

# ENGAGING BME WOMEN AND GIRLS IN SPORT TOOLKIT

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## **1. INTRODUCTION AND METHODOLOGY**

This toolkit has been developed to support governing bodies and sports providers to engage with black and minority ethnic (BME) women and girls. It looks at how to plan, develop and engage BME women and run successful projects. The toolkit should be used as a support resource for those working with different groups of BME women and girls. Please note, however, that all communities are different and that no women are exactly the same so this toolkit should be used in consultation with the target audience.

The advice and recommendations contained in this toolkit is based on a review of relevant literature, desk-top research and data and information collected by Sporting Equals as part of its engagement with BME community groups and sports providers.

## **2. BUILDING THE CASE FOR GREATER INVOLVEMENT OF BME WOMEN AND GIRLS IN SPORT**

Often BME women and girls perceive sport as a 'male' orientated activity and are often not interested in, or do not see the benefits of, sport. Even if they are interested there are other priorities that take precedence. Family responsibilities is the most common reason given for lack of participation although a lack of awareness, cultural challenges, financial pressures and negative perceptions of sporting environments can all be barriers to participation.<sup>1</sup> These issues are dealt with in the body of the toolkit.

Active People data suggests that 12.8% of women take part in regular sport, which is defined as thirty minutes of moderately intense exercise three times a week. Asian women are the least active of all women with just 9.5% taking part in regular sport compared to 12.8% of White females.<sup>2</sup> There are low levels of BME female involvement in sports at all levels (schools, recreational and clubs). 8 out of 10 women who participate in physical activity choose to undertake individual exercise.<sup>3</sup>

### **What are the implications?**

First, and foremost, there is an impact on health. BME groups generally have worse health than the overall population, although there are considerable variances between groups. This is due to a number of factors including, but not limited to,

lifestyle (including diet and exercise), levels of poverty among BME communities, housing conditions, discrimination and access to health services, educational attainment and psycho-social stress<sup>4</sup>.

A lack of exercise together with a poor diet can contribute to the onset of a wide array of illnesses and diseases, which in turn have a knock on effect on the quality of life, not only for the individual but also for their families. For example, the quality of health of a mother can be passed on from one generation to the next through maternal influences on baby and child development.<sup>4</sup>

The Health Survey for England is a series of annual surveys designed to measure health and health-related behaviours among the general population (adults and children) living in private households in England. Each year, there is also a particular focus on a population group, disease or condition. The 2004 Health Survey for England is the most recent to provide BME specific health data. This survey compares the health among BME communities with that of the general population. In the sample of findings below BME health is shown to be considerably worse against key indicators.

- After adjusting for age, Bangladeshi and Pakistani men and women and Black Caribbean women were more likely to report bad or very bad health than the general population.
- Pakistani women and Bangladeshi men were more likely than those in the general population to report a limiting longstanding illness. The levels of both longstanding illness and limiting longstanding illness were significantly higher for Pakistani women in 2004 than they were in 1999.
- Measures used in the research indicate that Pakistani men and women and Bangladeshi men are more likely to experience poor psychological well-being.
- The prevalence of cardiovascular disease almost doubled between 1999 and 2004 among Pakistani men, and among Indian women (from 2.3% in 1999 to 4.2% in 2004).
- Among women, doctor-diagnosed diabetes was more than five times as likely among Pakistani women, at least three times as likely in Bangladeshi and Black Caribbean women, and two-and-a-half times as likely in Indian women compared with women in the general population.

- Mean BMI in Chinese women was markedly lower than in the general population. In Indian and Irish women it was similar to, and in Black Caribbean and Black African women was higher than in women in the general population. *(Body Mass Index (BMI), a generalised measure of obesity, is weight (kg) divided by the square of height (m<sup>2</sup>). A BMI of over 25 is considered overweight and a BMI of over 30, obese.)*
- Risk ratios of the prevalence of obesity are higher for Black African, Black Caribbean and Pakistani women and lower for Chinese women than women in the general population.<sup>5</sup>

There are many reasons to engage in more physical exercise, and raising awareness of the health and wider benefits among BME communities is important for increasing participation levels among women and girls.

