Local Acts

This installment of *Local Acts* describes a creative intervention to improve physical activity among Somali immigrants in Seattle, Washington. Moore et al. describe how they designed a culturally sensitive intervention to foster swimming as a form of physical activity in this community by enhancing access to public pools and creating a social support network around the swim events. This is a creative, small-scale example of putting evidence-based strategies into effect. The Community Guide for Preventive Services Studies has identified both social supports and access improvement as highly effective strategies to get people to be more physically active.

Lorna Thorpe, PhD
Deputy Commissioner
Division of Epidemiology, New York City Department of Health and Mental Hygiene
New York, NY

RESPONDING TO A REQUEST: GENDER-EXCLUSIVE SWIMS IN A SOMALI COMMUNITY

Eva Moore, MD
Mohamed Ali, MPH
Elinor Graham, MD, MPH
Linda Quan, MD

Immigrants are the fastest-growing segment of the United States and represent 12.5% of the total population.[1] Refugees are legal immigrants who flee for fear of persecution in their home countries. Somali refugees comprise the largest number of refugees entering the U.S. in recent years, with more than 40,000 admitted from 2003 to 2007.[2,3] This article details a program in Seattle, Washington, in which collaboration among medical centers, community-based organizations, the local health department, municipal organizations, and leaders in the Somali community resulted in a culturally appropriate fitness option addressing the self-identified health needs of Somalis.

BACKGROUND

Somalis are almost exclusively Muslim, and their religious restrictions, family, and immigrant issues are barriers to exercise.[4] Most immigrants report they are less active than they were in their homeland,[4,5] and medical providers that serve Somali immigrants have struggled with culturally appropriate referrals for exercise. Conservative Muslims require that females wear loose-fitting clothing that covers the body from head to ankle when in the presence of males and that genders should not come in physical contact with each other.[6] Somali immigrants are observed to have a high proportion of overweight, obesity, and physical inactivity, with one survey indicating 71% of Somali women were obese or overweight and many demonstrated poor physical fitness.[7] Another observation of 97 Somali mothers of young infants showed 55% of women were obese (Personal communication, Suzinne Park-Gorstein, Department of Pediatrics, University of Washington, June 2009). Despite the need for gender-exclusive spaces for exercise, few public venues in non-Muslim countries offer them. As a result, an increase in a sedentary lifestyle may eventually impact the overall health of this community.

In response, a community partnership was developed that included vocal and active members of the Somali community; staff and physicians from Harborview Medical Center—a University of Washington (UW)-based facility that is the medical home to many Somalis; Seattle Children's Hospital; a community-oriented, non-Somali community agency; Public Health Seattle-King County; and City of Seattle departments, including Seattle Parks and Recreation and Seattle Department of Neighborhoods. Several of the representative members from organizations in the partnership were Somali or West African immigrants. Somali community members advocated for a culturally appropriate swim program and took leadership roles to make it happen. The partnership worked together to design, organize, and implement a gender-exclusive swim program at two Seattle public pools.

INITIATIVE SUMMARY

In summer 2006, the UW-affiliated medical center, with the support of Somali staff, funded three pilot women's-only swim rentals at a public pool. The swims

were so well received that the Somali participants and swim organizers then recruited neighborhood agencies to sponsor individual swims on a monthly basis. In spring 2007, the Seattle Department of Neighborhoods—a municipal department whose mission is to bring communities together and strengthen neighborhoods—funded a year-long expansion of the program. The grant covered the pool rental and lifeguards, but relied on volunteers to manage and advertise the program.

The swims were free, open to all women, and held in neighborhoods with a high concentration of Somali immigrants. Swims were promoted primarily through word of mouth. To allow for privacy, swims occurred at times that the center would otherwise be closed and windows were covered with paper. All participating staff and volunteers were female. Female swims initially were open to both women and their children. Participants requested swim lessons, which were held when possible.

Interest in a male swim grew once the female swims were established, as Somali men also lacked opportunities for gender-exclusive swimming. Somali men identified two health concerns: drowning risk and inactivity, citing the drowning deaths of several local male Somali children the previous year. In fact, black and foreign-born children and young adults have a higher drowning rate, particularly in swimming pools.[8] Black adolescent males drown at about 15 times the rate of white adolescent males in the U.S., although specific data about Muslims or East Africans are not available.[9] Three male swims were held on weekend days in August 2007. Only male staff members were present, and swim sessions included a swim lesson, a water safety lesson, and a recreational swim.

Given the popularity of the female swims and subsequent overcrowding, especially during the summer, swimming events were restructured in the program's second year. Adult women were prioritized, given the concern of Somali and family advocates that Somali women lacked other socialization opportunities. To facilitate childcare while addressing fitness for children, the community center ran concurrent public, physically active, mixed-gender programming for school-age children. A local agency provided childcare for infants and toddlers.

To assess the project's acceptability, a survey was developed at midpoint to assess the participants' experience with water and exercise, attitudes toward gender, and feedback about the program. A two-page, 23-question, pen-and-paper survey was administered to adult participants at three of the female swims and the three male swims in 2007. The Institutional Review Board at Seattle Children's Hospital reviewed and exempted the survey from further review.

