

Responding to a Community Request: Gender Exclusive Swims in a Somali Immigrant Community

Eva M. Moore, MD¹, Mohamed Ali, MPH², Elinor Graham, MD, MPH³, Linda Quan, MD⁴

¹Department of Pediatrics, Division of General Pediatrics and Adolescent Medicine, Johns Hopkins School of Medicine, Baltimore, MD, ²Hope Academic Enrichment Center, Seattle, WA;

³Department of Pediatrics, University of Washington, Seattle, WA; ⁴80 ⁴Department of Pediatrics, Division of Emergency Medicine, Seattle Children's Hospital, Seattle, WA

Background

- Somalis are a growing immigrant population; More than 40,000 Somalis have immigrated to the United States in the last 5 years. Almost all are Muslim.^{1,2}
- Somali immigrants have a high proportion of overweight, obesity, and physical inactivity.³
- Religious restrictions, family, and immigrant issues are barriers to exercise for many Muslims living in the US.⁴
- Conservative Muslims require
 - females wear loose-fitting clothing that covers the body from head to ankle when in the presence of males
 - genders should not come in physical contact with each other.⁵
- Despite the need for gender-exclusive spaces for exercise, few are offered in public venues in non-Muslim countries. As a result, an increase in sedentary lifestyle may eventually impact the overall health of this community.

Objective

We examined the feasibility and acceptability of a swim program that addressed the needs of the Somali Muslim immigrants living in Seattle, Washington.



Methods

Community Partnership

- Somali community members; represented diverse subgroups and both genders, many actively involved in partnership, advertising, and staffing
- Atlantic Street Center; a family and neighborhood centered community based organization, took the community lead in the partnership
- Harborview Medical Center; a medical home to many Somalis and other immigrants, provided partnership and financial support
- City of Seattle Department of Neighborhoods; provided funding through a grant designed for community led projects
- City of Seattle Parks and Recreation; lead aquatics manager and aquatic supervisors for 2 city pools were actively involved in the partnership
- Seattle Children's Hospital, Drowning Prevention Program; provided funding and grant preparation
- Rainier Beach Community Advisory Board; advisory board to the community center, provided funding
- Public Health Seattle-King County; Child Health Access Project partnership, provided partnership and financial support
- Puget Sound Neighborhood Health Centers; medical home to many Somali, provided staff and organization.

Procedures

Public pools were rented with support from a municipal grant. Female and male swims were held at separate times. Gender exclusive staff were hired and privacy from onlookers established. Volunteers advertised and ran the program. Swim lessons, water safety and aerobics were held for adults and children. Events were free, open to all, except opposite gender, and entitled "Women of the World" and "Men of the World" swims.

Measures

At six events, a short pen and paper survey was completed with adult participants, if they had not previously completed a survey. The Internal Review Board for Seattle Children's Hospital reviewed the survey and excepted it from further review.

Results

Table 1: Swim Events, 7/2006-5/2008

<u>Number of swim events</u>	26
•Female only	23
•Male only	3
<u>Participants</u>	897
•Female	753
•Male	144
<u>Participants per event (range)</u>	6-80
•Mean	35

Results

Table 2: Participant characteristics, preferences and acceptability

Characteristic	Females ¹	Males ²
<u>Acceptability</u>		
"I would return to an event like this"	97%	100%
<u>Gender exclusivity</u>		
"I would return if both men and women were in the pool"	15%	9%
<u>Exercise</u>		
"I do nothing else for exercise"	39%	4%
<u>Comfort in Water</u>		
"I know how to swim"	21%	54%
"I feel comfortable going into the lake or the ocean"	39%	23%

¹Adult participant surveys taken on 3 fall/winter swim days, 10-12/2007, N=29. ²Adult participant surveys taken on 3 summer days, 8/2007. N=51

Table 3: Feasibility and challenges of the gender exclusive swim program

Challenges	Solution
Gender Exclusivity	<ul style="list-style-type: none"> Private swim rental Swims held during pool and community center off hours Gender exclusive staff hired
Privacy	<ul style="list-style-type: none"> Windows papered for privacy; eventually permanent blinds installed over windows Pool did not have windows to outside of the building
Childcare	<ul style="list-style-type: none"> Some swims open to all ages Partnership organization provided childcare for small price Eventually, concurrent fitness based programming for school age children provided by community center, open to all.
Overcrowding	<ul style="list-style-type: none"> Limited to adults during peak summer months Community center provided extra staff and supervision
Advertising	<ul style="list-style-type: none"> Word of mouth, emails, phone calls, announcements at religious services, referrals by medical providers Inclusive flyer, using images
Language	<ul style="list-style-type: none"> On 6 survey days, 8 diverse languages were spoken at home To avoid exclusivity, only English was used for printed materials. Somali leaders endorsed this decision since the Somali language is primarily oral Flyers utilized images
Funding	<ul style="list-style-type: none"> Medical center gave small grant for 3 pilot swims Municipal grant through Department of Neighborhoods Fee reduction by Seattle Parks and Recreation Sponsorship of individual swims by various partnership members Donations, participant contributions A partnership organization acted as fiscal agent to manage funds from diverse sources
Sustainability	<ul style="list-style-type: none"> 16 swims have been held since end of municipal grant in 2008, with 183 swimmers Community members advocate for growth of program Partnership working towards policy change to allow gender exclusive swims to become regular city programming

Implications

We found that there is a demand for culturally sensitive exercise and an interest in water activities in both males and females of the Somali community. The pool environment was well accepted when transformed for privacy. Logistical barriers were overcome with a diverse partnership. Further gender exclusive fitness options are required to meet the health demands of this population.

Acknowledgements

We thank the Women and Men of the World participants, Atlantic Street Center, Rainier Beach Community Advisory Board, Public Health Seattle-King County, the Department of Neighborhoods, and Seattle Parks and Recreation. The authors also thank Brian Johnston, MD, MPH for his review and Sarah Rafton for grant preparation.

This project was funded with support from Harborview Medical Center, Seattle Children's Hospital, and the City of Seattle Department of Neighborhoods.

References

- Jefferys K. Annual flow report: refugees and asylees: 2005. Washington: Department of Homeland Security, Office of Immigration Statistics (US); May 2006.
- Jefferys KL, Martin DC. Annual flow report: refugees and asylees: 2007. Washington: Department of Homeland Security, Office of Immigration Statistics (US); May 2008.
- Guerin PB, Elmi FH, Corrigan C. Body composition and cardiorespiratory fitness among refugee Somali women living in New Zealand. J Immigr Minor Health 2007;9:191-6.
- Guerin PB, Diiriye RO, Corrigan C, Guerin B. Physical activity programs for refugee Somali women: working out in a new country. Women Health 2003;38:83-99.
- al-Qaradawi, Y. (1992) *The lawful and the prohibited in Islam*. Malaysia: Islamic Book Trust, p 85.