**The benefits of sport participation and physical exercise which need to be promoted to BME women and girls, to name a few, are:**

- Improvement in health and overall quality of life
- Increased fitness and energy levels with knock on benefits for academic study and work
- Opportunity to make friends and build social networks
- Improved confidence, self esteem and enhanced psychological well-being
- Opportunity to have fun away from routine commitments
- Helps to integrate into society and reduce social isolation
- Improved understanding and relationships between communities
- Development of sporting ability and other skills such as leadership, teamwork and organisational skills

### 3. PLANNING ACTIVITIES FOR BME WOMEN AND GIRLS

For some BME women and girls, alongside the mainstream barriers, the added sensitivities around cultural and religious issues often pose significant barriers in their decision to take part in sports related activity. The following need to be taken into consideration when planning activities<sup>1</sup>:

Key Planning Considerations:-		Issues & Barriers
<b>Key transitions</b> Identify your key target audience	Leaving school for college Attending university Leaving school for employment Working Stay at home mums Retired	Early negative experiences Mixing with the opposite sex Being in social groups that participate in sport Childcare considerations Work commitments
<b>Environment</b> Make environments inclusive and welcoming	Neighbourhood variables Positive/negative environments Access to sport facilities Transport links	Open-plan provision is a barrier to some BME women Lack of women/girls only opportunities to get involved in sport Lack of family focused activities Lack of child friendly spaces and activities Poor English language skills among some BME women Inadequate transport links to community based venues Racism and Discrimination
<b>Social and psychological factors</b> Promote the social benefits of sport and exercise	Attitudes Perceived benefits Drawback on participation Promote the health benefits of exercise	Lack of supportive role models from the BME community to promote sport Lack of family and parental encouragement to take part in sport Negative Self Image among some girls/women Exercising in front of males is often not considered culturally appropriate Financial pressures for women on low incomes Health Generational attitudes towards sport participation Lack of time /and or lack of confidence Gender roles and expectations (more emphasis given to male participation)
<b>Aspirational factors</b> Promote the health benefits of sport and exercise	More prominent role models within sporting establishments from BME communities	Conflicting priorities at home for some BME women Perception that they lack the ability to take part

