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Perceptions of Physical Activity among ethnic minority women in Sweden.

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Abstract

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Onward in this study, central words will be used extensively and are therefore explained.

PA is abbreviation of Physical Activity.

LTPA is abbreviation of Leisure-Time Physical Activity.

SES is abbreviation of Socio-Economic Status.

SRH is abbreviation of Self-Reported Health.

CVD is abbreviation for Cardiovascular Disease.

CHD is abbreviation for Coronary Heart Disease.

The aim of this thesis was to explore perceptions and thoughts, views and values concerning PA among ethnic minority women, living in a segregated neighbourhood in a town in the middle of Sweden. This study had a qualitative content analysis approach and with language assisted focus group-interviews with participants from the Middle and Far East and from Africa, as the source of information.

The participants were in the Swedish for immigrants language-school, and had various experience in the Swedish language and culture.

The views and perceptions of PA seemed to be altered among the immigrants during the acculturation-process, and they deemed themselves not to have the same possibilities to PA as it was told they had in their background. It was interpreted from the interviews that their perceptions of PA were more of LTPA among the participants. Organization of PA was limiting to the participants own PA.

Keywords:

Ethnic minorities, Perceptions, Physical activity, Acculturation,

Sammanfattning

Undersökningen gick ut på att försöka nå de uppfattningar, attityder, tankar och föreställningar om fysisk aktivitet, som finns hos kvinnor bland etniska minoriteter som levde i en invandrartät del av en mellansvensk stad.

Tre fokusgrupps-diskussioner genomfördes med hjälp av en intervjuguide. Resultaten visade på att deltagarnas uppfattningar av fenomenet fysisk aktivitet, inte bara varierade mellan dem, utan hade förändrats sedan de kom till Sverige. De ansåg sig inte ha samma förutsättningar till fysisk aktivitet som i hemländerna. Fysisk aktivitet tolkades mest som vardagsmotion. Att delta i organiserad fysisk aktivitet var inte så vanligt förekommande.

Nyckelord:

Etniska minoriteter, Uppfattningar, fysisk aktivitet, ackulturation.

Preface

Huge gratefulness I have to all of you involved. You are too-many to be mentioned, but I indeed won't forget you! Many thanks! Axel and Gun! All the love to you who've supported me. Gloria and Ulla and of course Susanne Gustafsson! You'd be my teachers and supervisors any day!

Nadia, Kristina, Anna-Lena at the family centre, Ingrid and the second Kristina at the language school SFI, and of course all the participants! Many thanks for your invaluable efforts!

Much of my life have revolved around training, physical activity and well-being. All the positive benefits I have experienced from my physical activities, is something I have noted clearly isn't for everyone.

Everyone could experience them, but many people do not.

This is something that I would try to affect and to be able to make people to live their lives to a fuller extent. To be able to implement physical activity and their healthy and positive outcome to as many people as possible, has become something special in my life.

This study is one step in that direction.

Enjoy your reading.

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1. Introduction

It is well recognized that physical activity is a phenomenon which can prevent several physical diseases, maintain mental health and reduce mortality (1-3, 9-10). The high occurrence of physical inactivity and its sequels world-wide is now a major public health problem. Several studies have shown that there are a mix of absence of physical activity (PA) overall, as one origin to this syndrome (2-3, 5, 8-10). It is also shown that racial/ethnic and socioeconomic differences exist regarding eating habits, self-related health and in various types of PA in society (2-5, 12-13, 15). It has also shown that this sector of socioeconomic factors has shown to be a vital predictor of different non-communicable diseases and inadequate overall health and it is suggested that the understanding of the causes of health disparities is critical for improving health and to reduce health inequality.

The last decades have shown an increase of immigration to Sweden. From around the 1950s to at least the 1980s mostly labour immigration from the surrounding Europe occurred and since then the immigration has been mostly refugees and immigration of relatives, preferably from the middle-east and Africa. During the year of 2009 approximately 103,000 persons immigrated to Sweden and with the decrease of emigrants, around 84,000 new persons made increases in the Swedish population. The year of 2010 there was an expectation of around 99,000 new immigrants (6).

Linked to this increasing population of migrants, an increasing level of obesity, diabetes, cardiovascular diseases (CVD) and coronary heart disease (CHD) among immigrants in Sweden is alarming (1, 3, 5, 7-8). According to Swedish research concerning this, Finns, Poles, Bosnians, Turks, Asians and Iraqis from both sexes as well as Iranian Women had a much higher incidence of CVD/CHD compared to Swedes (1, 3 and 5). Today, the immigration patterns have changed from preferably Chile and Iran, to other non-Western nations like Iraq and Somalia (6).

