

**Being Muslim and Doing Islam: Narratives that Shape
the Physical Activity of Muslim Women in New Zealand**

Nargis Ali

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Glossary of Common Islamic Terms

Aql	Reason
Awra	Commonly translated in English as nakedness, but in Islam, meaning those parts of the body which must be covered by clothing
Eid	Muslim festivals marking either end of Ramadan or end of pilgrimage to Mecca
Fatawa	Legal and ethical declarations
Hadith/hadees & Sunnah	Examples from the life and narrations of prophet Mohammed
Halal	Religiously sanctioned (food, behaviour, relationships etc.)
Haram	Religiously prohibited (food, behaviour, relationships etc.)
Hijab	Muslim women's head or body covering which symbolises modesty, honour and religious affiliation
Ijtihad	Methodology of reasoning
Mujtahids & Ulema	Body of religious scholars
Tafsir	Religious commentary or exegesis
Taqwa	'Those who have Taqwa' have piety, righteousness, fear and love of Allah, and who take great care to avoid His displeasure

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

A handwritten signature in blue ink, appearing to read 'Nargis Ali', with a horizontal line underneath the name.

Signature

(Nargis Ali)

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In the name of Allah, the entirely merciful, the especially merciful

Abstract

Muslim women in New Zealand form an ethnic and religious minority. Research related to the physical activity levels of these women and their health status is sparse, particularly in the New Zealand context. International literature shows Muslim women are at risk of various diseases related to inactivity. Islam is perceived by many Muslims as a way of life that influences almost all aspects of their lives. Particular understandings of Islam and women's roles within Islam influence the norms and expectations about health beliefs and physical activity. This study explores the role religion plays in shaping the physical activity of Muslim women in New Zealand.

Using a postpositive narrative approach, this study explores some New Zealand Muslim women's narratives regarding engagement in physical activity and how their identification as Muslim women influences their engagement. In this study fifteen Muslim women told their stories about the meaning they attributed to Islam and to physical activity. The women belonged to diverse backgrounds, marital status (married, divorced or unmarried), employment, educational qualifications, ethnicities and cultures. The age of the women ranged between twenty and sixty-two years. The meanings the women brought to the consideration of religion and physical activity reflected the complexity of this issue and highlighted the interwoven nature of religious identity, health beliefs and physical activity. These women's narratives showed that there were two distinct ways in which Islam was conceptualised by the women, which I identified as "being Muslim" and "doing Islam"; both groups of women showed different ways of relating to Islam and to physical activity. The meanings the Muslim women in the study gave to physical activity also depended on the level of their assimilation into New Zealand society, and the way in which they situated themselves and their culture in relation to mainstream culture.

The "being Muslim" women's narratives showed that physical activity was acceptable as long as it conformed to their beliefs about Islamic practices. However, "true" Islamic practices and beliefs were often conflated with cultural ones, forming a complex and sometimes contradictory belief system. The women "doing Islam" displayed a more flexible approach to Islamic practices than the "being Muslim" women and identified with a secular interpretation of the religion. These women found it easier to assimilate

into the sporty culture of New Zealand and had developed social networks through their sporting activities.

The findings of this study have contributed towards the development of a culturally appropriate model to enable the uptake of physical activity among Muslim women in New Zealand. The intended audiences of the research findings are Muslim women in New Zealand, policy-makers and healthcare practitioners who work with Muslim women.

The thesis concludes with recognising that not all voices of Muslim women in New Zealand were included in the study, and that the model proposed to increase physical activity needs robust discussion with key stakeholders before its applicability to the Muslim community and to health practitioners can be put into practice.

Chapter One : INTRODUCTION

The World Health Organisation (WHO) has identified obesity as a global epidemic (WHO, 2002) which currently poses the highest health risk of all chronic diseases. Chronic, or non-communicable diseases, are responsible for sixty percent of deaths globally. Chronic diseases are related to lifestyle and dietary factors (WHO, 2002). In New Zealand, poor nutrition, lack of physical activity and obesity are the cause of chronic diseases such as diabetes, cardiovascular disease and cancer (Ministry of Health, 2004). These diseases are a major cause of preventable death in New Zealand (Ministry of Health, 2003).

An active lifestyle combined with healthy dietary habits is recommended as providing the most effective means of preventing obesity and maintaining a healthy body weight (WHO, 1998; WHO, 1986). Despite the government's strategy to encourage an active and healthy lifestyle, there are "wide ethnic disparities in rates of obesity" in New Zealand. Maori and Pacific Island populations display higher obesity rates than the general population (Ministry of Health, 2008, p. 2).

Other ethnic minorities, such as the Muslim population in New Zealand, may also exhibit a lack of physical activity and have correspondingly high obesity rates, but these have not been documented.

In New Zealand there are 36,072 Muslim people (Statistics New Zealand, 2006 census) but no publically available data exist on the number of Muslim women and men. Almost half (48 per cent) of these New Zealand Muslim people had arrived in the country less than five years ago at the time of the last census in 2006 (Statistics New Zealand, 2006). Although Muslim people in New Zealand are referred to as a homogenous group, they are in fact a collection of linguistically, culturally and socially diverse people (Pratt, 2012; Shah & Culbertson, 2011). A unifying commonality that bonds different cultures represented in the Muslim community in New Zealand is Islam (Dobson, 2009).

Islam is a universal religion, with six to eight million Muslims in the USA, about 30 million in Western Europe, and about 50 to 60 million in Eastern Europe. Muslims are found predominantly in the Middle East and form minority populations in the far East and in the Indian sub-continent (Hussain, 1989, p. 1).

Religion is regarded as a significant factor in determining almost all facets of a Muslim person's life (Pratt, 2010; Ibrahim, 2008). Therefore, the perception of physical activity and health is also underpinned by religion, and by culturally mediated health beliefs. The role of religion in the level of physical activity undertaken by Muslim women has not been explored.

As Islam spans various countries, societies and cultures, an understanding of what Islam means also varies. Islam could mean the culture or traditions from a particular country or from a specific group of people who are Muslim, or Islam could refer to the practice of religious rituals or to spirituality. Culture may be understood as a group's "specialised life-style consisting of their values, beliefs, artefacts, ways of behaving and ways of communicating" (DeVito, 1992, p. 254). Muslim women's culture is based on the religion of Islam and "permeates their thinking patterns, their interaction with themselves and others, and all activities of their daily lives." (Carter & Rashidi, 2004, p. 152).

For some people, Islam may mean a political viewpoint, or it could represent 'Islamic law' or 'sharia' (Kotb, 2004, pp 1-2). This body of rules, norms and laws is itself made up of several schools of thought and differing opinions of Muslim scholars (Kotb, 2004, pp 1-2). For others, Islam represents not just a religion but a way of life, a way of 'being' that governs:

virtually all facets of one's personal, family and civic life. These include such matters as diet, clothing, personal hygiene, interpersonal relations, business ethics, responsibilities towards parents, spouse and children, marriage, divorce and inheritance, civil and criminal law, fighting in defence of Islam, relations with non-Muslims, and so much more. (Phillips, 1989, p. 4).

