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Steps to Health: an evaluation of a project to promote exercise and physical activity amongst Asian women in a northern post-industrial town.

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Summary
This paper presents an evaluation of a project undertaken in Bolton to improve the health of Asian women through the creation and promotion of opportunities for participation in exercise and physical activity. Asian communities in the United Kingdom tend to experience significantly poorer health than white communities and also to exhibit lower rates of participation in exercise and sport than the majority population. This project thus offered an opportunity to explore methods through which community sport development managers might support the government’s aim of effecting an increase in physical activity amongst Asian communities as a means of improving health. The research was conducted primarily through semi-structured interviews with female Asian volunteers who undertook a training programme to develop exercise and fitness activities within their communities. The success of the project was attributable to a number of factors, most importantly the educational background of the volunteers.

Introduction
The disadvantaged position of black ethnic minority groups in Britain in terms of equality of access to leisure and sport opportunities is well documented (Carrington and Macdonald, 2001; Chappell, 2002; Collins and Kay, 2003, Chapter 8; Ismond, 2003). Despite a plethora of government-sponsored initiatives to enable and encourage more people of black ethnic minority status to engage in exercise and sport, notably the Commission for Racial Equality’s Achieving racial equality: a standard for sport (2001), statistics of participation within these ethnic minority groups continue to remain low and to reveal significant differences to those of majority white communities (Sport England, 2000). From the perspective of the public sector leisure philosophy of equality of opportunity and social inclusion this is a cause for concern. In the context of the government’s strategic aim of improving health through regular physical exercise, (Chief Medical Officer, 2004), the lower rates of participation amongst black ethnic minority
communities represent a serious challenge to the achievement of its targets and highlight the need for an improved understanding both of why this trend prevails and of what types of intervention might effect a change of pattern. An outcome of this emerging strategic focus on health improvement through exercise and physical activity has been a re-invigoration of emphasis on increased participation amongst all social groups. This is particularly evident in Sport England’s *Framework for Sport in England* (Sport England 2004) and the adoption in this of the Council of Europe European Sports Charter’s definition of sport as “all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental wellbeing”. Even though Sport England’s brief thus now embraces not only football, rugby and other traditional organised sports but informal activities such as walking and aerobics, the *Framework’s* target of achieving a participation rate of three 30 minute sessions per week of activity of moderate intensity amongst black ethnic minority communities represents a marked increase on their existing levels of activity. However, the use of a blanket term to refer to what in reality is a diverse range of peoples means that statistics of participation amongst black ethnic minority groups screen significant internal discrepancies between groups of differing racial and cultural backgrounds. For example, Afro-Caribbeans tend to lead more active lifestyles than South Asians, while within South Asian groups, women tend to participate less than men. While special initiatives will be needed to increase participation amongst black ethnic minority groups in general, Asian women appear to represent the most challenging group in terms of the promotion of community health improvement through wider participation in physical activity and thus also in the management and delivery of community sport development programmes.

This paper is based on a research project commissioned by Bolton Metropolitan Borough Council to evaluate the impact of the Steps to Health programme which was implemented between 2001 and 2004. This was funded through the European Community Social Fund and presaged the government’s more recent prioritisation of community health in seeking to redress disadvantages in health and employment amongst Asian women through the medium of sport and physical exercise. Other
schemes have in the past sought to promote equality of access to participation in exercise and physical activity amongst Asian women, for example the Asian Women’s Outreach project in Hounslow (Department for Culture, Media and Sport, 1999) and the Sitara project in Huddersfield (Huddersfield Daily Examiner, 2004). Steps to Health was, however, more complex in its aims and structure and reflected an emerging pattern in community sport development in which physical activity and sport are conceptualised as a means to the achievement of a multiplicity of social targets which typically emanate from the Home Office or the Department of Health rather than the Department for Culture, Media and Sport. Steps to Health was grounded in a targeted provision of training opportunities in health and fitness instruction for Asian women, thereby enhancing their employability and enabling them to provide new and culturally appropriate instruction classes in physical exercise for other Asian women in a number of socio-economically deprived wards. In drawing together targets based on health, employment and participation in exercise and sport the project focused on three inter-related indicators of socio-cultural disadvantage that tend to have a more profound impact on Asian communities than on other black ethnic minority or white communities.

