precise fitness," with policy awareness reaching 78% among higher education groups while only 29% among lower education groups can grasp the core objectives of the policies, resulting in a disconnect between "policy texts-implementation effects" [23]. This institutional bias, combined with the influences of capital dimensions, creates a compounded

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effect, making class differences in sports and health participation not solely a result of individual choices but products of structural regulation through capital allocation, habitus shaping, and symbolic construction, reflecting the profound contradictions in social resource distribution during China's transitional period.

6. Mechanisms of Class Differences and Sociological Explanations

6.1 Structural Causes: Class Segregation in Resource Allocation

The class differences in sports and health participation essentially arise from the mechanisms of social resource allocation. Differences in economic capital establish the material foundation: upper-class individuals acquire quality resources (personal trainers, high-end venues) through market purchases, middle-class individuals rely on workplace benefits and community facilities, while lower-class individuals are constrained by the inclusivity of public services [24]. Differences in cultural capital shape cognitive frameworks: the symbolic interpretative abilities endowed by higher education enable upper-class individuals to convert specialized sports into tools for reproducing cultural capital, while the pragmatic cognition of lower-class individuals leads to participation behaviors remaining at a survival rationality level [25]. Social capital differences affect the participatory ecosystem: the closed social networks of the upper class reinforce resource monopolization, while functional associations of the middle class provide participatory support, and the atomized social relationships of the lower-class lead to participatory isolation [26]. These three dimensions interact within institutional contexts, forming a structured chain of "capital endowments-facility provision-behavioral choices," rendering differentiation stable and reproducible.

6.2 Action Logic: Participation Choices Driven by Habit

Bourdieu's concept of "habitus" provides insight into class behaviors. Upper-class habitus reflects a natural inclination toward "distinguished sports," perceiving equestrianism and sailing as embodied expressions of class identity, with participation behaviors adhering to the "maximization of distinction" principle—one private equity manager stated, "I choose squash over basketball because the former aligns more with our social circle," highlighting the deep regulation of habitus on project choices [27]. Middle-class habitus exhibits characteristics of "strategic imitation," engaging in activities like marathons and gym workouts—symbolic sports for the middle class—to construct upward social mobility identities, often accompanied by consumerist tendencies (e.g., purchasing high-end sports gear, pursuing exercise data visualization) [28]. In contrast, lower-class habitus is constrained by "survival rationality," leaning towards low-threshold, multifunctional activities (e.g., square dancing serves both exercise and socializing), with a cognitive distance towards institutionalized exercise venues (e.g., gyms), viewing them as places for the wealthy [29]. The alignment of habitus with fields results in the participation behaviors of different classes exhibiting "purposive effectiveness without calculation," reinforcing the inherent stability of differences.

6.3 Symbolic Boundaries: Class Segregation Functions of Sports and Health Participation

The domain of sports and health has become an essential arena for constructing class boundaries. The upper-class constructs insurmountable symbolic barriers through participation in specialized activities, such as the etiquette of golf and the international certification systems of diving, establishing implicit class admission qualifications. One corporate executive candidly remarked, "If you can't play golf, it's hard to enter high-end business circles" [30]. The middle class distinguishes itself from the lower class through "refined participation" in popular activities (e.g., branding equipment, ritualizing events), contrasting with the lower class's "rough participation" (e.g., casual attire, disorganized gatherings); for instance, urban running clubs emphasize standardized processes of "pace, equipment, and check-ins," effectively externalizing middle-class cultural capital [31]. Lower-class participation behaviors, lacking symbolic capital, often receive labels such as "vulgar" or "disorderly" (e.g., controversies surrounding noise from square dancing), further solidifying symbolic opposition between classes [32]. The construction and maintenance of such symbolic boundaries allow sports and health participation to extend beyond physical practices, serving as a micro-mechanism for the

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reproduction of social structures.

7. Conclusion

This study employs a mixed-methods approach to unveil the multifaceted disparities in sports and health participation across different social strata and their complex underlying causes. The influence of social class on participation frequency, types, and intensity results from a confluence of economic capital's resource allocation, cultural capital's cognitive construction, and social capital's network support. Furthermore, institutional factors such as uneven distribution of public sports facilities, differences in occupational benefits, and policy response gaps exacerbate this stratification.

From a sociological perspective, the class differences in sports and health participation are not merely individual choices; they are also products of social structures that regulate through capital allocation, habitus shaping, and symbolic construction, reflecting deep-seated contradictions in resource distribution during China's transition period.

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