There have been few studies made in Sweden, which addresses perceptions of physical activity among migrated persons, even though it is recognized that these patterns are different than those from the host population, and that the result thereof equals disparities in health. This essay intends to not close the gap, but at least by exploring migrated women's views of PA, and creating new angles and perspectives for further studies.

The participating persons in this study came from troublesome and disturbing backgrounds in terms of neglecting or even active, legislative opposing forces of the Women's civic rights. A study states that Public Health research in the region of the Middle East, as a mean to improve the health and give better opportunities to Women, is still countered and resisted from both official and unofficial societal categories. Traditionally the societies in the Arab world are patriarchal and quite hostile to female development and equal co-existence (20).

The Swedish National Institute of Public health states 11 areas which shows the prerequisites for public health among the population, and in the first area of these 11, it is stated that participation and influence in society are vital activities for well-being and that special weight are to increase the capacity for social and cultural participation among socially and economically challenged citizens (32).

Together with these immigrants values and traditions, which already stated is diverged from the host countries, having a lower SES, living in deprived and troubled areas, the conditions of immigrants future life situation as affected hugely.

1.1 Background

The direct economic costs for the physical inactivity, overall in society, yearly mounts up to around 3 billion Swedish kronor with higher indirect costs. Expenses believed to be reduced hence the governmental interest in the issue (9). Reports from the Swedish government have stated that the average time an immigrant stayed in Sweden was 7 years, with the highest amount of immigrants returning to their native countries being persons of labour immigration and members of other Nordic countries (6).

Many studies (1, 3-5, 9-10, 13-16) in various European countries have shown disparities in physical activity among ethnic minorities. Some of these studies have shown that there were higher positive differences in terms of alcohol and vegetable consumption among recent immigrants contrary to natives, but further that immigrated persons were unhealthier in terms of LTPA, and in addition it is argued that the non-Western immigrants did not report their own effort as important in upholding and maintaining good health (12, 15).

This is confirmed in an American study on Arab immigrants, where it was found a higher prevalence of unhealthy conditions related to sedentary living, smoking and physical inactivity among the target-group of the study. Although each of the participants had been residing in the USA for approximately 10-15 years, which means they should have learned the ways of the host country more and adopted more westernized values and behaviours' (14).

A study carried out in the Netherlands supports the idea that migrants lack access to physical activity. In addition the study points out the length of acculturation or length of time in the host country, together with knowledge in the host-country's language, as vital factors for increases in a person's physical activity (15). Hosper stated though that these associations are less strong or even not present among people with children, or if they were living in indigent areas.

An American research study agrees that there is an association between acculturation and Physical Activity among migrated individuals (16). The result of acculturation is stated to be closely connected to a higher rate of Leisure-time Physical Activity among Latino immigrants, who this research focused on than for persons not speaking the native language.

From three Swedish studies (1, 10, 11), differences have been found in the levels of PA among immigrants and natives, and also differences in SRH is also shown to be a predictor of disease and pre-mortality. One of the studies (11) which used data from Swedish national surveys of living conditions from the years of, 1996, 1997 and 1998, showed before and after the inclusion of different variables in the multivariate regression analysis model, a difference of PA among immigrants and natives. Notable is that immigrants who had lived in Sweden for less than 10 years had twice or even more likeliness to report no or very little PA compared to those who had lived in the country for 20 or more years. This relationship of length of acculturation and PA where only seen among women, whereas it is an important factor for health and well-being. The size of the survey (n=14,485), made the validity of the outcome more probable, but as it was a cross-sectional study and therefore, no true relations concerning the target group and results could be stated.

Other studies (1, 4, 15, 19) has pointed out the role of ethnicity and its affection on poor self-reported health. The measurement of SRH is a predictor of further ill-health and mortality,

and that PA and social support are independent predictors of better SRH. SRH is also negatively affected by factors like SES, acculturation and knowledge in language.

Coming from a country with culture and traditions different from the host country, as well as in language, attitudes and perceptions, are likely to give migrated individuals hard times in blending in to the host-country. The feeling of being outside of the society, creates both poor mental as well as physical health, and the likeliness to conduct PA as a mean of improving health become even more scarce (14, 16).