**Ethnicity, gender, health and participation in sport**

The correlationships between Asian ethnic status, health and participation in physical activity are well established. Asian men are both more likely to smoke than their white counterparts (Community Practitioner, 2003) and to have a significantly higher risk of contracting coronary problems (Dhawan and Bray, 1997). Asian women tend to fare even worse as research during the past decade has highlighted the fact that they not only exhibit significantly higher rates of coronary heart disease than white women but are also at higher risk of general physical and mental illness (All and Atkin, 2004; Gupta, de Belder and Hughes, 1995; Kumari, 2004). There is little doubt that these poor health rates could be improved by greater participation in exercise (Gupta, de Belder and Hughes, 1995), but a number of writers have pointed to the fact that Asian communities share
some of the lowest participation rates in physical activity in the United Kingdom (Dhawan and Bray, 1997; Ismond, 2003 p.133). Until relatively recently there has been little statistical evidence on the differentiation in sport participation rates amongst black ethnic communities, though as the first national survey conducted in this field demonstrated, these are considerable (Sport England, 2000). While overall black ethnic minority participation rates in sport are 6% below those of the national average, Asian participation rates lag behind those of Black African and Black Caribbean communities. Pakistani and Bangladeshi populations in particular have participation rates which are below those of Black Caribbean populations and considerably below the national average.

Within these patterns of participation, gender presents a further line of demarcation as not only are women of black ethnic minority status less likely than men to take exercise or play sport, but Asian women tend to have lower participation rates in activities such as keep fit and swimming than Afro-Caribbean women. This pattern is most starkly illustrated in the 5% participation rate in swimming amongst Pakistani women compared with the national average rate of 17% for all women. The reasons for these low rates of participation are complex and remain contested within the academic discourse of this topic. Lovell (1991), for example, maintains that false assumptions of Asian girls’ lack of interest in sport have influenced physical education teachers’ attitudes to them at school, though the Sport England survey (2000) indicated that many Asian respondents did not feel that this had been the case in their own history. Ismond (2003 p.133) has suggested that the lack of female Asian role models in professional sport may affirm Asian girls’ self-imagination as non-sporting persons, though again the Sport England survey (2000) indicated that Asian women were keen to participate in sport. Other writers (Basit, 1997; Hargreaves, 1994, p. 258;) maintain that the major obstacles to participation are essentially cultural and apply to all Asian women regardless of the considerable cultural heterogeneity within this broad ethnic grouping. Despite the widely encountered assumption that Muslim women opt not to participate in sport for religious reasons, the Sport England (2000) survey suggested that it was home and family
responsibilities, which tend to be more highly valued in Asian communities than in society as a whole, that were the principal reason for low participation amongst all Asian female respondents. It is important to note that this prioritisation of domestic work is not simply a subjective view held by Asian women but is a dominant cultural tradition within Asian communities. As Basit (1997) shows, families of South Asian background are close-knit communities in which the interests of the group take precedence above those of the individual. The disadvantaged position of Asian women in terms of participation in exercise and sport cannot thus be ascribed simplistically to their ethnic status or religious belief but is grounded in their culturally gendered status.

