

Introduction by the director of The Flowhesion Foundation

I am pleased to present this report that is the culmination of many hours of interviewing, transcribing and analysis on behalf of the Flowhesion Team. The Foundation prides itself on delivering high quality, relevant and timely research pieces that aim to reduce inequalities, barriers and marginalisation experienced by minority communities.

This specific set of community conversations are relevant in this regard as it shines a light on the fitness habits of elderly Somali women in the Crompton ward of Bolton. We did encounter many challenges when gathering data for this project including the lack of English spoken by participants and scheduling interviews given the limited access to public transport that participants had. I would therefore like to thank our volunteer translators who made themselves readily available to ensure successful completion of the project. I hope that the analysis from the project can assist in better understanding how the diaspora can better lead healthier lifestyles through the formation of an elderly Somali women's exercise group.

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The Ambition for ageing funding stream (through which this study was made possible) operates throughout 24 wards of Greater Manchester; seeking to create age friendly neighourboods. This is a cause that the The Foundation is also passionate about.

Finally I would like to thank Yasmin Holgeth from AfA whose support, guidance and positivity has been much appreciated.

Abdul Hafeez Siddique

Executive director, The Flowhesion Foundation - May 2019









Background to Project

The project was commissioned by a successful grant application to ambition for ageing in early 2019. The Ambition for ageing Programme was designed to bring people together to create age friendly neighbourhoods and operates across 24 wards in Greater Manchester.

This project sought to utilise a qualitative semi-structured interview approach along side a community conversation model to better understand the current physical exercise habits, barriers and ideas for healthy exercise of 30 elderly Somali women aged (50+) that were residing in the Crompton Ward of Bolton.

After the project was completed its findings would inform the creation of an elderly Somali women's physical activity group that would meet regularly to discuss and plan physical group activity.

Interviews took place over a 12-week period in early 2019 with volunteer Somali translators on hand to assist in explaining questions and translating answers as and when required.

The five questions that were asked to each participant were:

Q1

How often do you exercise every week?

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What stops you from wanting to exercise regularly during the week?

Q3

What can be done to make exercise more accessible for elderly somali women?

Q4

What types of exercise would you consider if you had the opportunity?



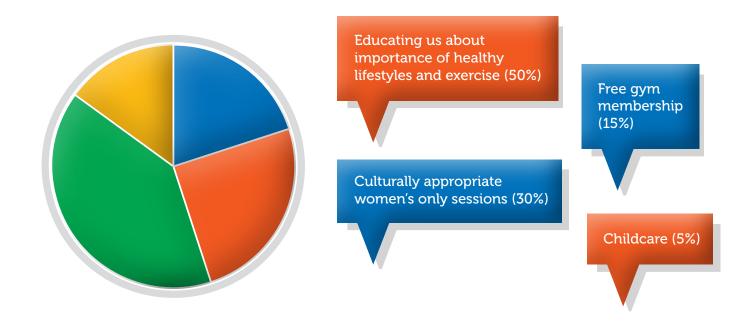


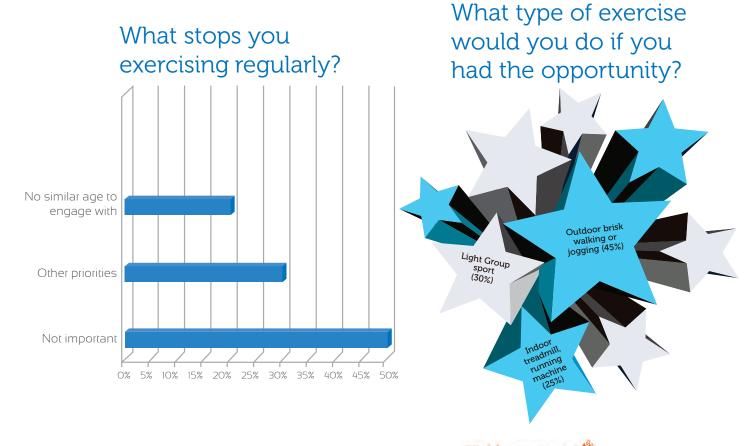




Key Data dashboard

How can we make exercise more accessible to you?













