

# Physical Activity Experiences of Adult Female Forced Immigrants: A Review

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There is evidence of the positive effects of physical activity on vulnerable groups, but researchers must still take into account considerations such as culture and gender in designing and delivering sport for forced immigrants in order to achieve these effects. In this regard, adult female forced immigrants make up one of the most underserved and least researched group of people. They are often less healthy than male immigrants due to various factors that include socio-cultural gender roles, family caregiving responsibilities, language barriers, financial constraints, and limited health literacy. Besides, for many women it is crucial to have a place to exercise that is considered “safe” by their culture, not only for their own safety but also for the community as a whole. If no preventive action is taken against all these impediments, the effects of sedentary, isolated behaviour can result in serious health problems and, apart from having very negative life experiences, these women eventually become a burden on the healthcare system of the resettlement country.

## Introduction

Growing empirical research shows evidence of the positive effects of physical activity (PA) interventions and community sports programmes in various aspects. These effects concern mental health and self-efficacy (*Purgato et al., 2021*); physical health, where PA has been recognised as an intervention with promising results across a wide spectrum of chronic diseases (*Pedersen and Saltin, 2006*); and assisting the process of social inclusion of vulnerable groups (*Mohammadi, 2019*).

However, scholars seem to agree that those interventions are not tailored correctly to cover the needs of the forced immigrant

population. A steadily growing number of researchers claim that the specific needs of refugees in sports and PA initiatives should be considered. Moreover, there is an expectation gap between the providers of initiatives and the refugees and asylum seekers (*Simonsen and Ryom, 2021*). *Anderson et al. (2019)* also argue that researchers must still take into account considerations such as culture and gender in designing and delivering sport and PA interventions for forced immigrants in order to achieve positive effects.

It is important to focus on this population due to the steadily growing numbers of forced immigrants around the world, with the development of conflicts such as the war

in Ukraine, the civil war in Myanmar, the armed conflict in Afghanistan, and many more. According to the 2022 Global Trends report of the UNCHR, there were 108.4 million forcibly displaced people worldwide (UNCHR, 2022).

“Forced immigrants”, which as a term is not a legal concept, leave their home country due to persecution, conflict, violence, human rights violations, and events seriously disturbing the public order. The legal terms “refugees” or “asylum seekers” is clearly defined under international and regional refugee laws that provide a specific set of legal obligations in relation to them and their access to healthcare services and interventions (UNHCR, 2016). This article will use “immigrants” as an umbrella term in order to include both categories. Furthermore, it will use the term “immigrant” (from the perspective of the country of arrival) and not migrant (the umbrella term) or emigrant (from the perspective of the home country) since it reviews interventions in the host countries of the researched population.

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The latter are often faced with diverse distressing experiences both before their displacements and upon arrival in a country of asylum, including losing or being separated from family members, precarious journeys to a country of asylum, lengthy periods in refugee camps as well as limitations on rights to housing, work and education, and uncertain prospects of permanent residence, which not only affect their physical and mental wellbeing but also make them vulnerable to social

exclusion (Hartley, Fleay and Tye, 2017). The lack of resources to help with navigating cultural differences can compound the impact of trauma and manifest in feelings of exclusion and isolation, anger, uncertainty, anxiety and depression (Middleton et al., 2020). The ongoing adverse processes create a number of risks and threats that forced immigrants inevitably face. All those events can contribute to developing mental health conditions, physical health problems and social isolation. That is why this population is identified by researchers as a vulnerable group that needs specific attention (Middleton et al., 2020).

Moreover, gender specific challenges make adult female forced immigrants one of the most underserved and least researched group of people. Immigrant women are less likely to be physically active and face many barriers to participation in PA (Zou et al., 2021). A recent study conducted by the European Parliament called for more gender-sensitive inclusion policies and practices as female asylum seekers and refugees have to face gender-specific challenges that put them more at risk of social isolation compared to their male counterparts in their host countries (Sansone, 2016). Immigrant women are often less healthy than male immigrants due to various factors that include socio-cultural gender roles, family caregiving responsibilities, language barriers, financial constraints and limited health literacy (Zou et al., 2021). Women experience increased comorbidities and illnesses in midlife, including depression, osteoporosis, cancer and cardiovascular disease (Guruge et al., 2015). Poorer health outcomes for immigrant women may be attributed to a lack of PA. That is why it is important to research the topic and



Reaching the goal (Kristina Stankova).

introduce unique and culturally appropriate health treatments for immigrant women (Zou et al., 2021).

There is a significant amount of research aimed at refugee youth (children and adolescents) (Farello et al., 2019), but there is a gap in the scientific literature when it comes to adult female refugee and asylum seeker populations, who are often participants in mixed samples with male immigrants or adolescents, and their needs are not targeted specifically.