Aims of the project.
A substantial proportion of the South Asian population of the United Kingdom is resident in the post-industrial textile towns of Lancashire and West Yorkshire. The majority of these people tend to live in inner urban neighbourhoods with high indices of socio-cultural deprivation and in which interaction with the wider urban community is limited. Asian women in particular experience social isolation from white majority communities, partly because of their close attachment to their own community and partly, for some, because their poor command of English inhibits a wider cultural integration (Bhopal, 1998). Access to mainstream leisure services and facilities is thus, for many, limited. Several of the characteristic economic and socio-cultural disadvantages of South Asian communities in Britain were replicated in the five Bolton wards in which the Steps to Health project was delivered. Brah (1996, p.71) has highlighted the fact that not only are rates of unemployment substantially higher in Asian than in white communities, but those amongst Asian women are twice as high as amongst their white counterparts. This reflected the pattern in Bolton where the ethnic minority community accounted for 8.3% of the population but only 6% of the workforce and the rate of unemployment rate amongst Asian women was approximately 25%. These wards, in which the South Asian population of Bolton was predominantly concentrated, also exhibited a consistently higher than average prevalence of diabetes, high blood pressure, heart attack and stroke
Participation in physical activity by Asian women was lower than amongst white women, though local leisure centre managers believed that a lack of female Asian instructors rather than an inherent aversion to participation in physical activity acted as the main deterrent to Asian women’s use of their facilities. The project sought to tackle low employment and poor health by providing opportunities for Asian women to obtain qualifications that would enable them to work as health and fitness instructors within Bolton’s Asian communities. An improvement of their interpersonal skills and self-confidence was seen as an essential aspect of this training. The project was jointly managed through a partnership comprising representatives of the Asian community, the Health Promotion Unit, local authority sport development and community development teams, Bolton Community College and managers of local leisure facilities.

The project did not attract its target number of sixteen volunteers as only ten Asian women were recruited despite an intensive campaign conducted through a number of local ethnic languages. In the initial phase of the project these volunteers enrolled on an NVQ Level Two award in Exercise and Fitness Instruction and on a variety of other courses leading to, for example, Level One Circuit Training, Level 2 First Aid, Level 2 Exercise to Music and various sport-specific coaching awards. Through this training, which was delivered to a female audience only, the volunteers acquired the skills to develop, promote and deliver classes in fitness and exercise specifically for Asian women in previously agreed work experience placements. By early 2004 the project had stimulated an unexpectedly high level of demand within the female Asian community with over three hundred Asian women enrolled on the various classes taught by the volunteers. A primary objective of the evaluation of the project was to investigate the factors that had contributed to this success and to identify those with the potential for transferability to other community sport development programmes with similar aims.
Research method and findings

Seven of the volunteers agreed to participate in individual semi-structured interviews in February 2004. Their ages ranged from 23 years to 42 years and the interview sample comprised Muslim, Hindu and Sikh women. Four had heard of the project through word-of-mouth and it transpired that it was through this mode of communication that most of the women who joined the fitness classes had become aware of them. The responses within the sample showed no significant differences in terms of religious belief. Two of the respondents had a long-standing active interest in sport; one, whose father had been a marathon runner had herself been a competitive runner while another had obtained a coaching qualification fifteen years previously. While it may be argued that the sample was unrepresentative of its population in terms of the proportion of women with an active involvement in sport, this fact in itself serves to demonstrate the fallacious nature of assumptions of Asian women’s lack of interest in sport.

In terms of offering a route into employment for unemployed Asian women the project failed to attract its intended target clientele. The volunteer group was unrepresentative of the Asian community in that it predominantly comprised well-educated women in full time professional employment and in possession of higher academic qualifications, which included Honours Degrees, Higher National Diplomas and professional qualifications, predominantly in the fields of business and management. The opportunity to progress from unemployment into employment was not therefore a factor of influence in the volunteers’ decision to join the programme, though in the case of one respondent the possibility of moving from a business background into sport development work had been important. The other women interviewed offered a variety of reasons for joining:

“I wanted to become more aware of my own health and fitness.”

“I wanted to improve my own health and fitness.”

“I joined for fun.”

“I wanted to be involved in sport and fitness and to work with Asian women in the community.”
“I had a casual interest in sport and joined through curiosity.”

“I joined for enjoyment initially but as the programme developed I began to see it as an opportunity for career change.”