#### 4. TIPS FOR DEVELOPING SPORTS PROJECTS FOR BME WOMEN AND GIRLS

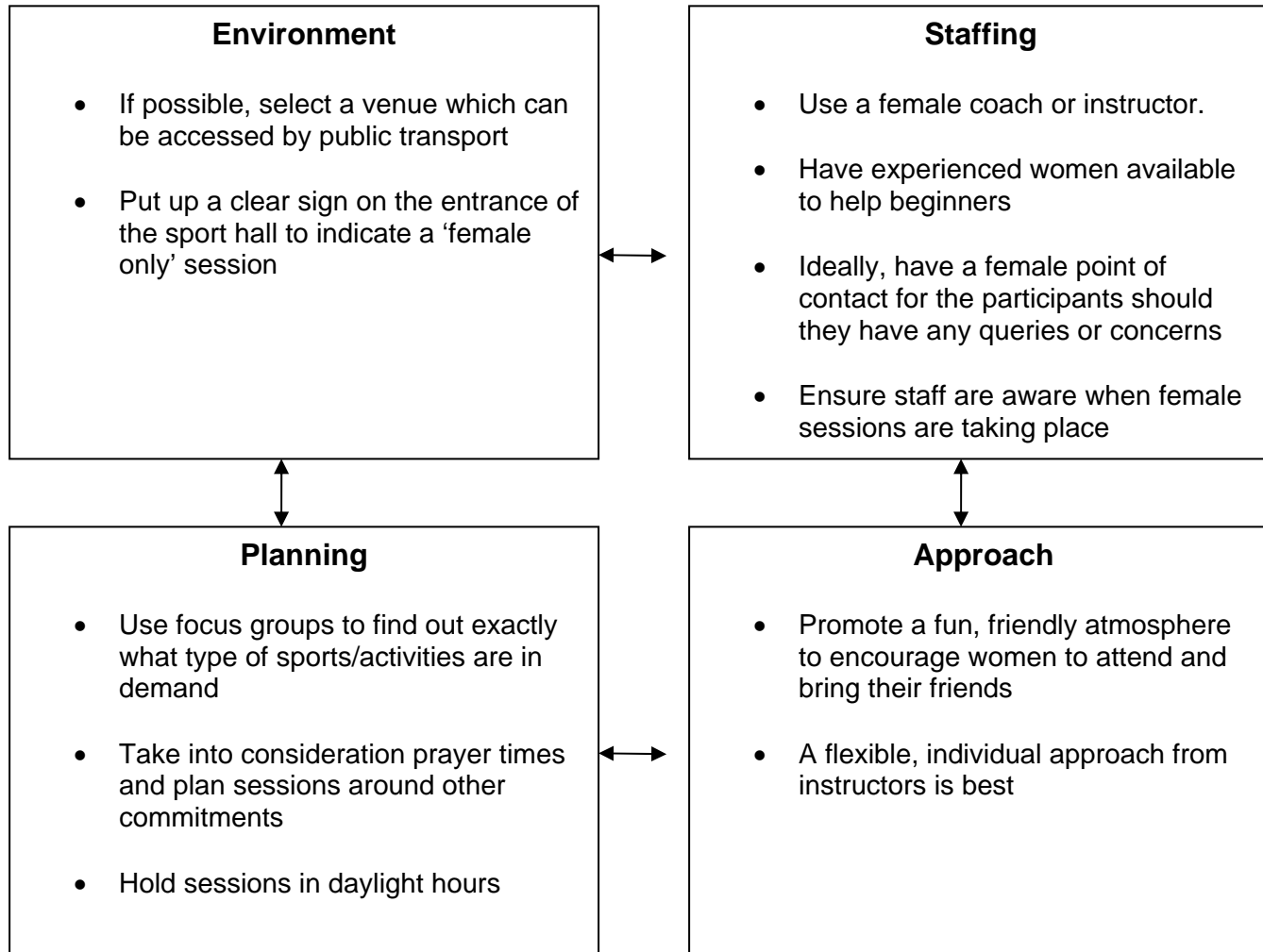
Issues	Considerations	Solutions
<b>Cultural &amp; religious Barriers</b>	<p>Cultural and religious issues may mean that some girls do not deem it appropriate to take part in mixed or contact sports.</p> <p>Parents are often worried about girls joining a club and in particular have concerns when there is mixed participation.</p>	<ul style="list-style-type: none"> <li>• Offer 'girls only' sessions in appropriate environments e.g. venues that cannot be viewed by males</li> <li>• Provide female coaches</li> <li>• Be flexible about clothing requirements</li> <li>• Ensure privacy in changing and showering areas</li> <li>• Consult with individuals regarding barriers</li> <li>• Provide venues where girls cannot be observed</li> <li>• Provide opportunities for groups of girls/women to take part in other activities to help break down barriers</li> </ul>
<b>Clothing</b>	<p>Often girls are restricted by religious factors and culture-based modesty issues. Due consideration should be given to any concerns around clothing.</p>	<ul style="list-style-type: none"> <li>• Ensure flexibility is given around sports attire, particularly in sports such as swimming</li> <li>• Make it clear from the outset that girls should wear what they are comfortable in as long as there are no safety issues and they can move freely</li> <li>• It is perfectly possible for girls/women to wear a Hijaab (head scarf) whilst playing sports as long as this is tucked into their shirts/tops</li> </ul>
<b>Body image</b>	<p>Girls often feel shy in taking part in sports particularly if they can be overseen by boys.</p>	<ul style="list-style-type: none"> <li>• Ensure boys are excluded from 'girls only' sessions</li> <li>• When promoting activity ensure it is inclusive and welcomes anyone regardless of level of fitness or experience</li> <li>• Promote the element of fun and spending time with friends</li> <li>• Consult with women/girls regarding outdoor activity</li> </ul>
<b>Facilities</b>	<p>Facilities are often seen as 'white only' spaces. More work needs to be done to enable them to become more inclusive and welcoming.</p>	<ul style="list-style-type: none"> <li>• Ensure facility development takes into consideration the needs of local BME women</li> <li>• Ensure facilities are welcoming and inclusive environments for girls and women</li> </ul>