Question 1

How often do you exercise every week?

The participants largely interpreted exercise as keeping physically active through informal means i.e. walking, undertaking various house duties, chores and other errands. For instance a participant said 'I exercise everyday, because I read in the mosque and learn Quran; it is far from my house and I walk there'. Participants did not specifically ascribe exercise to something that only takes place in a gym or structured fitness environment. In light of this interpretation a large portion of participants (40%) explained how they were walking long distances at least twice per week. For instance one participant explained 'I do the school run for my grandchildren because my daughter is working. I also go for long walks with friends to town to buy shopping from Bolton Market twice a week.' Another participant said 'I live in Crompton ward; I moved here 6 months ago from Haliwell but my children have houses in Haliwell; I walk there to see them so I do get exercise.'

Another theme that was highlighted by this question was the lack of transport that this diaspora had as well as their reluctance to access public transport. For instance the majority of women that took part in the study did not have access to a car; for instance one participant mentioned 'I don't drive and no one has a car in my house' when asked; why she did not use public transport and walked to town she replied 'I don't know how to use public transport and also I am scared of being harassed'. The fact that the participants did walk and did not use public transport remained a positive point for the purpose of the study.

From those who did not exercise one a week (20%) they discussed having a large number commitments at home as well as being pre-occupied with extended family. For example one participant explained 'I have six children and seven grandchildren. There is always something to do at home. I don't think I would be able to leave them to go and do exercise everyday'.

There were a small number of participants that were interviewed who did feel that they exercised 3 times per week (15%). One participant in this category explained 'I have been diagnosed with diabetes last year and my son bought me an exercise machine (treadmill) at home I try go on it three times a week for 15 minutes and I have been told by the doctor to be careful what food I am eating'.











Question 2

What stops you from wanting to exercise regularly during the week?

Participant's response to this question was largely around not seeing the importance of regular exercise (50%). In this context many participants outlined that they did not really feel the pertinence to engage in regular exercise every week because they did not have really feel the need too. One participant for example made the point 'I don't think there is anything that is stopping me from doing more exercise every week but I have been to the dr and he has said I don't have any great health problems. I think that the little exercise I do is enough'.

Another participant appeared to be consistent with the above narrative. She explained how within the elderly Somali community regular exercise was a reactionary response to major health concerns. Her explanation was as follows 'In our community people usually exercise all the time when the dr has said that they have blood pressure, cholesterol, sugar (diabetes). It isn't good but we (i.e. community) will only start to do something when it is too late'.

There also appeared to be a faith component that with some participants 'justified' taking a lax approach to regular exercise. A participant explained it thus 'In Islam we believe in Taqdeer (fate) everything good and bad comes from Allah. So if Allah wants us to get ill then we can exercise how much we want it wont make a difference. For that reason I don't really think its very important for me to do a lot of exercise just to keep fit.'

There were also a number of participants (30%) who felt that they had other priorities during the week that would not allow them to regularly exercise. This included household chores, school runs, appointments and also responsibilities for the wider family.

A final theme that emerged from the analysis of the question was around participants feeling that they did not have similar-aged women to undertake fitness activities with (20%). A participant mentioned 'Younger generation is embarrassed to be seen with us walking or doing exercise. Also it is difficult to be encouraged to do regular exercise without having people with you. So I if I had more elderly Somali women wanting to do exercise; I would regularly take part.'

Finally a participant within this category explained 'what is stopping me from doing regular exercise every week is that I don't have other women that want to do the same thing. It is good to have a group of people because we can support each other and also make friends'.











Question 3

What can be done to make exercise more accessible for Somali women?

A theme that emerged from analysis of this question related to educating elderly Somali women around healthy lifestyles and exercise. 50% of Participants interviewed articulated in different ways how their inaccessibility towards healthy lifestyles and exercise lay more in a lack of education and cultural diet, stereotypes rather than involving themselves in fitness regimes. For instance one participant explained 'I am 54 years old; I came to the UK 10 years ago; In Somali we eat Bariis iskukaris (camel meat and rice dish) and Canjeero (a Somali home-made bread), Asida (cornmeal). Our culture food is not healthy so we need to have the education for what is healthy or is not and then we will be more persuaded to do exercise'.