Two respondents stated that they had hoped, when younger, to study for a degree in a different subject – one citing Sport and Leisure Management as her preferred option – but had been prevented from doing so through family pressures and expectations. Their responses corresponded with a dominant pattern in higher education in which British Asian parents, particularly Muslims, guide their daughters towards careers they perceive as safe and conforming to cultural tradition and which will not jeopardise their safety or reputation (Basit, 1997). Careers in business and management fulfil these criteria, whereas those in sport and leisure management tend to be viewed as unrespectable, and thus the barriers to Asian girls who may harbour an interest in enrolling on leisure management courses remain grounded in cultural values transmitted through the unit of the family. This was reflected in the experience of the volunteer who had previously obtained a coaching qualification but had never overcome the cultural barriers to putting this into practice; participation in Steps to Health, however, had led to employment as a netball coach in a number of primary and secondary schools in Bolton. Nevertheless, all the respondents felt that there was an element of risk in testing the boundaries of cultural norms and one volunteer had to withdraw from the project because of her husband’s view that it was neither appropriate for women to participate publicly in physical activity nor to encourage other women to do so.

Through the project the volunteers provided a differentiated range of classes and activities for Asian women. The volunteers felt that the major benefit of the programme to themselves had been an enhancement of their personal skills, particularly self-confidence and self-esteem. They spoke anecdotally of their personal experiences of the constraining effects of community traditions upon their ambitions and aspirations and saw the project as having provided an opportunity for them to challenge convention by publicly promoting sport and physical activity as leisure pursuits for Asian women. The academic background of the volunteers was of crucial importance in this context. Being educated to
degree level, in full time professional employment and able to speak English fluently they had transcended the traditional cultural parameters of their communities. The prior higher educational achievements of the volunteer group, with their related language skills and enhanced self-confidence, seem to offer the best explanation for the failure of the project to engage women from the unemployed and less well-educated section of the female Asian community. As Bhopal (1998) notes, educational advancement can provide Asian women with a sense of empowerment, a wish for greater freedom of choice and a willingness to adopt the values of the majority society in which they live. Through this process of cultural redefinition, younger Asian women may reject elements of one culture for those of another, and in joining the programme the volunteers had displayed the confidence to challenge the community traditions that inhibited women’s participation in exercise and physical activity and to encourage other Asian women to follow their lead. Some of the comments on the participants’ experience of the project are indicative of this sense of opportunity to deploy previously constrained skills and ambitions:

“It brought me alive.”

“It was brilliant; it opened up new social contexts for me.”

“I never had any sporting opportunities before, so this was really good.”

“Involvement in the programme has been a life-changing experience for me.”

“It has helped me to be able to work independently as a coach and a teacher.”

It should be noted that the self-confidence of the volunteers was a critical factor in the research exercise itself. Although it had been anticipated that they may have been unwilling to meet a white male researcher on a one-to-one basis, this proved not to be the case, and all the interviewees were keen to discuss their experiences of the project and their views on the cultural emancipation of Asian women through sport with the author.
Impacts on Asian women’s participation in sport and physical activity

The interviewees were asked to assess the impact of the project on the female Asian community and to comment on factors that had either facilitated or detracted from its success. Most noted that it was unusual for Asian women in Bolton to participate in fitness activities and some reported that many of them, particularly those aged over forty, were not well-informed of the health benefits of physical activity. A contributory factor to their sedentary lifestyles was thought to be the availability of daytime Asian satellite television channel soap operas. This reluctance to participate was deeply entrenched, and was well illustrated in the case of one volunteer, who when accompanying Asian women on visits to the doctor to act as translator had observed that the women frequently ignored medical advice to take exercise. This was attributed to a lack of confidence, partly created by language difficulties, through which Asian women not educated in Britain did not possess sufficient command of English to follow instructions in a taught fitness class. Conversely, few fitness instructors had the ability to speak an Asian language. Explorations of the reasons for the general reluctance of Asian women to utilise mainstream public service agencies (Kumari, 2004) have shown that they would feel more confident in engaging with a service provided by someone of their own cultural background and in an appropriate ethnic language. The interviewees were unanimous in attributing the success of Steps to Health to the fact that the classes were conducted by Asian women – thus affirming their cultural acceptability – and to the fact that they had been delivered in Asian languages. Most of the respondents had delivered at least one exercise class in a leisure centre, typically circuit training or exercise to music, and one volunteer had established an Asian women’s netball team which had joined the Bolton Ladies Netball League.