A Swedish study of immigrant women's absence from work and their perceived employment-/health status argues that minority women still conquer the native tongue quicker than fellow males and thus acculturates quicker, which in turn might affect the traditional gender standards. This might cause domestic conflicts, and thereof even more complicate their new situation in the immigrated-to country (11).

1.2 Objective of the Study.

Physical Activity is a phenomenon that affects both mental as well as physical well-being, something which is prone to affect societies in various ways (2, 10). The objective of this study is to investigate migrated women's perceptions, thoughts and behaviour regarding Physical Activity.

2. Design and Method

Under this headline it will be clarified how the work took place and what was done as a preface of the interviews and analysis. The ethical aspects of the study will be shown as well as the study's reliability and validity.

2.1 Design

An exploratory approach was used as the orientation to discover the participants' thoughts, attitudes and views of physical activity, as well as their engagement in the same.

This approach is thought to be a more flexible variant of reaching deeper knowledge in similar topics (23-27), to get involved in the participants own views. Further it is believed that a semi-structured group discussion has advantages in groups of women, not yet fully familiar with the language of host-countries (24, 25).

2.2 Setting and Sample

The city in where the study took place were at the time for the interviews, one of the country's larger cities with approximately 148 412 inhabitants. The area/neighbourhood where the study took place had approximately 9796 inhabitants according to the census of 2009 (7). Of these persons 5038, or 51, 4 percent have their background in a foreign country. (Being born abroad themselves or having one or both parents born abroad.)

All the Public Health instances working in the city (I.e. The public health unit of the hospital in the city, the municipality and the county-office public health instances) were contacted. They all directed me to a district-nurse in the neighbourhood of this city, who had been the active person in an earlier attempt of the introduction of bicycling as PA to immigrants in the same area. After a meeting and discussion with this person about the content of the study, contact with the family day-care centre was later created.

The participants were recruited at a family/day-care centre, where they were involved on a day-to-day basis, lead by a manager Naderin. On a voluntary basis were the women invited to participate in three focus group discussions. A convenience sampling procedure was used, where the women's area of origin constituted important information at the time for selection. The groups were formed in relation to the potential participants' former residency. Thus, three regions worldwide could be represented in these focus groups.

The manager was of great help at this stage. She facilitated the process of getting women together in three focus groups. She informed the women effortlessly about this study. Nearly all of the recruited women at the day-care centre at the time for the selection accepted to participate in the focus group discussions. Some drop-outs were noted, but since all of the participants at the day-care centre's activities attended on a voluntary basis, and therefore had the freedom of choice, this was recognized and accounted for.

2.2.1 Participants

The first group consisted of eight members with origin from the Middle-East (Iraq/Kurdistan, Syria, Tunisia, Turkey and Lebanon), and one person who came from Bangladesh. Her partaking in the group was overlooked as the uniformity in background, was deemed less important by the author, in behalf of the well-being of the participants.

The participants in the first group had been residing in Sweden for rather long time (3.5-16years) and could as a consequence understand the language differently but still quite good. The uniformity of the group was highlighted rather than making a larger group of African members. Their ages varied between 22 to 39.

The second focus group was that for women of Somali origin. At the interview a meagre focus group consisting of two younger valiant women, augmented by a third early middle-age woman. The interviewees' age varied from 17 to 'over 40', why only the older participant had direct experience of the Somali Life prior of 1991 and how the society functioned before the current, on-going war and thus more original believes and attitudes toward PA. The two younger women were very young at this time and have had their upbringing in Sweden, and thus have had a quicker assimilation in the Swedish society than their parents. The older women had been residing in Sweden for 12 years.

The third group was of people from the Middle-east (Iraq, Turkey, Palestine Lebanon, Eritrea and Somalia) and consisted of ten people, whereas one had part taken in the first focus group, but was now present as she mainly helped out as interpreter. There were also two participants from Eritrea and one from Somalia who could not take part in the second (African) group. The age varied in this group from 24 to 40+, and the participants in the third group had been residing in Sweden between 9 months and 4.5 years.

2.3 Focus groups

Originally focus group discussion was used as a method of gaining knowledge in marketing where researchers tried to find costumers expectations, but also from several different behavioural sciences disciplines. Therefore the result that many different formats of this qualitative research emerged, as the various disciplines had different goals with their research (24-26). Homogenous focus groups create safe environments for the involved respondents to

act on the different queries, but also as a method in reducing the imbalance between researcher and researched (23).