Most of the Muslim population in New Zealand is composed of immigrants. Where Muslims form a minority in a Western country, Muslim women have long been the subject of various debates that focus on their social status, their place in society, the 'hidden' and mysterious lives they lead behind veils and their supposedly inferior position compared to Muslim men (Knop, Theeboom, Wittcock, & de Martelaar, 1996). "Many popular myths, stereotypes and prejudices tend to abound regarding Muslim women and Islam that can significantly impinge upon the immigrant and minority experience of 'home' and the sense of being accepted." (Dobson, 2009, p. 26). Being in

a minority group and being Muslim may have implications for the health and wellbeing of Muslim women.

Muslim women's level of physical activity has not been as widely discussed or researched. International literature shows that Muslim women are at risk of developing chronic diseases due to an inactive lifestyle (Kahan, 2003, 2009; Knop et al., 1996; Ludwig, Cox, & Ellahi, B. 2011). The only research conducted in New Zealand about Muslim women's health documented a high rate of obesity and inactivity among Somali Muslim women (Guerin, Elmi, & Corrigan, 2007), but did not explore the reasons for inactivity.

Islam and Muslims

The religion of Islam must be understood in the context of the daily life of Muslims. The tenets of Islam influence almost all facets of Muslim life, from dress, social etiquette, food and financial transactions to treatment of parents and the extended family, marital relations as well as participation in recreation (Kahan, 2003, p. 48).

Therefore, it is important to clarify what is meant by 'Islam' and 'Muslim'. Islam is the religion propagated by the prophet Mohammed, the basis of which is the Quran, the divine revelation from Allah (God). The root word from which the Arabic word 'Islam' is derived is made up of three syllables, sa-la-ma, denoting 'submission', so Islam means submitting one's will to the rules ordained by Allah. The two main sources of Islamic knowledge are the Quran, the word of God revealed directly to prophet Mohammed through the angel Gabriel, and the Hadees and Sunnah, which are the sayings and practices of prophet Mohammed exemplifying ideal Muslim behaviour.

People who follow the religion of Islam are called Muslims. The Arabic word "Muslim" is derived from the prefix "mu", meaning the person doing a certain action, and the suffix "salama", denoting the state of submission and obedience to the will of Allah. Muslims are instructed to follow Islamic rules derived from the Quran, Hadees, Sunnah and the Shariah, which is Islamic jurisprudence.

The Islamic faith is founded on five "pillars". The first is "shahada", or the proclamation that God is one, and that prophet Mohammed is his messenger. The second is "salat" or ritual prayer offered five times a day, before dawn, at noon, in the afternoon, at sunset and at night. The third pillar is "zakah" or obligatory almsgiving,

calculated at approximately 2.5 % of a person's disposable income. The fourth pillar is "saum" or fasting during Ramadan from sunrise to sunset, and finally, Hajj or the pilgrimage to Mecca, which Muslims must aim to complete at least once in their lives.

It is important to be aware of these requirements which practising Muslims must fulfil. Most Muslims use the fulfilment of these requirements as a yardstick to measure their "taqwa" which may be understood as an awareness of God in one's daily activities, or piety and righteousness.

Rationale for the Study

There are several reasons for this qualitative descriptive narrative study. Firstly, a review of literature about Muslim women and obesity reveals there are differences in the way body size and body image are represented in Western ideals, and the way they are conceptualised within Islam. Secondly, Somali Muslim women's health status has been documented by quantitative measures of cardio-respiratory fitness and obesity in New Zealand (Guerin et al., 2007). However, there is limited qualitative research about the experience of Muslim women in relation to physical activity. Thirdly, there is an ideological thrust for individuals to be responsible for their own health and wellbeing, and it is increasingly becoming the individual's duty, rather than choice, to participate in a healthy lifestyle (Petersen & Lupton, 1996, p. 64). Fourthly, research about the meaning and significance of physical activity for Muslim women is lacking in New Zealand. Fifthly, community support is regarded as a significant factor in ensuring that citizens are healthy and active (Ministry of Health, 2008, p. 2; Petersen & Lupton, 1996, p. 146). Most Muslims in New Zealand are either migrants or refugees, and it is documented that migration causes loss of social networks and a change in lifestyle (Guerin et al., 2007; Shah & Culbertson, 2011). Therefore it is likely that this group of people may exhibit low levels of physical activity. Finally, health beliefs stemming from cultural and religious conditioning may predispose Muslim women to continue being sedentary, even after they have begun to develop social networks in New Zealand. This research assumes that there are certain religious and cultural factors which shape the way Muslim women conceptualise physical activity. These perceptions combined with health beliefs may influence the level of exercise Muslim women undertake. Through the narratives of Muslim women, this study explores the meaning of physical

activity for Muslim women, and how following the Islamic faith affects women's ability and willingness to engage in physical activity.

Having recognised the absence of qualitative studies about Muslim women and physical activity in New Zealand, this study is aimed at reducing this gap. The study uses a postpositive qualitative approach which offers descriptive and explanatory strengths (Sandelowski, 2000; Giddings & Grant, 2000).

In the study I have referred to the women as “being Muslim” or “doing Islam” women, or as narrators, rather than interviewees, because as Giddings noted, “As a narrator of stories rather than an interviewee answering prescribed questions, a woman can choose what she tells about her experience; she becomes an active participant in the telling and interpreting of her stories” (Giddings, 1997, p. 7). The stories of the narrators provided a rich and interwoven matrix of meanings, perceptions and the significance of religion, and its influence on physical activity. Descriptions of the women's daily lives and the articulation of their roles in the family and society were a powerful tool for understanding how religion, health and physical activity intersected.

Study Aim

This study explores the lives of some Muslim women in New Zealand in relation to physical activity. The aim of the study is to explore the influence of religion on the physical activity of Muslim women who live in New Zealand. The question this research study poses is, “What role does religion play in shaping the physical activity of Muslim women in New Zealand?”

The study makes recommendations which may assist in increasing physical activity with a view to improving health outcomes for this ethno-religious group. Muslim women form a religious group because they reinforce their identity through the practice of Islam. They also form an ethnic group because they claim affiliation to several ethnicities as described above.

In this study, the term ‘physical activity’ has been used to limit confusion as it is often used interchangeably with ‘exercise’ because most people understand physical activity and exercise to be the same. Similarly, Sport and Recreation New Zealand, Now Sport New Zealand (SPARC) (2005, p. 7) uses the terms physical activity, physical recreation and sport interchangeably. It has also been suggested that there is a considerable overlap

between physical activity and exercise, and that the distinction between them is not always easy (Biddle & Mutrie, 2001, p. 7). Physical activity is a complex issue, influenced by trajectories of ethnicity, religion, age, gender, familial roles, gender expectations, body image and beliefs about exercise. Therefore, it is impossible to speak about physical activity isolated from these factors.