Although the prevalent pattern of short term project funding in community sport development presents challenges to sustainability, Steps to Health generated a high degree of commitment to its continuation beyond the close of the project. All respondents were, at the time of the interview, involved in the voluntary support of activities for Asian women under the contractual terms of the project, but most intended, or indeed had
begun, to facilitate further and continuing activities beyond the end of the project to meet the demand it had generated. Two respondents had, having overcome initial resistance within their local community, introduced fitness classes for Asian women in a Hindu Temple in the Deane ward, a venue that was perceived by women to be culturally and personally safe. These sessions were attended by approximately fifteen women, though it was anticipated that as the class became established, word-of-mouth report would lead to an increased demand. Other volunteers at an earlier stage of the project were involved in assisting in the delivery of classes but intended, when fully qualified, to develop and deliver classes under their own initiative. Although some respondents indicated an interest in working with ethnically mixed groups, most, particularly those who were in full time employment and intended to continue to work as sport development workers on a voluntary basis only, expressed a stronger commitment to continuing to work exclusively with Asian women.

**Conclusions**

Although the sample upon which the research was based was small, a number of observations may nevertheless be justified. First, the research clearly showed that Asian women are interested in taking part in active recreation and that assumptions that low participation rates reflect a lack of motivation or desire are misguided. The principal barriers to their participation in physical activity, as in other facets of public life (Rana, Kagan, Lewis and Rout, 1998), are social and cultural rather than innate or physical. The Steps to Health project demonstrated that increased participation amongst this community group could be achieved through an appropriate managerial approach. The success of the project was grounded in its creation of female role models within the Asian community. The shortage of Asian role models in sport has been widely discussed and has often been cited as an important factor of low participation in sport and physical activity by Asian women (Hargreaves, 1994 p.259 Ismond, p.133). While this may remain an accurate observation in the context of professional sportswomen with a national
profile, the Steps to Health project suggested that community role models may be equally, if not more important, than national figures. The identity of the volunteers as community-based Asian women was essential to the success of the project, giving it credibility and cultural acceptance. The volunteers saw themselves as community-orientated pioneers, their role being not so much to convert Asian women to participation in physical activity as to facilitate opportunities for them to fulfil previously unrealised aspirations. Their shared ethnicity, gender and language with the target client group coupled with their ability to provide classes in what were perceived as safe locations, such as Muslim community centres or Sikh temples, were key factors in encouraging other women to participate.

A number of interviewees spoke anecdotally of their enhanced profile within the community and their acquired identity as community leaders and as women who were prepared to challenge convention. The fact that they had become mildly notorious amongst male Asian community leaders through their advocacy of sport for women was celebrated as an affirmation of their impact. As Bhopal (1998) and Woollett et al. (1994) note, Asian female identity within Britain is undergoing change through acculturation as women born in the United Kingdom are willing to adopt more of the lifestyle of dominant culture. As the government’s policy frameworks for health and sport are increasingly based on common targets for participation in physical activity (Department of Health / Department for Culture, Media and Sport, 2004), efforts to achieve improved participation within Asian communities are likely to be renewed and re-invigorated. The outcome of the Steps to Health project suggests that the identification and training of young female volunteers within Asian communities may offer an effective management approach to the achievement of these targets. The research also identified a need for a more effective promotion of the health benefits of exercise to Asian women.
References