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Therefore, the objective of this review is to classify types of literature, categorise existing evidence and identify trends, good practices and knowledge gaps in the experiences of female adult forced immigrants with PA and community sports initiatives. It will bring attention to the gender-specific challenges and barriers to participation in such initiatives and the potential results they can have. The review will aim to answer the following questions: are PA interventions effective in promoting wellbeing outcomes, such as quality of life, functioning, social inclusion and positive mental health in this population? What is the best approach to promote PA programmes to female forced immigrants, considering complex such factors as cultural identity and gender?

## Methodology

To answer these questions, a systematic mapping of the following scientific databases was

undertaken in order to identify the existing literature on the topic: Web of Science, Scopus, Science Direct, PsycINFO, and PubMed. Nine studies were included in the analysis as relevant. The criteria for inclusion were: the participants had to be identified as forced immigrants in the article, and they had to be female and above 18 years old. Exception was made for one article in which the participants were above 17 years old, since it was relevant to the study and the difference of one year was not considered significant. A PA intervention had to be assessed. There was no restriction in terms of years of publication or language.

## Characteristics of the Studies

This topic seems to be rather new to the academic world since most of the articles published were released in the past ten years. In the last decade there has been a tendency to give attention to the specific needs of the female population and not to homogenise them in gender-mixed samples of participants. Meanwhile, the geographical location of the studies undertaken still follows the trend to be mainly placed in (re)settlement countries.

## Types of Sport and PA

In most studies, walking was the preferred choice of the women as a type of PA. They most often mentioned it as something they would do in their home countries. Most of them were not in the habit of planning time and organising for exercise as it would rather happen naturally as part of their lifestyle. For example, they would have to walk much more to get to their place of work or perform

their daily activities before their migration. Many of them say that they have changed their behaviour in their host country to a more sedentary one by using a car or public transportation to move around. Five studies analysed working out at a gym as a type of PA and three looked at cycling. In all the cases women preferred to exercise in women-only groups and, in the case of Muslim participants, they insisted that the activities are also not visible to men (for example, the windows of fitness centres had to be darkened so there would be no view from the street). In all the articles, group activities were viewed as the better option compared to individual ones. In many cases that was as a consequence of the great importance given to the community and the tendency for community support and motivation between the participants. Many women identified dancing as an enjoyable option for PA. In the research by Wieland et al. (2012), focus group participants chose a dance format as the most appealing from all the options they were offered. However, in some other cases there were disagreements between different age groups about the type of music that should be played.

## Research Themes

### Barriers to and Facilitators of Participation

#### 1. Cultural and Religious Barriers

Most women interviewed expressed desire to exercise, but, in Westernised communities, this might be challenging for them due to cultural and religious constraints. Religious

books like the Qur'an and the Hadith encourage enjoyment of leisure time, make mention of health, and advise Muslims to take special care of their bodies. However, recreational activities must be "modest", including dressing appropriately (Devlin et al., 2012). According to the interviews conducted in another study, it was crucial for the women to have a place to exercise that was considered "safe" by their culture, not only for their own safety but also for the community as a whole. They needed a place where they could exercise in proper clothing without worrying about men entering the facility or peering in (Guerin et al., 2003).

#### 2. Safety and Discrimination Issues

In the same study conducted by Guerin et al. in New Zealand, the women revealed that they preferred to hold sessions after dark and that they did not want to be observed while walking or kicking a football. On the rare occasions when a car's headlights shone into the field where they were playing, the women would even stop and turn their backs to the road. Because of their worries about offensive remarks, objects being hurled at them, and prejudicial jokes being made by some New Zealanders if they were seen, the women decided against walking on pavements. For most women, walking and playing sports in a deserted school field after midnight would seem to be the worst possible circumstance, but for these ladies there was a sound social reason for their choice. This makes these safety and discrimination issues unique and highlights the need for ongoing consultation on issues and the need to avoid making unwarranted assumptions based on Western culture (Guerin et al., 2003).

### 3. Language

Most of the studies used translators for the activities so language was not a barrier, whereas many of the recourses in resettlement countries are in the native local language and the barrier is identified as such by the immigrants.

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### 4. Transport and Childcare

Transportation and childcare were two factors that had to be considered by all the organisers of PA initiatives since they determined to a very high extent the participation rates of the immigrants. Many immigrant women take on more family responsibilities than women who were born in Westernised countries, which makes them more attached to their homes (Sandstrom et al., 2015). For an intervention to be successful, transportation or location closer to the homes of the participants needs to be arranged, and childcare has to be provided for the women with children.

### 5. Money

The women were given free access to the activities in most of the studies to overcome the financial barrier. Having said that, one study expresses the concern that if women decide not to attend the sessions because they were not paying for them (“so it doesn’t really matter if I go”), a motivational barrier may be created. There might be additional

incentive to go if they paid for the classes (“I paid my fees, I better get there”). Further study is necessary, nevertheless, to confirm this theory (Guerin et al., 2003).

The facilitator that was most often referred to in the different studies was community support. Family support and encouragement also played a big role in the motivation of the women to participate in PA initiatives.