The literature says that this kind of qualitative research is to be firmly implemented in the researcher, carefully planned and successfully modified, to clarify the scientific research and give possibilities for other researchers to follow (23-26). Halcomb et al. (24) also mention that the assistance of bilingual colleagues or interpreters is of importance in the implementation of multicultural science as well as for the continuation of the study.

2.4 Data collection

Three focus group discussions were conducted at the day-care centre with the already mentioned settings.

An interview guide (appendix 1), facilitated the focus group discussions. Before the questions were launched, the participants introduced themselves; where they came from, how long they had been in Sweden and other basic demographic questions. The focus group discussions lasted between 30-90 minutes.

A tape recorder was meant to be used to record all the focus group discussions. At the first group with participants from the Middle-East some technical disturbances occurred, which resulted in the audio taping being halted after half an hour. Thus a shortened and less informative first interview occurred. The remaining interview was noted manually of the key content, simultaneously as monitoring the discussion.

At the second focus group with participant of Somali origin, the tape recorder was not granted, as one of the women refused to take part if the discussion had to be recorded. I took notes simultaneously as monitoring the focus group discussion.

After the third focus group was conducted, the tapes were transcribed verbatim to text. At this moment the participants' identities were coded and replaced with codes such as I1, which replaced their original names.

2.5 Data analysis

The transcriptions and notes were examined at several occasions. First I read through the texts, several times. Simultaneously as reading the transcripts, I asked myself questions repeatedly concerning the material; -What is this about? -What do the participants say? How do they say it, what they say? I noted the received thoughts and ideas that came up during the reading. As I was organizing the notes a twofold pattern gradually appeared as visual; facilitators and barriers.

After these themes were identified, and structuralized gradually the emerging text. It was done by writing thematized descriptions about these topics.

2.6 Ethical considerations

The study was presented and accepted at the day-care centre through the contact with Manager Naderia. She informed the women about the secrecy of the study, that the participants would be anonymous and that their integrity would be kept unharmed. The attending of all the participants were coded for anonymity.

The participants were, before the interviews, questioned of the possibility to use a tape recorder as a mean to aid the construction of the study, and they were also informed about the study and its voluntary basis.

The rest of the study acted within the frames of the Swedish research council's guidance (31).

3. Results

One of the participants expressed it as hard to see her own PA activities as important in upholding her health. This was new to her.

3.1 Perceived facilitators of Physical Activity.

Social support is noted in many studies, as being a very positive factor in facilitating PA. The wish to conduct PA in groups was in itself seen as a positive factor enabling PA among migrants.

Among the participants from the Middle and Far East (Iraq, Lebanon, Syria, Tunisia and Bangladesh), meant the positive aspects in conducting PA, but it was nothing they did on a regular basis. The main reason for this was the time-aspect. They found themselves lacking in time, due to childcare and housekeeping duties. The PA reported by the participants, was that of leisure-time physical activity (LTPA), something they performed, as they walked for transportation, carrying groceries, running errands and playing with children.

This and further the housework were though done at a low to middle-intensity, whereas they hardly reached the recommendations for PA (2, 10). From this group you could also notice what already has been revealed in many studies; the negative effects of the acculturation (3-5, 12, 13, -21). The participants felt a high level of stress, ache and perceived anxiety.

To the women coming from Somalia and Eritrea meant that the participation of LTPA was something natural for them, as it was their sole mean of transportation

Their reflections and perceptions of body movement among these migrated persons were that it was something obvious in their lives as a mean of daily living.

í school í .go to school, then go home, pick up the kids, then housecleaningí . And then cookí . and thení .. Buy groceries..

Respondent 4, 2nd group Middle-East

Another person stated that she actually trained a whole lot where she came from, but it was nothing she could uphold in the contemporary situation. Nowadays she meant her child and household took up too much time.

õI too trained a lot, but I have no time. I will have that next (child), when husband stays (home) with them.ö

Respondent 5, 1st group Middle-East

One person mentioned during a side-track of perceived healthy behaviours, when I tried to summarize what had been told, the social aspect of physical activity;

Gymnasticsí . Maybe danceí .good foodí if I have.. Could we do dancing or training, I want to. But not aloneí .I don't want toí I always want to do it.. (together) Train and perhaps dance and perhaps move a lot butí

Respondent 6, 1st group Middle-East

This comment revealed the collective, social nature of the PA. PA do not necessarily have to be boring, it can include dancing if this is what the participants prefer. Training can be done with others. As she stated it here, the collective nature is important, since she wanted to train but not alone.