		<ul style="list-style-type: none"> <li>• Ensure cameras are turned off when female sessions are in practice</li> <li>• Ensure equal opportunity policies and procedures are in place and staff are aware of their duties and responsibilities</li> </ul>
<b>Timing and safety</b>	Think about the timing and safety concerns of parents.	<ul style="list-style-type: none"> <li>• Consult with individuals to ensure sessions balance other commitments and ensure safety concerns are addressed, particularly during evening activities</li> <li>• When planning sessions/events ensure that any religious study sessions, prayer times, fasting periods and religious festivals are taken into account</li> </ul>
<b>Parental choice/influence</b>	Parents are often more inclined to push girls towards more academic routes and do not value sport as a good career choice.	<ul style="list-style-type: none"> <li>• Emphasise the benefits of playing sport and the links to good health</li> <li>• Promote the value of sport through educational routes and get teacher buy-in to help break down barriers</li> <li>• Facilitate staff and teachers to talk to parents/families and answer any questions and address concerns</li> <li>• Invite parents to sports events and tournaments</li> <li>• Get role models from within the community to help reassure parents/family</li> </ul>
<b>Women only coaches</b>	Sport is often not seen as an appropriate career and this may cause problems in trying to access women only coaches.	<ul style="list-style-type: none"> <li>• Create role models and offer targeted opportunities for women to become coaches</li> <li>• Provide positive diverse imagery to engage BME women</li> <li>• Identify women and girls from BME backgrounds that may be interested in being role models and provide training and support to enable them in this role</li> <li>• Establish whether there is a need for/or interest in developing a women coaches network</li> </ul>
<b>Safe spaces</b>	Ensure environments are 'safe spaces' for women and girls.	<ul style="list-style-type: none"> <li>• Identify suitable community or school venues – you may need to introduce a new venue through an open day or taster session</li> <li>• Ensure areas cannot be overlooked and windows cannot be peered into</li> </ul>

		<ul style="list-style-type: none"> <li>• Consider the importance of timing, segregation practicalities and activity locations when providing women only session.</li> <li>• Ensure girls and women can get to and from the venue safely</li> </ul>
<b>Competition</b>	There is often a perception that everyone is 'out to win' – this pressure may deter some BME girls from participating.	<ul style="list-style-type: none"> <li>• Focus on the element of having fun and getting fit rather than solely the competitive side of the sport</li> <li>• Ensure coaching sessions are positive and encouraging; develop a positive team spirit that encourages girls to focus on what they do well rather than on mistakes</li> <li>• Support anyone who shows particular aptitude and interest in the sport and work with parents to identify suitable pathways and opportunities</li> </ul>
<b>Promotion and Marketing</b>	Promote the concept of sport as fun and the element of social interaction and making new friends.	<ul style="list-style-type: none"> <li>• Use local knowledge and community contacts to promote and market effectively</li> <li>• Develop a focus group with BME young women to contribute to the marketing of a sport or activity to help make it more appealing</li> <li>• Promote 'BME faces' and use inclusive imagery</li> </ul>

References: 13, 14, 16, 17, 18, 19, 20, 21, 22

## 5. RUNNING A SUCCESSFUL SESSION FOR WOMEN AND GIRLS



## 6. WORKING WITH WOMEN AND GIRLS FROM DIFFERENT COMMUNITIES

In this section we have set out the specific types of challenges that are faced by girls and women from different community groups and how these might be tackled by national governing bodies and sports providers when developing sports programmes. Although some issues are applicable to BME women from all communities, others will be more relevant to certain communities and groups of women and this has been indicated as appropriate. We have primarily focused on South Asian, Black and Muslim girls and women.

### Cultural norms and traditions

Female movement, particularly in South Asian and Muslim communities, is often restricted by cultural norms and traditions. Sports venues are also perceived as being governed by very different social and cultural norms such as the sharing of facilities and social interaction between men and women. Fears can also exist that females from Asian communities will not be well received due to stereotyping, as well as fears about their safety and potential for sexual harassment in mixed gender environments.<sup>8</sup>

Alongside this some South Asian women, particularly older women, and many Muslim women of all ages feel unable to use sports facilities because of the perceived dress requirements.<sup>6, 21, 22</sup> There is also concern about the general lack of privacy, and the possibility of mixed gender classes which is unacceptable to them for cultural and religious reasons.<sup>7, 13</sup>

Requirement	Applicable to	Actions and messaging
Community engagement	All female BME groups	Develop links with local communities to allay fears and doubts and explain policies around sexual harassment etc. Demonstrate a willingness to listen even though not every suggestion can be implemented.
Parental/community 'buy-in'	South Asian girls/women Muslim women of all ages	Sports participation can challenge cultural norms and promote gender equity. Work towards obtaining parental, family and community 'buy-in'. Educate parents and community leaders on the benefits of girls' and women's involvement in sports such as the impact on health and well-being, and the opportunity it can provide for leadership and achievement. Sensitivity, however, is paramount while engaging with different communities.