### Health Promotion

Contrary to some expectations of scholars in terms of the health literacy of the immigrants, the results from the interviews and the data gathered in the studies showed that most of them were aware of the risks of sedentary behaviour. Even the ones that did not register current difficulties with their health expressed a desire to be more physically active in order to prevent chronic diseases. Health promotion activities were accepted with interest by the immigrant women. In the study by Delvin *et al.* the results showed that Somali women are aware of the health risks associated with their rising sedentary behaviour since they arrived in the country, and they have a high level of self-efficacy to participate in exercise programmes that particularly address their biggest exercise barrier – moral norms (Devlin et al., 2012).

### Integration and Social Inclusion

The findings of Mohammadi (2019) support the notion that, in order to promote social inclusion, participants’ long-term and consistent participation in the programme Bike Bridge in Germany as volunteers was

required to promote the accumulation and potential transformation of multiform capital, to create opportunities for social inclusion and upward social mobility, and to enable these outcomes. However, the participants had a choice on whether or not to volunteer for the programme, highlighting their agency. The results lead to the conclusion that encouraging social inclusion was not an easy objective or procedure to accomplish because of the interaction of human characteristics, structural conditions, and contextual circumstances. Knowing that no single programme “works” for everyone in every situation, the study endeavours to describe the processes and methods that applied in this group of participants. In most of the studies the programmes were organised only for women from the same cultural background, but there were mentions of increasing opportunities to interact with locals from the host country.

## Conclusion

This review of the selected articles analysing the experiences of immigrant women with PA shows that women from countries outside Europe and the Occidental region are, thus, more sedentary than native women of their host countries. The perception of the effects of body weight or physical exercise on health varied widely, according to a study conducted across Europe (Sandstrom et al., 2015). Migrant women may come from quite different cultural backgrounds in terms of how they view their bodies, the PA, and who should engage in it. Some immigrant women believed that PA was only for young people, and they often felt that the appropriate clothing and/or location for such activity were

not always available. Additionally, a lot of immigrant women who were interested in taking fitness classes desired that solely female-only group activities would be planned. However, the migrant women’s reasons for being sedentary as well as their requirements to enable recreational PA may vary.

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On a European level, the initiatives involving PA aimed at refugees keep growing. The goal of the PA programme, part of the Skaramagas initiative, in Greece, was to use play, organised sports, and PA to improve the physical and emotional health of teenage migrants and refugees. In Germany the ongoing Integration Through Sports project is an example of good practices. The programme attempts to supply a large portion of the necessary resources efforts to integrate people into local sports associations and clubs. The programme managers of Germany’s 16 federal states’ sports confederations provide clubs and associations with guidance, assistance, intercultural training, and suitable finance. This makes it possible for thousands of sports clubs around Germany to offer low-barrier, specialised services to refugees and those with immigrant backgrounds. Another positive example is the Inspire4all project partnering with Champions Ohne Grenzen from Germany, the Fare network from Austria, and Polisportiva San Precario from Italy. In their toolkit document, where all the good practices are

shared, they state that currently a lot of football associations and clubs are working on special programmes or including refugees in their training sessions. Football is viewed as a useful means that helps refugees integrate into their new country's social life. But the majority of sports programmes that are currently offered concentrate mostly on boys and men, frequently ignoring the desire for exercise of women and girls as well as their unique requirements. Because it is generally believed that sport, and football in particular, is primarily for men, girls and women are routinely disregarded. Prejudices based on culture and race, which are particularly strong against women who are thought to come from ethnic minorities, serve to reinforce this. For this reason, it is critical to provide them with safe spaces where they may express who they are without worrying about the consequences. As Inspire4all does.

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In the case of Catalonia and Spain, there is a variety of sport initiatives for Latin American women which pursue their social integration or just provide them with a space where they can practise with their community. One example is the women's football initiative in Ciutat Meridiana, Barcelona, a seven-a-side football league organised by the John Paul II Foundation. Apart from the lack of a language barrier, in a cultural aspect at least when it comes to sport there are no remarkable differences and participant motivation is usually quite high. That is not

the case for Arabic and Eastern-European women who, because of an accumulation of different barriers to participation to sport and PA, tend to be more sedentary and segregated. Research shows that the top-down approach taken to facilitate integration or wellbeing in those groups, without acknowledging their own capacities and preference, can result in unsuccessful policies and social tension. That is why more effort is needed in the field from practitioners, researchers, and governmental stakeholders. It is complicated how attitudes and beliefs about physical exercise interact with one another among groups, cultures and nations. But it is also difficult to deny the positive effect of PA on individual, social and state level. Consequently, further consideration of the topic is highly recommended in order to identify the "common language" between immigrant women and stakeholders. If no preventive action is taken, the effects of sedentary, isolated behaviour can result in serious health problems and, apart from having very negative life experiences, these women eventually become a burden on the healthcare system of the resettlement country.

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