The women who participated in this study represented a wide range of socio-economic, cultural and linguistic backgrounds, the common defining factor being that they identified themselves as Muslim women and were living in New Zealand at the time the study was conducted. The women also belonged to different sects of Islam, including Sunni, Shia'a, Hanafi and Ahmadiya. There are subtle distinctions between the different sects in their application of Islamic principles and in the way normative behaviour is established with regard to women's roles, child-rearing, association within the community and social practices. By labelling the participating women as "Muslim women", the reader may be drawn to regard them as a homogenous group, but the Muslims in New Zealand come from such diverse ethnicities and cultures (Pratt, 2010; Shah & Culbertson, 2011), that it is important to be aware that there are several differences among Muslims and the way in which Islam is practised. It has not been the aim of this study to distinguish between these different sects within the New Zealand Muslim community, because in order to study the association of physical activity with Islam, it was important to focus on the meanings the women gave to Islam, rather than their individual sects. However, at times during the interviews, I have asked the women to elaborate on some aspect of their belief to explore their particular interpretations of Islam, which may have been derived from their particular sect of Islam. These women's experiences cannot be generalised to represent *all* Muslim women's experiences, globally or even within New Zealand.

My Story

As a narrative researcher, it is important for me to articulate my identity and to reflect on my own relationship with Islam. I was born in India, and until the age of 16, I lived between India and Algeria, a Muslim country in northern Africa, where my parents worked as medical doctors. My father was a "revert" Muslim, that is, he adopted Islam as his religion as an adult, while my mother was born in a traditional Muslim family. Growing up in my maternal grandparents' home, I was aware that my father's family

who were not Muslim were regarded as “others”, and this otherness was premised on their religion being Hinduism, a radically different faith which has the most followers in India. While the two sides of the family were civil to one another, there was an unsaid but pronounced rift between the two. As a result of this, at an early age, I began to sense the differences that occur between people, because of different ways of viewing the world. Saharan Algeria, where my parents worked, was Arab-dominated, while northern Algeria was seen to be more westernised because of the French colonial influence, and was regarded with suspicion by traditional Arabs. This was another example of the “otherness” which I was aware of in my formative years. My parents decided to emigrate to New Zealand when I was 16, and this was my first experience of living in a predominantly European country. At first, I thought of our adoptive country as a temporary home and the new friends I made as “the others”. Over time, as the years went by and I grew more accustomed to the New Zealand way of life, I began to see New Zealand as “home” and India as a place I visited for a vacation. The shift in my thinking led to a feeling of “belongingness”, and I embraced a secular lifestyle, like most of my friends from New Zealand and from the Indian diaspora. As a young woman, Islam seemed distant and something I had practised back home in India because everyone else did.

At university, I was introduced to running by a friend, and started taking keen interest in running as a means of relaxation and to get fit. However, many of my Muslim friends seemed averse to the idea of running in public. They believed this was against the rules of Islam. Thus I was drawn to the idea of religion restricting any kind of leisure activity which resulted in improved health. The tragic events in the United States of America of 9/11 threw Islam under global scrutiny. The media positioned Islam as a violent, and anti-secular religion. I was at odds with the seeming dichotomy of the Western world, and all of the Islamic world.

As I had begun to identify as a New Zealander who happened to be Muslim, I began questioning who the “other” was. Some significant questions arose regarding my identity: Was I an “other” in New Zealand by reason of being Muslim? What was my identity, and where did I belong? Had I forsaken a Muslim identity by adopting a “kiwi lifestyle” which revolved around work and sport? And finally, was the Muslim part of my identity even significant in my life as a New Zealander? At the same time, my extended family in India arranged my marriage to a Muslim man whose family had

settled in the USA several decades ago (see appendix 3, “Arrangement of a Marriage”). Following the wedding, my identity now included that of a Muslim wife, which further drew me to explore Islam and its position regarding women.

After the birth of our son, my ability to exercise was reduced significantly as I juggled paid work and motherhood. I realised that women’s paid and unpaid work leave little time for leisure and exercise. I questioned why many Muslim women I knew, did not exercise even when they did not engage in paid work. I wondered if Islam was a factor in their willingness and ability to exercise. At the same time I also started to read about the poor status of Muslim women’s health overseas. Consequently, my interest in religion and the health of Muslim women led me to explore the intersections of Islam and physical activity for Muslim women in New Zealand.

I came to this study not as an “unbiased researcher”, but with views and experiences of my own, which decidedly lead me to view the participants’ stories from within the microcosm of my experiences as a Muslim, as an immigrant and as a woman. At the same time, I was able to understand the meaning of physical activity from within a more secular context, because for most of my early adulthood, I had lived as a non-practising “Kiwi” Muslim woman.

At the beginning of this research I felt somewhat like an imposter, someone who had gained access to valuable information posing as a person I was not. This was because although I identified as a Muslim woman, I was not a practising Muslim except on special or festive occasions. When I interviewed participants, I wore the hijab, a head covering worn by Muslim women throughout the world because I believed it to be appropriate given that I was interviewing Muslim women who expected to meet a Muslim researcher (my recruitment advertisement introduced me as a Muslim woman and my surname is also a common Muslim name). As I began interviewing, I started reading literature from both commentaries on the Quran and from the Quran itself, supporting the adoption of the hijab for women. By wearing hijab I also began to experience firsthand the freedom from fashion and from having to maintain a certain (Western) image that I was used to. Like many Muslims who refer to themselves as “moderate Muslims”, I tried to achieve a balance between Muslim and Western practices. I had held some deep-seated stereotypical beliefs about Muslim women who wore the hijab or jilbab (long outer garment that covers the entire body); I had

subconsciously decided that such women led subjugated lives, hidden from public view and who would not really have anything to do with sport or exercise. This opinion was of course a stereotypical one, a product of the hegemonic power of Western mass media (Dobson, 2009, pp. 155-157), one which is only occasionally challenged, or at least occasionally reportedly challenged in the public sphere. As the interviews progressed I realised how *unsubjugated* and *unoppressed* by men most of the women I talked to, were. Many had made a conscious decision to wear hijab after a significant event in their lives (such as making Hajj), or after coming across the Quranic verses which instruct women to do so. Most of the women were active within their local Muslim communities. They had adopted the hijab as a means of maintaining their presence as Muslim women, but taking away that aspect of themselves from public view which they believed would objectify them or put them on display in public, which is forbidden in Islam. It became clear to me during the course of this study that some of the women could be seen to be oppressed and subjugated by a patriarchal interpretation and application of Islam, and this restricted the health and activity choices available to them.

As I started interviewing, I also began to study Islam, going back to the roots, the Quran and the hadees (saying and practices of prophet Mohammed). I had read the Quran as a child under supervision from an ‘imam’ or religious leader, but in Arabic, which I did not understand. Re-reading the Quran in English, I started to learn about Islam directly and realised that popular understanding of Islam rests more on the opinions of others, rather than on direct knowledge derived from the Quran or hadees. I found that the Quran advocated peaceful living and religious tolerance, rather than religious intolerance and animosity towards non-Muslim people. I found women’s position in Islam to be fair and equitable when compared to men’s. In fact, I found that Islam had made provision for women to be financially independent, and for their caring work to be recognised and acknowledged within the family and society. Reading the Quran familiarised me with the rights and benefits accorded to Muslim women with regard to property, inheritance, financial independence and an equitable position vis-à-vis men within a family structure (The Quran, Chapters 4, 33 and 65).

