



- Title** **Promoting Physical Activity in South Asian Muslim Women Through 'Exercise on Prescription'**
- Agency** **NCCHTA, National Coordinating Centre for Health Technology Assessment**
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- Reference** Health Technol Assess 2002;6(08). April 2002. www.ncchta.org/execsumm/summ608.htm

Aim

To review the literature relating to EoP schemes and South Asian Muslim women to provide the theoretical framework for investigation, to carry out a national survey of health authority districts with large South Asian populations to find out what schemes exist and what provision is made for these women, to undertake case studies of schemes in which provision is made for South Asian Muslim women and to note good practice and issues arising, to undertake and evaluate a pilot intervention program with special provision for South Asian Muslim women, and to make recommendations for good practice in EoP schemes.

Conclusions and results

- Some EoP schemes make special provisions for South Asian Muslim women, but many make no such provisions. Perceived barriers to exercise for these women include access to facilities, cost, childcare facilities, cultural codes of conduct, and language. Some general issues in existing EoP schemes are a cause for concern, including communication and cooperation between parties and between agencies and the community, monitoring, and evaluation.
- The pilot program was seen as being successful both by the providers and the South Asian Muslim women who participated in it.
- While the research indicated that many EoP schemes have clear protocols and procedures and excellent facilities and programs, many others have shortcomings that need to be addressed, eg, communication between all participating parties and clarification of procedures.
- Consideration should be given to needs of South Asian Muslim women, in the form of the use of local community facilities and employment of bilingual, sympathetic staff. Costs to the women should be kept as low as possible and consideration should be given to providing childcare facilities. To be effective, EoP programs should be long rather than short term.

Recommendations

To measure and evaluate the effectiveness of EoP schemes, various methods and measures should be used including health outcomes (physiological, behavioral) and process (procedures, cooperation between parties). An investigation into the cost implications of EoP schemes set against cost benefits would be useful, including ways of funding such schemes. There is also a need to investigate the best ways in which exercise programs could be promoted in different communities, including exercise as part of a holistic program.

Methods

A review was undertaken of selected literature related to activity and health, EoP schemes, South Asian communities, and activity levels of South Asian Muslim women. A questionnaire was sent to health authorities with South Asian populations of at least 0.5% to identify EoP schemes, agencies involved, and key contacts. Questionnaires were then sent to general practitioners and leisure centers in areas where such schemes existed. Quantitative analysis of the replies was undertaken. In 5 selected areas, interviews were conducted with each of the parties to the EoP schemes.



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An EoP pilot intervention program was introduced in one area, and interviews were held with EoP providers and South Asian Muslim women.

Further research/reviews required

Further trials are needed with large samples, clear criteria for groups and intervention programs and with outcome measures at specific intervals up to 1 year. A further study should also be undertaken to try and establish schemes for South Asian Muslim women along the lines of the pilot program described, in which the value of specific interventions for these women are assessed.