OUTCOME AND EVALUATION

Twenty-six swim events were held from July 2006 through May 2008; these included nine swim lessons, four water safety lessons, and two water aerobics classes. Total attendance was 897 (753 females and 144 males). Participant numbers ranged from six to 80 at each swim, with a mean of 35 people. Participation was high in the summer, and, frequently, as many as twice the allowed number of swimmers sought admittance.

Fifty-two men and 29 women completed the survey. Somali speakers comprised the majority of respondents (64% of women and 88% of men), and other respondents primarily spoke English, Arabic, Chinese, Cambodian, Tigrigna, Amharic, and Spanish at home. Adults ranged in age from 18 to 69 years. More than one-third of the women reported they did not exercise compared with 4% of men. Of women reporting exercise, walking and exercising at home were the most common activities, whereas males reported engaging in a variety of activities. Respondents were enthusiastic about gender-exclusive swimming even if they did not know how to swim. In fact, the majority of survey respondents reported that they could not swim. Eighty-nine percent reported they would not attend if the opposite gender were in the pool. Almost everyone reported in the survey that they would return for similar events and bring their families.

A major obstacle to sustainability and growth were City of Seattle antidiscrimination ordinances, which were interpreted by city officials to prohibit single-gender use of public facilities during regular hours of operation. Because the program was unable to rely on the municipal parks department for funding or services, programming was sustained through private and public grants. Swims also had to be held during times that the pool would otherwise be closed. Therefore, sustainability was achieved and logistical barriers minimized through the community partnerships.

The partnership worked closely with management from the municipal parks department to minimize barriers from the ordinance. The center placed permanent blinds on the windows for privacy, thereby increasing opportunities for gender-exclusive swims. To address childcare issues, the community center changed its programming to offer public activities for all school-aged children during swim times. The partnership continually sought creative ways to sustain funding. Designing a multicenter prepaid ticket system allowed participant contribution as a source of funding. The county health

department was able to offer financial contribution through an educational grant. Furthermore, a new partnership member was recruited to act as a fiscal agent to manage payments and donations.

Grant money and volunteer contributions were exhausted in maintaining monthly events. As such, the program was unable to grow to meet the community demands of more frequent swims, more venues, and further fitness options. Regularly scheduled women's-only swims continued through summer 2009 through these combined efforts.

DISCUSSION

There is a demand for culturally sensitive exercise opportunies and an interest in water activities in the Somali community. The appeal of gender-exclusive exercise extended beyond this specific group to other Muslims, East Africans, and others who felt more comfortable in a single-gender environment. While the primary interest in swimming seemed to be exercise, socialization and drowning prevention were also important. The pool environment, although new to many participants, was well accepted when transformed for privacy.

Logistical barriers were overcome and sustainability achieved through a diverse community partnership comprising individuals and agencies dedicated to the health of Somalis. As the program gained popularity, it recruited additional advocates who further expanded the partnership. Partnership members additionally benefited by strengthening the participation of Somalis in individual programming.

Nevertheless, major challenges to the program's viability included the implications and legality of a gender-exclusive swim. Public programs in this municipality could not be gender-exclusive; therefore, the program had to function as a private pool rental and forfeit advertising, collection of fees, and funding support allocated for public events at the community centers. Leaders in the municipality worked closely with the partnership to minimize these barriers. Collaboration led to innovative solutions to sustain the program after the grant had ended, although the program struggled to fully address the fitness needs of Somali women.

Other options for fitness in this group include home exercise kits, walking groups, gender-exclusive gyms, or gyms with specific female-only times. Future solutions include increased contribution from additional community agencies to allow for more sponsored events, networking with a private gym, and/or increased participant monetary contribution. Offering both male- and female-only events may be one way to address the legal limitations. Ultimately, municipal policies will need to be reexamined in light of a growing diverse community with cultural, religious, and personal preferences.

CONCLUSION

This project illustrated the need for exercise programs in the Somali community. Gender separation is the unique issue that limits the accessibility of swimming, water safety, and fitness for this population. However, the lessons learned from this program can benefit other groups and individuals with similar gender restrictions and personal preferences. While both male- and female-exclusive events were well received, females were found to have fewer options for fitness. Active involvement by Somali advocates in planning events and programs were vital to insuring their cultural and practical appropriateness.

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Eva Moore was a Pediatric Resident at the University of Washington (UW) in Seattle, Washington, at the time of the research and is currently a Post-doctoral Fellow in the Division of General Pediatrics and Adolescent Medicine at Johns Hopkins School of Medicine in Baltimore, Maryland. Mohamed Ali was a graduate student in public health at UW at the time of the research and is currently Executive Director of Hope Academic Enrichment Center, Seattle. Elinor Graham is an Associate Professor Emeritus of Pediatrics at UW. Linda Quan is a Professor in the Division of Emergency Medicine at Seattle Children's Hospital in Seattle.

Address correspondence to: Eva Moore, MD, Division of General Pediatrics and Adolescent Medicine, Johns Hopkins School of Medicine, David Rubinstein Building, 200 North Wolfe St., Ste. 2083, Baltimore, MD 21287; tel. 443-287-3974; fax 410-502-5440; e-mail <emoore5@jhmi.edu>.

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