Until this time, I identified with radical feminism which is premised on the “idea or the day-to-day lived reality that men universally oppress women” (Grant, 1993, p. 51). Engaging directly with the Quran and related commentaries enabled me to develop an understanding of a different kind of feminism - ‘Islamic feminism’. Reading the

narratives of the women in this study enhanced my understanding of the lived experience of these Muslim women. As a result of my engagement with the Quran, I can now position myself as an “emerging Islamic feminist”. This is because I can no longer hold my previous position grounded in an essentially western feminism. Neither can I call myself an Islamic feminist because I do not have a thorough understanding of Islam in its language of inception, Arabic. My interpretation and understanding of Islam is deepening, and various issues relating to gender and women’s position in Islam are becoming clearer. However, the area of “true” religion and “cultural” religion is one that I have become aware of through the course of this study and it is hoped that my future research will further my understanding of the influence this divide has on Muslim women’s lived experiences.

Thesis Outline

The literature review (Chapters Two and Three) provides a synthesis of current literature, both local and international, about the importance of increasing physical activity levels. The health issues identified as prevalent among Muslim women as a result of their inactivity are explored, along with the possible reasons for becoming or staying inactive. Guidelines for minimum activity levels and the barriers identified by SPARC for various ethnic groups’ low activity levels are also reviewed.

Chapter Four presents the postpositivist paradigm and explains its congruence with a qualitative descriptive methodology and a narrative method. This chapter describes the different ways in which narratives can be understood, and shows how narrativism has been used historically within Islam’s oral tradition. The design of the study is explained, along with some methodological issues which arose during the research.

Chapter Five explores the meaning of “being Muslim”. The chapter draws on the identity “being Muslim” women construct through their narratives, and explores how this identity then facilitates or hinders particular approaches to physical activity. Chapter Six explores the narratives of women “doing Islam”. I describe the way in which Islam is perceived and practised by the “doing Islam” women. The chapter then explores the way these women conceptualise physical activity and how their identity facilitates their engagement with physical activity.

Chapter Seven explains the narratives of women who voice their need to be identified as “good Muslim women”, and how the articulation of such an identity is embedded in a morality derived from Islam.

Chapter Eight discusses the facilitators of physical activity as voiced by the participating women, and introduces the idea of finding “functional interstices”, or spaces which resonate with western/secular New Zealand and a particular brand of “Kiwi Muslim” culture, enabling an uptake of physical activity for Muslim women. Examples from the women’s stories are presented to show how Islam can be interpreted in a way which enables faithful practise of the religion while also being physically active.

Chapter Nine synthesises the findings of the study and proposes a model for increasing physical activity among Muslim women in New Zealand. As long as the women represent the moral values associated with practising Islam, there appears to be an acceptance of varying degrees of physical health and fitness, which renders physical activity less of a priority for “being Muslim” women.

The model proposed in this chapter is premised on family- and community- based decision-making for sustainable physical activity. It advocates an educational approach aimed at increasing awareness of the benefits of physical activity among Muslim women, while simultaneously developing community partnerships to effectively engage Muslim women in physical activity. Recommendations are made to incorporate Islamic practices while developing strategies at the public health and community levels, in order to facilitate physical activity among Muslim women.

Chapter Ten concludes the study with implications for health practitioners and for further research opportunities examining the role of religion and health for Muslim women in New Zealand.

Summary

This chapter has introduced the scope and rationale of the study. It has raised the issue of physical activity in relation to Muslim women and has invited readers to engage with the notion of religious identity and its influence on physical activity. By situating the researcher as a Muslim woman and as an immigrant, readers are able to understand the

fluid relationship between researcher and participants who, in this study, share several similarities.

The two chapters that follow review current literature pertinent to this study. The importance of exercise for maintaining health and the various definitions of health and exercise are explored. The main principles of the Islamic faith are presented in order to contextualise health within this religion's framework. Health beliefs of Muslims and the effect of these health beliefs on physical activity are reviewed.

Chapter Two: HEALTH AND PHYSICAL ACTIVITY: AN OVERVIEW

Introduction

The World Health Organisation (WHO) provides an aspirational definition of health, which is ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ (WHO, 1985, p. 27). This definition should be understood for the purposes of this study as aspirational only as it voices a ‘one size fits all’ approach to health. The meaning of health is not simple or singular because our understanding of what constitutes health, wellbeing, sickness and disease is dependent on various factors. Every age and every society determines its own values in terms of health and sickness and what should be done to achieve optimum health (Davis & Dew, 1999). Health practices of one culture may seem foreign and unreasonable to another, but they make sense to the people of that culture when viewed within the broader context of their society, culture, tradition and past experiences.

WHO has estimated that a billion adults in the world are currently overweight and 300 million of them are obese (WHO, 2002). WHO has pronounced obesity as a “global epidemic” (WHO, 1998). Others have also described obesity as an “obesity crisis” (Fabricatore & Wadden, 2006). Western nations are constantly reviewing their public health policies due to the “obesity epidemic” (Monaghan, Hollands, & Pritchard., 2010, p. 38) which has more recently started effecting increasingly younger population groups (Paffenbarger, 2000; Spicer, Trlin, & Walton, 1994).

The ability of an active lifestyle to combat the “crisis” or “epidemic” of obesity, cannot be underestimated (Cushing & Steele, 2011). It is important to understand what constitutes exercise and physical activity in the context of this study. The terms ‘sport’, ‘physical activity’ and ‘exercise’ have been used interchangeably in this study because “the distinction between exercise and physical activity is not always easy and one should recognize an overlap between the two constructs” (Biddle & Mutrie, 2001, p. 7). These constructs are drawn from western literature and it should be recognised that while they are part of every day life and find usage in our daily activities, physical activity and exercise are not easily translated or used in the cultures to which these concepts are still new and rather alien.

Defining Physical Activity

According to Casperson, Powell, & Christenson. (1985, p. 126), physical activity includes all movement but exercise is characterised by:

- Body movement produced by skeletal muscles;
- Resulting energy expenditure varying from low to high;
- Positive correlations with physical fitness;
- Planned, structured and repetitive bodily movement;
- With an objective of maintaining or improving physical fitness.

Here, physical activity is defined as intentional activity which is goal-directed in order to increase or maintain physical fitness. However, it does not include incidental activity or activity included in an individual's daily life.

In New Zealand, a crown entity named SPARC was formed in 2002 to increase physical activity in the population and to support a governmental approach to improving activity levels. Its "Active Communities" project aims to develop guidelines to improve activity levels for all New Zealanders. Health promotion in New Zealand is therefore reinforced at a government level, signifying the importance of state-sponsored interventionist policy aimed at improving health outcomes through increased physical activity for all population groups.