All the participants of all the groups expressed PA as a useful and healthy phenomenon, even though, all but one, did not specify any experiences of its healthy outcome or that they regularly practiced PA. One of the respondents stated though, the usefulness in conducting PA;

í ohh.. It is good for meí And sometimes for my stress, my problems.

Comments from Respondent 7, 2nd group Middle-East.

The respondent pointed out directly the PA as beneficial relieving feelings of stress. Indirectly PA can therefore be seen as a useful method in strengthening mental health.

The aspect of availability showed up as an important factor that could facilitate their participation of organized PA. To have access to indoor-training was an important factor, and due to religious reasons, also gender divided training was perceived not only as a facilitator but as a necessity.

3.2 Perceived barriers of Physical activity

The main reason for physical inactivity was stated, the lack of time. The participant in this study said they had problems in coping with the daily activities if conducting PA. Other things that were perceived as barriers where the lack of social support, daily stress-level, practices of religion and the weather. This was perceived among all of them.

Experienced stress was mentioned as a common barrier among many of the respondents, and specifically among those who felt they had to prioritize family matters over themselves. For many of the participants there was also the practicing of religion that was perceived as a barrier to PA. The religion prohibit mixed gender-classes during for example swimming or gymnastics something which limited the participants' abilities to present organized PA.

What came out of the focus group discussions was that, in their home-country Somalia, and to some extent also in Sweden, the participation of LTPA was seen as an included part of their everyday practices. PA was not seen as a specific session for training. Since walking was seen as the women's sole ability for transportation, walking became an opportunity to staying fit. Their reflection and perception of body movement illuminates it as obviously involved in their everyday life. When it works like that, the idea of PA is turning organized PA into something unnecessary. Occasions of joy for the elite?

Also as one of the main barriers to physical activity among the respondents, was the lack of suitable access to training-opportunities. What was deemed very sedating for the LTPA was the weather, as the majority of all the respondents PA was done outside. The time-aspect was definitely outlined as an important barrier of PA. With children and household to look after, the necessity of organized PA was not prioritized. In relation to other duties was organized PA deemed less important to their overall lives.

This third focus group discussion reflected to a large extent, what already had been told by the other groups, with aspects of time-limitations and access to gender divided training facilities. Other issues that were interesting among the participants were that some felt the days after another here in the West, looked somewhat similar.

First in the morning, i leave my son at nursery-school, and then I come to the school. After the school I go to nursery-school and pick up my son, then I go home and work some there and watch Television.. It's all days the same..

Respondent 1, 1st group Middle-East about routines.

The routines could as in one aspect be seen as something that could facilitate PA, in the aspect of implementing organized PA as a moment during the day. Therefore it could increase the

possibility to maintain certain behaviour. From other point of views routines certainly emerge as yet another moment among the daily activities, whereas it showed to be stressful and deemed minor. Here one respondent say that the social support is vital for the LTPA. She is referring back to her old origin, where she socialized much more at home and with many people. Here in Sweden those possibilities do not exist at all.

We have in my country, we have great support at home. We always do things, different things perhaps as we clean or when weí . or when we have guests its.. like that.. To moveí muchí but here.. The apartment is very small!

Respondent 6 about social support

In the third group with participants originating from Eritrea the same aspects and perceptions of LTPA were expressed.

Upon the question whether they usually walked the participant stated, they did but only during the summer. The weather was a limiting factor, something which also other research has shown. (14)

4. Discussion

The results of this study might have nuanced other research that has been made on the subjects of acculturation, increased PA and SRH that states the length of time for women in the host-country as one positive factor concerning these issues (3, 10).

Women from the Middle-East reported unanimously that it was the lack of time, that where the main hindering factor for conducting PA, as they had to prioritize their time during the day on family activities. Family matters focused much of their time during the days. Research show that for Arab women in their study, the idea of PA is unknown, and that conducting PA is not recognized for health concern (14).

In the group of Somali women, what came out regarding PA was the fact that the Somali - immigrants perceived a lack of adjustment for PA, among the neighbourhoods training facilities. As in the other groups there were similarly perceived barriers to physical activity,

although it was the first and main reason for the Somali women. Family-matter too took time from their appeared day-time, but it was the lacking of access to suitable opportunities in training that caused the most limitation of this group's access to PA.