Open days	All female BME groups	Arrange open days for communities and families to have a tour of the facilities and learn about the ethos of the organisation.
Family participation	South Asian girls/women Muslim women of all ages	Promote a 'family health' ethos that encourages whole families to get involved from the young to the old as well as male and female. Parents and Brothers can be key figures in girls' involvement.
Single-sex class	South Asian girls/women Muslim girls/women Older women	Provide single gender specific classes. Ensure they are supervised by staff of the appropriate gender.
Flexibility in dress and music	South Asian girls/women Muslim girls/women Older women	Allow greater flexibility in sports attire so participants can wear other clothes, provided they are safe e.g. trousers and tunic tops for swimming  Be aware of the music and visual aids used, as some women from BME groups, particularly older women, might feel uncomfortable with songs and music videos with sexual connotations.
Changing rooms	South Asian girls/women Muslim Older women	Be sensitive to the need for privacy. Muslim women in particular might require total segregation, however, if this is not possible, ensure that as many measures are put in as is possible e.g. ensure that access to and from changing rooms are inaccessible to males, windows are covered and signs are put on doors when women only activity is taking place.

## Racism and discrimination

Attending a public sports facility can be a daunting prospect, and particularly so if it is located outside familiar territory and is not well attended by other people from an individual's own background.<sup>6</sup> Potential participants might be concerned about whether they will fit in and be accepted and, at worst, experience racism and be discriminated against. Previous negative experience of sport, including participation at school, can have an impact on future participation<sup>7</sup>.

Requirement	Applicable to	Actions and messaging
Policy and Practice	All female BME groups	Ensure that equal opportunities policies exist and are well publicised emphasising that racism and discrimination in any form will not be tolerated.
Training	All female BME groups	Train staff to recognise and to appropriately deal with incidences among staff or other facility users.

Awareness	All female BME groups	Raise awareness among staff about other cultures addressing 'stereotypes and perceptions' so they are better prepared and equipped to engage with different communities, particularly those from the immediate and near vicinity. Work towards an accepting and tolerant culture.
Community engagement	All female BME groups	Develop links with local communities promoting the message that all communities are welcome at the sports facility.

### Cost of participation

Participation in sport can be viewed as a costly activity. BME communities experience higher levels of poverty and are therefore more likely to view sport as a luxury rather than an essential part of their lives. Research by Sport England found that people from 'Black Other' and 'Black Caribbean' are most likely to give lack of money as a reason for non participation<sup>1</sup>.

<b>Requirement</b>	<b>Applicable to</b>	<b>Actions and messaging</b>
Finance packages	All female BME groups	Adopt variable financial plans/concessions that enable women with very different budgets to participate. This might include 'pay as you go' type packages, discounts for block bookings, concessions for groups and families, childcare subsidies etc
Publicity	All female BME groups	Make clear information available about costs so that potential participants can make a realistic assessment. Be up front about all costs including equipment and room hire, hourly charges and any other ancillary costs.

## Fears about 'not fitting in'

Perceptions about the ideal female body shape and/or embarrassment about their own shape can prevent some BME women from taking part. Facilities can also be perceived to be for 'already fit' people and those accustomed to sport and sporting environments.

<b>Requirement</b>	<b>Applicable to</b>	<b>Actions and messaging</b>
Facility culture	All female BME groups	Develop a culture within the sports facility that is accepting and supportive so that 'non typical' users will be happy to attend and feel less intimidated. The initial welcome is particularly important so that speculative visitors feel more inclined to return.
Peer-age grouping	All female BME groups	Schedule girls and women activities with their peers. Too broad an age range can make it challenging to meet very diverse needs.
Communication	All female BME groups Older women	Ensure that communication is made available in a variety of forms and languages. Use local media channels including local community newspapers and radio stations.
Attitudes toward health and fitness	All female BME groups	Promote the message that health and fitness is for all women and that the sports facility is able to cater for the beginner as well as the more seasoned user.
Individual plans	All female BME groups	Promote the message that individual plans that recognise level of fitness and previous experience are/can be developed for participants.

## Conflicting priorities

Sports participation is not seen as a priority among many BME communities, and even less so among females whose primary responsibilities are seen to be in the home. In surveys about sports participation, BME women are shown to be more likely than men to give 'home and family responsibilities' as a reason for not taking part.<sup>1</sup> Lack of time is also a common deterrence due to high levels of self employment, particularly among Asian communities. Among children and young people, academic achievements are more often encouraged than success on the sports field.<sup>7</sup>

## **Other issues**

Some factors are distinctive to certain communities or highly relevant when working with a particular group. For example:

### **Somali women – high levels of isolation**

The British Somali Organisation states that Somali most Somali girls are more isolated than their peers. They lack facilities designed particularly for them. Due to the cultural barriers Somali girls, as young Muslim women, are disadvantaged and have fewer leisure and social interaction opportunities.<sup>10</sup>

- Engage with the Somali community to ascertain about the specific needs of girls and young women and how activity can be developed to support them.