SPARC provides a workable definition of physical activity, which is "any human movement produced by skeletal muscles that results in an expenditure of energy. This is an umbrella term, encompassing all forms of sport, physical recreation, and incidental movement related to people's daily lives." (SPARC, 2005, p. 7) and facilitates the use of 'sport', 'physical recreation' and 'physical activity' interchangeably. SPARC's broad understanding of physical activity encompasses five dimensions, which are: the context in which the physical activity takes place, the type of activity (aerobic or resistance training), the frequency with which the activity takes place, the intensity of the activity (light, moderate or vigorous) and the duration of the activity.

Physical activity includes a wide range of behaviours and goals, which may include “occupational, household, sports, or conditioning” (Belza & Warms, 2004, p. 182). However, exercise is considered “a type or subset of physical activity that is planned, structured or repetitive and is participated in to improve or maintain one or more of the components of physical fitness” (p. 182). Combining physical activity and exercise, Christopher, Steele, & Steele define ‘physical exercise’ as “any goal-directed activity that is intended to improve or maintain physical fitness, and which involves the movement of skeletal muscles resulting in energy expenditure” (2011, p. 127).

The relation of health to physical activity and, conversely, the relation of obesity to the lack of physical activity, occupy central importance in current debates regarding the wellbeing of New Zealand’s populace. A New Zealand Ministry of Health report, ‘*Our health our future*’ (1999), emphasised physical activity as an important determinant of health. The minimum activity required by an individual on a weekly basis to qualify him or her as an active person, is 2.5 hours of moderate activity. Less than this amount of activity classifies people as inactive or sedentary (Dalziel, Segal, & Elley., 2007, p. 57). Of concern is that 32% to 42% of New Zealand’s adult population is classed as inactive.

The Benefits of Physical Activity

The physiological benefits of leading an active lifestyle (such as lowered risk of cardiovascular disease, obesity, heart disease, high blood pressure, osteoporosis and diabetes mellitus) are well documented (see for example, Biddle & Mutrie. 2001; Bouchard, Blair, & Haskell, 2007; Dalziel et al., 2007; Mosca, Benjamin, & Berra. 2011). In addition, participation in sport and recreation offers a “social and political space in which to cultivate cultural diversity and promote social inclusion.” (Cortis, Sawrikar, & Muir., 2007, p. 1).

The relation of physical activity or exercise to health is critical (SPARC, 2003; Guerin et al., 2007; Christopher et al., 2011). It is through exercise that individuals can expect to have cardiovascular fitness, maintain an ideal body weight and live longer, healthier lives. Even if activity levels are increased in middle age, active people “needed less hospital and institutional care during their last year of life than those people who have been only occasionally or not at all physically active” (Von Bonsdorff et al., 2009, p. 1). Physical activity has both long-term and short-term health benefits, and “increases

longevity and decreases the risk of heart disease, diabetes, high blood pressure, obesity and some cancers” (Guerin et al., 2007, p. 192). It also has mental health benefits such as “decreasing depression, anxiety and reducing stress” (p. 192). In particular, “obese women were 37% more likely to report a history of depression in the past year than were women with a BMI of 20.8-29.9 kg/m2.” (Fabricatore & Wadden, 2006, p. 371).

Current international literature presents an alarming picture of women’s cardiovascular risk factors. Mosca et al. (2011) identify that in America cardiovascular disease is the leading cause of women’s death, and that “Heart disease is the leading cause of death in every major developed country and most emerging economies.” (p. 1244). Evidence suggests the rate of overweight, obesity, type 2 diabetes and cardiovascular disease (CVD) among women has exceeded the rate of these diseases among men. Presenting their guidelines on the prevention of CVD in women, Mosca et al. stress the need for understanding the factors leading to CVD, which are no longer restricted to simple classifications of race and ethnic origin, but can be as diverse as “age, language, culture, literacy, disability, frailty, socioeconomic status, occupational status and religious affiliation, among others.” (p. 1248).

Exercise has also been linked to the decrease in the rate and symptoms of depression among people who have co-morbidities such as spinal cord injuries, diabetes, heart disease, Parkinson’s disease and arthritis, to name a few (Hawkins, 2009; Morgan, 2004). People who suffer from multiple sclerosis also reported an enhanced quality of life, decrease in depression and fatigue levels when undertaking regular exercise compared to multiple sclerosis sufferers who did not exercise (Stroud & Minahan, 2009).

Barriers to Physical Activity

Between 1997 and 2001, SPARC conducted surveys of the barriers to physical activity for adult New Zealanders (SPARC, 2003, 1a). It showed that 30% of adult New Zealanders were insufficiently active and did not meet the recommended threshold of 2.5 hours of activity per week. Interestingly, it also showed that 15 % of the surveyed sample thought about getting more active but did not do so. This research was important in that it yielded who was, or was not, physically active, and what awareness the surveyed populace had about the perceived benefits of being active. However, it did not explain why some people were or were not physically active.

In 2003, SPARC carried this preliminary research forward to analyse activity levels in conjunction with demographic and psychological variables. The '*Obstacles to Action*' report (SPARC, 2003) explains that physical behaviour was influenced by personal and environmental factors. Behaviour encompassed the duration, regularity, intensity and type of physical activity. Personal factors included the perceived benefits people associated with physical activity (such as health, leisure, and enjoyment), the motivation they had (such as weight loss) and the skills and confidence they had. Environmental factors included social (encouragement from peers or family), physical (the access they had to footpaths and recreation facilities) and institutional factors (the philosophy of the schools they had attended or the clubs they belonged to).

The research method for the 2003 SPARC study was a mailed survey and the response rate was 61%. From these respondents, three groups were identified: those who were sufficiently active (more than 2.5 hours of activity per week); those who wanted to be more active but were not yet so, and those who were not active and had no intention of becoming so in the foreseeable future. Those who were intrinsically motivated and had the highest level of confidence in their ability to be physically active were indeed most active. Those with low levels of confidence were also extrinsically motivated (that is, they wanted to be active to get approval from someone) and had the lowest level of activity. This finding suggests that to raise activity levels, the levels of self-efficacy and intrinsic motivation will need to be increased in the target population. The target population for SPARC's campaign was the group that wanted to be more active but is not so yet. This was represented by 45% of the survey respondents. Significantly, the segment that reported a perceived lack of time as the primary barrier to becoming active was more than two-thirds female who reported a lack of time due to family commitments. Another segment (the 'support seekers') identified the lack of encouragement as their primary barrier and had more health problems such as obesity, depression or an anxiety disorder, compared to other inactive segments. Significantly this group's profile had the highest proportion of Pacific and Asian ethnicities. It is important to note that minority groups such as Muslim were not identified in this study.