Positive aspects of the LTPA were the fact that the participants with African origin seemed to view the everyday body movement as a somewhat ordinary procedure. Not that they had to keep organized at gym-classes or sports for the sake of their well-being. This institutionalization proved unfavourable anyhow, as their religion prohibited mixed gender classes which access was limited. Here is clearly a difference in the participant's background that is the major factor of ill-health.

This ought to open the possibilities with organized PA within the frames of different centre's that works with arriving immigrants. They work with language matters and give knowledge of the new society and culture, whereas they should concretize the involvement in PA as an important phenomenon. Work with the introduction of Bicycling, swimming and other organized PA, as well as the possibility to the Right of public access of the wilderness. To learn of the Nature and its resources and various skills, that once again opens these people's possibilities for the freedom of choice in the new country.

As seen among the results, there were differences in the perception of PA among different groups of migrated people managed in this study. Between the groups (Middle East and African origin) there were different views of what was in the end, perceived useful and important in their lives, as a result of PA. And you could also see differences in LTPA between the groups.

4.1 Strengths and Limitation of the Method.

The main limit in this study was the fact that in neither of the focus group interviews, as was stated in the beginning, an official skilled and trained interpreter assisted the proceedings. The conclusion were that mutual problems in understanding the content of the interviews, and as well as problems in generating acceptable successions of follow-up questions occurred. This issue was perhaps not so difficult in the first two focus groups, as their understanding in the Swedish language were better, than it was in the last group.

The more experienced and skilled participants in the SFI (Swedish for Immigrants), Swedish language-courses, had the role as interpreters for her colleagues and for me. Something that proved valuable for the implementation of the study. It might have taken the sense from some of the words, which might therefore have been misunderstood, whereas both the reliability and the validity of the study suffer.

As a consequence of the limited access to migrants of African origin, who in turn refused to be audio-taped, the results of these focus group discussions are much more coloured and informational for the migrants with origin from the Middle-East. According to (22-25) the need for careful preparation and planning, to gain suitable and effective data are vital. The inexperience in the focus group method is also likely to have affected the results.

5. Conclusions

Studies have shown that it is the losing of the immigrants roots that seem to be the reason to their ill-health in the new society. The host-society should perhaps not be changed for the new coming persons to fit in. A mutual acceptance ought to be the goal, where the immigrants earlier experiences and beliefs should be taken in to acceptance. Together with their new country's values, language and views, a co-existence should be flourishing. It is vital that both parts make an effort in this strive and try to gain acceptance and tolerance. From the immigrants perspective the aspect of knowledge in language and culture, are important components in finding their place in the new country.

From this study it is shown that the background of people is vital in the adoption of behaviours and attitudes. To face these inequalities in an optimistic way and help the individuals to form themselves and to adopt new behaviours and attitudes, should this be done in a very basic way? This was seen among Nadia and her companions. To strengthen the immigrants comprehension of the Swedish culture and how they speak, behave and act towards both natives and surroundings is a critical point, and in this the adoption of more local Public Health behaviour is very functional. Further. Routines during the day seem to facilitate the utilization of PA. The language-schools could be a good place to start the implementation of this activity. A challenge to meet these migrants' views!

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Appendix

Intervju i fokusgrupper. (Tankar om fysisk aktivitet)

Grund/inledning:

Hur ser era dagar ut? Vad gör ni om dagarna?

Nutida situation:

Vad är era tankar om att leva i Sverige? I närområdet? Kan ni planera inför framtiden?

Vad är den största skillnaden med hur ni levde i erat öhemlandö och att leva i Sverige?
Hur var det där ni kommer ifrån med att röra på sig?

Fysisk aktivitet

Hur får man bra hälsa?

Vad tänker ni på om ni hör ordet öfysisk aktivitetö?

Vad tycker ni är skillnad på fysisk aktivitet och träning?

Har ni själva tränat någonting? Vad har ni tränat då? Beskriv!

Vilka aktiviteter skulle ni kunna tänka er att delta i?

Hur ser ni på att träna i grupp tillsammans med andra kvinnor?

Hur ser ni på att träna i grupp tillsammans med både män och kvinnor?

Avslutning

Är det något som ni skulle vilja säga/tillägga som jag inte har frågat om?

TACK!