### **Black women – hair care**

Research suggests that Black women (although not exclusively), due to hair type, spend more time on hair care than other women and often feel a need to control 'moisture and motion'. This results, in some cases, in a reluctance to engage in sport, or a need to build in a longer span of time to take care of hair needs both before and after exercise.<sup>11</sup>

- Consult with black women and raise awareness within the organisation. Make suitable products available if necessary.

### **Japanese women – 'exercising in moderation'**

Japanese women take part in exercise to adhere to notions of beauty and slimness. They, however, prefer to exercise moderately as being 'hot and sweaty' and building muscle would be considered unattractive in their culture.<sup>12</sup>

- Consult with Japanese women and raise awareness within the organisation. Make available appropriate types and level of physical exercise.

## **Muslim women – dress and hijab**

Muslim women often find it difficult to take part in activity if they are unable to wear attire which they feel comfortable with, so flexibility needs to be given around dress. Women who wear the hijab (head scarf) will only take this off if they are completely sure that sessions are segregated and women only environments, however there should be no problems wearing this when playing sport provided this is tucked in.

- Consult with muslim women when putting on activity and ensure staff are aware of the cultural sensitivities around dress and modesty.

## 7. COMMUNICATION STRATEGIES

Issue	Action
<b>Eye contact</b>	Some cultures do not encourage direct eye contact with the opposite sex. This is applicable in most South Asian communities, and particularly with people whose country of origin is not the UK and therefore may be used to different cultural norms. It is advisable not to stare and to lower the gaze, particularly when talking to women if there are signs that they are feeling uncomfortable.
<b>Shaking hands</b>	Some cultures do not deem it appropriate to shake hands with the opposite sex. This in particular applies to the Muslim community.  Where hands are not shaken a nod of the head is appropriate or a smile.
<b>Language</b>	Keep language simple and avoid using abbreviated words and jargon. Some women who have not been brought up in the UK may not understand certain words and may get confused particularly if slang or colloquial words are used.
<b>Tone</b>	Try not to sound forceful or demanding.
<b>Body language</b>	Ensure distance is kept particularly when speaking to women. Do not directly touch, even a pat on the back may be considered inappropriate in some cultures. Do not use symbols to explain things as they might mean something different in other cultures. Some faiths and cultures have formal conventions about the way men and women relate to one another in public e.g. Europeans sometimes kiss as a form of welcome, which is unacceptable in many Eastern cultures.
<b>Dress</b>	It may be difficult for someone to communicate if someone is dressed in a manner that is considered inappropriate. For example, some people (both male and female) may find it inappropriate to talk to a female dressed in a bikini due to their values around modesty.

## 8. CASE STUDIES

**Name of Project:** Re-Shape **Location:** Audley, Blackburn  
**Target Audience:** South Asian Females Aged 18+ years

This was an eleven week pilot project providing 'ladies only' activity sessions twice a week. The project aimed to provide exercise classes and access to the fitness gym with links to healthy eating/ weight management and crèche provision.

The evaluation has shown that the sessions have been a great success with average session attendance of 35 Asian ladies (aged 16-69 years) and total participation of 225 members. The ladies attending the session were previously inactive with many having limited English speaking skills. The project included plans to provide English language skills education using partner agencies.

This project demonstrates the impact of targeted initiatives to help widen participation for those who may have otherwise been excluded from sports provision due to barriers such as language, religious and cultural needs. Through the links with healthy eating and weight management the project has been able to get women interested in fitness and sport. The added advantage of providing English language skills education also promotes integration and has a positive effect within communities.

**Name of Project:** ASA Project - Swimming **Location:** Gateshead  
**Target Audience:** Orthodox Jewish Community

The aim of the project was to train a group of Orthodox Jewish women to deliver swimming training to women within their own community.

This initiative came from within the Orthodox Jewish community in Gateshead, who had identified a problem within their community and developed their own solution to overcome it. The success of the project was due to the fact that all parties were fully committed, and were prepared to move away from the norms and overcome religious barriers. The women were highly committed and worked very hard to overcome their own personal barriers – mainly family issues and educational problems.



**This Toolkit provides general advice and guidance which may not apply to all BME women and girls, it is recommended that it should be used in consultation with your target audience.**

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