The above study demonstrates that in order to promote physical activity among ethnically diverse groups, it is no longer sufficient to assume that what works for the mainstream culture will eventually do so for them as well. Thus, Taylor's assertion that "sport can play and has played a role in assimilating ethnically diverse groups into

mainstream society and suppressing difference” (Taylor, 2004, p. 453), may not be realistic for people from diverse ethnicities. In addition, assimilation into mainstream society may not be regarded as a positive factor, if it entails a loss of ethnic identity.

SPARC’s research is a valuable starting point for further research as to how to better physical activity rates among ethnic groups in New Zealand. Through its large quantitative study, SPARC has yielded important demographic data about who is or is not, and who wants to be but cannot be, more physically active. Its limitation remains that it does not explain how levels of activity in say, the female respondents, could be increased nor does it explain the complexities within each minority group that influences activity behaviour.

The reasons for people’s low level of exercise and the motivation behind becoming more active individuals have both been researched (SPARC, 2003) but the research is not specific to any particular ethnicity or sub-culture. Rather it is based on data drawn from a largely European New Zealand perspective. A report by the Australian Social Policy Research Centre in 2007 shows the lowest rate of participation in organised sport or any other physical activity is among migrant women, and especially migrant women from non-English speaking countries (Cortis et al., 2007). This is not surprising, since “individuals from ethnic minorities contend with barriers that restrict access to education, social, cultural and economic opportunities which in turn limit full participation in society” (Taylor & Doherty, 2005, p. 211). Ethnic minority populations have been identified as being at high risk of developing diseases associated with low physical activity (Brown et al., 2012; Rossem et al., 2012).

Overcoming barriers and promoting regular physical activity can be regarded as the government’s way of regulating health behaviour. A physically healthy population translates into reduced public health costs (Lupton, 1995, p. 51). The New Zealand government has commissioned agencies like SPARC to initiate large scale media campaigns such as ‘*Push-Play*’, aiming to get all New Zealanders active and moving. The aim is to raise awareness of the benefits of physical activity and provide ideas to individuals and families about what constitutes activity in daily life. For example, taking the dog for a walk or taking the stairs instead of the lift or mowing the lawn are all seen as health-enhancing activities.

Health Promotion

Since the 1970s, health promotion has become a common term in Western societies, and New Zealand is no exception (Davis & Dew, 1999, p. 234). Health promotion has been defined as “any planned combination of educational, political, regulatory and organizational supports for actions and conditions of living conducive to the health of individuals, groups or communities” (Green & Kreuter, 1991, p. 432). Health education has been defined as “any planned combination of learning experiences designed to predispose, enable and reinforce voluntary behaviour conducive to health in individuals, groups or communities” (Green & Kreuter, 1991, p. 432).

Health promotion strategies place the onus of health upon the individual, the assumption being that a healthy body and a healthy lifestyle are an individual’s responsibility (Petersen & Lupton, 1996, p. 64). Examples of recent health promotion campaigns in New Zealand include “*Push Play*” referred to above, and “*5 Plus a Day*” aimed at educating individuals regarding exercise and nutrition respectively. Health promotion is aimed at modifying lifestyles so the health risks for individuals or population groups are minimised. It is increasingly the duty of citizens to maintain their health by adopting healthy lifestyles (Cheek, 2008; Petersen & Lupton, 1996).

Community interventions to improve public health are dependent on accurate identification of high risk population groups. In New Zealand, the top six major health risks were identified as tobacco use, high blood pressure, high cholesterol, alcohol use, overweight/obesity and physical inactivity (Wilson, Blakely, Foster, Hadorn, & Vos, 2011).

Matheson, Dew, & Cumming. (2009) suggest that effectively implementing health changes at a community level depends on local organisations’ relationships with their communities and their “ability to connect with central organisations” (p. 225). The authors propose that reducing health inequalities is possible with the understanding of “social interventions as occurring within a complex system” (p. 223).

An example of a community-based intervention is the “*10,000 Steps a Day Programme*” first initiated in America to increase physical activity and reduce health costs due to obesity. Other countries have also trialled and implemented similar programmes. For example, Smedt, De Cocker, Annemans, De Bourdeaudhuij, &

Cardon (2011) conducted a pilot study in Belgium to test the effectiveness of a pedometer-based intervention to increase physical activity and decrease inactive time. They found this intervention to be beneficial for both men and women in the study, and that pedometer use aiming for 10,000 steps or more a day resulted in decreased health costs. Similar results were reported for a pedometer-based intervention in the American study (Roux, Pratt, & Tengs, 2008). The National Institute for Health and Clinical Excellence in London (2006) also endorsed pedometer use, exercise referrals and walking programmes implemented at the community level as cost-effective health interventions in the UK. However, not all population groups are able to participate equally in such community-based interventions. Hall and McAuley (2010) report that individual and environmental barriers prevented older women from attaining 10,000 steps a day, and that “Lack of perceived and actual environmental supports for walking, more functional limitations and lower self-efficacy are barriers to achieving 10,000 steps per day” (p. 478). Tudor-Locke and Bassett (2004) suggest that while 10,000 steps a day may translate to sufficient activity for healthy adults, it is not suitable for older people and people with chronic diseases. They also suggest that 10,000 steps is not sufficient for children, a population segment which is high risk for obesity.

However, community-based interventions continue to be used successfully. Gerberding and Marks (2004) report that in America various community interventions have been established targeting children and young adults to increase physical activity, increase fruit and vegetable intake, and reduce portion sizes and soft-drink consumption, all of which have cumulatively resulted in increased physical activity and improved eating habits.

Kahn et al. (2002) identified three main approaches to changing physical activity levels as a public health strategy. These are: a) information approaches which provide information aiming to motivate people to increase activity levels; often this approach complements a medical model of disease management; b) behavioural and social approaches based on a health-promotion model aim to change individual and group behaviour and c) access approaches which aim to increase activity levels by providing access to exercise facilities. Exercise on prescription programmes discussed below can be understood as a combination of the behavioural and access approaches.

There have been several prescription-based exercise interventions internationally (mainly in the UK and America) that have been emulated in New Zealand. These were aimed at increasing physical activity and decreasing the health costs associated with a sedentary lifestyle. Dalzeil et al. (2007, p. 57) suggest that “effective interventions will enhance quality of life, reduce mortality and produce savings in downstream costs of care”. The Green Prescription programme introduced by the Hillary Commission in New Zealand was one such intervention designed to increase physical activity levels. In this programme, a general practitioner gives advice on exercise to an inactive person and an exercise instructor follows up on the patient’s progress over three months. The average age of patients was 58 years and 66% of them were women. Over a period of 12 months previously inactive individuals who then undertook at least 2.5 hours of moderate activity per week reported an improvement in bodily pain, general health and vitality (Elley, 2003). The initial study was followed by a two year study which concluded that the “programme of exercise on prescription increased physical activity and quality of life over two years, although falls and injuries also increased.” (Lawton, Ahmad, Hanna, Douglas, & Hallowell, 2006, p. 1).