Another participant who felt that education around healthy lifestyles and exercise was important for elderly Somali women to access fitness responded 'In Africa being plump is a sign of wealth and status; in western countries it is seen as opposite. We should have more education on the why we should keep fit and then I think we would (regularly) take part in fitness classes'.

Continuing the theme of the importance of education a participant outlined 'a lot of elderly Somali women that I know don't speak or read and write English. They cannot read information about living healthy and why is exercise so important. That's why I think giving education to us about the problems we can have if we are not living in (a) healthy way will give us more reason to get fit'.

This question also raised a number of responses (30%) that were themed on how culturally appropriate women only sessions would encourage participation from this diaspora. For instance a participant explained 'In Islam and also African culture women have Hijab (veil) from men; so we would do exercise if only women were present and the lesson was delivered by a woman'. The theme of cultural appropriateness was intertwined with perceived religious duty as another participant suggested 'We have Haya (honour) so we will not take part in exercise when it is mixed male and female.'

Finally there were responses that were themed under the category of 'free gym membership' (15%). Participants within the category felt that the cost of attending a quality gym was very expensive and that in itself was a barrier. One participant put this thus 'My daughter encouraged me to go to the gym with her but the gym she goes to costs £43.00 a month that is a lot of money for someone like me who does not work. My daughter told me there are cheaper gyms but those gyms have lots of young people going there so it is not (suitable) for us'.











Question 4

What types of exercise would you do if you had the opportunity?

It became clear from analysis of the responses to this question that the diaspora were not keen on in-door; structured exercises within a traditional gym or fitness centre setting. Therefore a large portion of respondents (50%) explained that they would like to do some form of outdoor walking or jogging with other women.

One participant discussed this point thus 'we are use to the outdoors; I have lived in Somali for 30 years and we were farmers and ploughed the land. So for us we need to be out in park or town doing our exercise. I would not know how to use the machines in a gym and would be more comfortable keeping fit by doing natural things like walking or jogging outside.' This was a reoccurring theme with the diaspora and given the age of the respondents i.e. 50+ it appears understandable that they have a natural, outdoor perspective on health and fitness.

Another participant elaborated 'I would like to jog but I am shy of doing this on my own. If we had a group of women and we went to the park then I think I would do that'.

There were also a number of participants that discussed the possibility of playing light outdoor sports (30%) like badminton however this was with the proviso that it was women only. One participant explained 'I want to play sports with a bat and ball (translated by interpreter to be the equivalent of badminton) we use to play this in Somalia.' Furthermore another participant outlined 'It would be good to do some exercise in the park by playing tennis. But other Somali women will only do it if it was for women only'.

Participants also discussed the idea of wanting to exercise at home by using a treadmill (25%). For participants in this category the appeal for this was that it would be undertaken in their own home, done at their own time and that they would have the privacy that they desired.

For instance a participant within this category felt ' If I had a treadmill at home I would exercise on that everyday. I feel anxious when I am going out because once I was attacked (hate crime was reported) and now I am scared to go out unless it is very important. An exercise machine at home will is better for me.'











Conclusion

The project has shone a light on the fitness habits of elderly Somali women in the Crompton ward of Bolton. In particular it found:

- > The diaspora was more inclined towards informal fitness such as walking, jogging rather than structured exercise within a gym or fitness club.
- > More emphasis must firstly be put on educating this diaspora on the need for healthy exercise and lifestyles as opposed to focusing upon any physical barriers to their non-participation such as cheaper gym membership, culturally appropriate environments.
- > Participants felt that the lack of importance of keeping fit and leading a healthy lifestyle was the biggest factor in them not taking part in regular exercise.
- > The diaspora were more inclined towards outdoor informal fitness activities i.e. brisk walking, jogging rather than indoor structured activities.

Next Steps

The findings and conclusions derived from these community conversations will feed in to and inform the creation of an elderly women physical activity group in Crompton ward. The aim of the group will be to meet bi-monthly and work towards engaging members to take part in fitness and wellbeing activities throughout the year.