Research by Ekkekakis (2009) showed that when people self-select their activity type as well as the intensity of the activity (preference-based approach), the outcome scores were not very different in terms of achieving and maintaining physical activity levels when compared to prescription-based approaches. Dishman (1994, p. 1093) states that adhering to a preferred intensity and type of activity is more achievable for most people compared to adherence to a prescribed type and intensity of activity. However, given that a preference-based approach relies mainly on an individual’s self-motivation or knowledge, it is feasible that a convergence of these two approaches would lead to the most sustainable health outcomes. Lippincott, Williams, & Wilkins. (2006) have shown that the American College of Sports Medicine also supports a preference-based approach for people to maintain activity levels.

Morgan (2005) suggested that a review of prescription-based exercise programmes in the UK showed the best outcome in establishing and maintaining vigorous activity levels in previously sedentary groups was achieved when motivational activities were combined with exercise provision. However, this would be significantly more costly for the public health system.

Research about Muslim women and exercise programmes is limited compared to the general population. However, Carroll, Ali, & Azam. (2002) surveyed exercise on prescription programmes in England and their effectiveness in increasing physical activity levels for South East Asian Muslim women. Since the 1990s, it is estimated that there have been approximately 200 such programmes in England and Wales. The key features were an initial health assessment by a general practitioner followed by a recommendation of physical activity such as swimming, aerobics, dancing or gymnastics. The study concluded that there was insufficient information about the effectiveness of such programmes for South East Asian Muslim women. However, the study uncovered barriers to exercise for this group of women, which were access to facilities, childcare options, perceived costs of participation, language barriers and cultural codes of conduct (Carroll et al., 2002, p. 1).

Women, Sport and Physical Activity

Public health strategies aimed at reducing obesity and getting people to adopt a healthy and active lifestyle are premised on the idea that excess weight is inherently unhealthy. Feminist researchers (for example, Cheek, 2008; McPhail, 2010) question the assumption that being overweight is congruent with ill health, and critically examine notions of what constitutes femininity.

It would be stereotypical to believe that European women conform to the idea of an ideal body image without exception, but from a non-European perspective, it seems that the slim body, youth and beauty, associated with femininity, are prized and are seen as a 'commodity' which can be used to buy social capital (Wolf, 1990). Thus, achieving the ideal body type may be regarded as an important mediator for accessing satisfying relationships. Such ideals however, may not be equally prized by women from different cultures.

Women's relationship with sport is seen by feminist writers as highly political and complex (Scruton & Flintoff, 2002). For example, writers such as McKay (1991) and Kimmel (cited in Messner and Sabo, 1990) consider sport as another institution, like education and employment, which seeks to reproduce patriarchal superiority. From a liberal feminist perspective women's participation in sporting activities is influenced by the socialisation of girls and women through family, media, school and society in general. In relation to the ability to engage in some forms of physical activity, women

also have lower levels of financial independence compared to men (Bittman & Wajcman, 2000, p. 166) and this restricts their activity levels.

Netball Australia conducted a study to examine women's participation in sport. This was a qualitative study titled '*Motivations and barriers to women participating in sport and netball*' (Netball Australia, 2007). The study explored the participants' perceived barriers to playing netball. Participants were segmented according to age groups, and whether they were current players (further differentiated into long-term or newly joined), lapsed players or potential players. Fifteen in-depth interviews were conducted which yielded rich data about the motivation and perceived barriers to participation in sport and more specifically in netball. The results of this research study are useful to explain specific behaviour, and to provide direction and insight into the issue of sport participation. However, the findings may not be generalisable in terms of the larger population. The study shows that the factors most influential in physical activity levels are not simple or straightforward. They are instead complex and interwoven with the lives of the participating women. Women who had played netball long-term associated physical, psychological and social benefits with participation. Importantly, the study differentiated between the various barriers identified by different age groups. For example, for young women (ages 19-29), who were mothers, one barrier was not having flexibility in the times at which netball was played which meant they chose more individual activities like running. Lack of access to facilities (such as a recreation centre with an on-site childcare facility) was another barrier for this group of women who were juggling work and family commitments in order to make time for sport. For this particular group, the factors that influenced whether they played netball or not were the amount of time and the intensity level of training involved, the proximity of the facility, the ease with which they could learn the sport and whether they could play with their family and friends.

Recent research shows that the foundation of an inactive lifestyle is laid in early life (Oliver, 2008; Rossem et al., 2012), and that early childhood may be the ideal time to cultivate a habitual exercise pattern (Oliver, 2008). There is limited research about this area at present. However, researchers are beginning to scientifically measure the physical activity levels of children (Liggett, Gray, Parnell, McGee, & McKenzie, 2012) to identify factors which will help develop healthy physical activity levels as children progress to adulthood. Despite overwhelming evidence in support of being more

physically active, girls are at risk of becoming more sedentary than boys. Activity levels decline sharply among girls in early adolescence (Gao, Lodewyk, Sheng & Xiang, 2011; Yungblut, Schinke, & McGannon ., 2012). The authors found several reasons for girls being less physically active, such as their perceived competence, self-image, peer influence, and gender-relevant physical activity programming (Yungblut, Schinke, & McGannon., 2012, p. 39). Social and cultural contexts in which physical activity takes place is a significant determinant of the uptake of active behaviour among girls (Casey, Eime, Payne, & Harvey, 2009; Niven, Fawcner, Knowles, Henretty & Stephenson, 2009). Less active girls held more stereotypical notions about appearance and their own femininity, believing that it was not possible to be sporty and feminine at the same time, and more active girls articulated the need to be sporty even if it meant being considered less feminine (Whitehead & Biddle, 2008, pp. 243-254).

Niven et al. (2009) observe that from the time of puberty, girls become more conscious of presenting their bodies in a way that is socially acceptable. Engaging in sports where their bodies are exposed, such as in swimming, is a barrier to participation because of the girls' anxiety about their changing bodies (p. 315). Casey et al. (2009) identified that adolescent girls participated in sport activities if they perceived their self-competence as high, and if the activities they were involved in, were "fun" and if their friends also participated in the same activities. "Coeducational physical educational classes" at school were identified as a barrier to girls' participation because the girls felt more conscious while playing with, or in front of boys, and their self-competence was reduced in this setting (p. 885). Parental support and access to sport facilities were also identified as factors which influenced engagement in physical activity. Ashwood et al. (2006) suggest that environmental factors, such as access and proximity to parks and other places of recreation, strongly influence physical activity among adolescent girls because of their reliance on parents for transport.

Interpretive researchers have studied the particular meanings attributed to sport or exercise which contribute to girls being less active (for example, Evans, 2006). The dominant discourses about the "fit" of sport and female appearance have also been examined in the context of physical education (Flintoff & Scraton, 2011).

A critical examination of girls' participation in sport is necessary to find enablers for physical activity which will also pave the way for adult women, to lead more active

lives and find sport and exercise meaningful. The literature reviewed above focuses on barriers facing mainly European girls and women. When cultural and religious contexts are overlaid against this already problematic background, being physically active becomes even more difficult for women and girls from minority groups, such as Muslims living in a western country. The following chapter reviews literature about Muslim women, health and exercise, and the influence religion has on physical activity.

Chapter Three: MUSLIM HEALTH BELIEFS AND IMPLICATIONS FOR PHYSICAL ACTIVITY: A CRITICAL LITERATURE REVIEW

Introduction

This chapter reviews Muslim health beliefs, exploring the link between culture, health, physical activity and health practices. An understanding of the concept of the physical body in Islam is offered to elucidate the significance of the corporal body in relation to its spiritual facet. The review of literature from both New Zealand and overseas identifies gaps in knowledge about Muslim women's behaviour affecting health outcomes.

The main source of reference used in this chapter is the Quran, the seminal text of Islam. As discussed in Chapter One, the Quran is believed to have been divinely revealed to prophet Mohammed. Due to its divine status, the Quran is regarded as the literal word of God. While the Quran was revealed in Arabic and is believed to have been unchanged for the last 1400 years, the interpretation of its verses and their application in Muslim societies varies greatly. This variation in turn effects the choices available to Muslim women with regard to physical activity. This issue has been highlighted in this chapter and discussed later in Chapter Nine.

The studies reviewed in this chapter have mostly been conducted in the United States of America, the United Kingdom and Australia. There is limited literature about the health status and physical activity of Muslim women in New Zealand. The two studies based in New Zealand (Jelle, Guerin, & Dyer., 2006; Guerin et al., 2007) about Muslim women do not explore the complex reasons for low engagement in physical activity.

Given Islam's global reach, it is difficult to find a singular explanation about how the body is conceptualised. However, in Islam, health practices and perceptions of how the body should be looked after or 'lived in', are influenced by reasoning based on Islamic principles. Any change in the original Quranic principles is considered an innovation or 'Bidaah', which is impermissible unless explicitly declared acceptable by a body of Muslim scholars or the 'Ulema'. The Ulema traditionally undertake "ijtihad (independent investigation of the religious sources) and tafsir (interpretation of the Quran)" (Bahi, 2011, p. 146).

Muslim communities in countries such as the UK and America are composed mainly of a migrant population although this may change as the families of these immigrants in their adoptive countries and further generations are born there. Little data exists about health disparities for Muslims in these countries. However, researchers working in these communities (see for example, Laird, Amer, Barnett, & Barnes, 2007; Ypinazar & Margolis, 2006) explain that mental and physical health outcomes for Muslim people in the UK and America respectively are affected by different perceptions of health and ill health, attitudes toward visible and invisible disease, and the influence of religion in determining health beliefs. As Islam is a global religion, there may be similarities between diasporic Muslim communities overseas and the Muslim population in New Zealand. Therefore it is important to be familiar with the research in migrant Muslim communities in other countries, as the findings in those studies may be applicable in New Zealand as well.

Muslim Health Beliefs

Different cultural groups ascribe to different understandings or models of health and wellbeing. “All religions, to varying degrees, have proscriptions and sanctions surrounding how the body and health are to be managed” (Tober & Budiani, 2007, p. 5).

For example, Maori models of health are situated in a social context and reflect the complexity of health in a more holistic manner compared to the western medical model. One of the most well known of the Maori health models is Whare Tapa Wha, which describes the four dimensions essential to Maori health (Durie, 1994, p. 70) - te taha wairua (spiritual aspect), te taha hinengaro (mental and emotional aspects), te taha whanau (family and community aspects) and te taha tinana (physical aspect).

The eight-pronged Te Wheke (the Octopus) health model was advanced in 1984 at the Hui Whakaoranga (Davis & Dew, 1999, pp. 59-61). Wairuatanga (spirituality), hinengaro (mental), te taha tinana (physical), whanaunatanga (the extended family), whatumanawa (emotion), mauri (life principles in people and objects), mana ake (unique identity) and ha a koro ma a kui ma (inherited strengths) are all considered vital to wairoa or total wellbeing.

It is obvious from Maori articulations that the health and wellbeing of an individual cannot be isolated from the other aspects of his or her life, such as involvement in the community, family responsibilities, or the need to be spiritually healthy in order to be physically healthy. The Maori health paradigm situates the individual in the broader context of the family, cultural and social conditioning and the economic and political climate, which all have a bearing on health and wellbeing.

Muslim health beliefs have a similarly holistic focus (Martin, 2009). However, there is no given 'model' that fits all Muslim people universally. Instead, health beliefs are loosely bound and different beliefs and practices are applicable to various Muslim groups (Pratt, 2010). Muslim people in New Zealand originate mainly from Pakistan, India, Bangladesh, Southeast Asia, central Africa and the Middle East (Statistics New Zealand, 2006). To class Muslims as one homogenous group would be erroneous because in reality they form heterogeneous and ethnically diverse communities which differ on the basis of country of origin, language, dress, diet, social norms and customs, and history. A broad explanation of Muslim beliefs and practices, especially with regard to health care is based on religious interpretations of the sacred text of the Quran, and therefore cannot be understood as representative of the health beliefs of all the different sects of Muslims in New Zealand.

Islamic knowledge of health stresses the unity between the mind, body and spirit and traditional Muslims believe one of these cannot be treated without also considering the other two (Loeffler, 2007; Ludwig et al., 2011; Tober & Budiani, 2007). A key feature of the Islamic belief about health is that the source of all creation, Allah (God), has provided both afflictions and their cures, as reported in the following commonly used hadees, "God has not inflicted a disease without prescribing a cure to it, known to whoever knows it, and unknown to whoever does not know it" (Ahmad of Nayl-at-Awtar, Vol. 9, p. 89 cited in Abu Saud, n.d.).

Muslims believe that the physical body and good health are a gift from God and both are to be maintained by the person who is temporarily living in the body; it is believed that when a person is resurrected after death, he or she will be asked to account for four things (Philips, n.d. 1a):

- Their time in the world and how they spent it, and the deeds or misdeeds done during their lifetime;

- The knowledge they had and what they did with it;
- Their wealth, how they earned it and how they spent it;
- Their body, and how they looked after it and how they used or abused it.

These questions are very significant in Islamic theology as each person's fate is decided according to these four questions. A person's answers to these questions will determine whether they are directed either to jannah (heaven) or jahannum (hell).

Islam charges its followers with the maintenance of the physical body, the creation of God, and prohibits suicide, euthanasia, cosmetic surgery and tattooing (Purnell & Paulanka, 2003). Sexuality is valued, though strictly within the institution of marriage. It is not uncommon for non-traditional forms of family, such as single parent families or gay and lesbian couples, to be regarded as abnormal and outside the sphere of the acceptable. Both men and women are required to dress in a dignified manner, the latter usually covering the entire body leaving only the face and hands uncovered. Segregation of the sexes is encouraged by Islam and adult men and women usually interact in male- or female-only circles.

Such practices are interpreted as a manifestation of public morality by Muslims but have given rise to claims about the 'subjection' of Muslim women by a patriarchal social and religious system (Berger & Peerson, 2009; Koca, Henderson, Asci, & Bulgu, 2009). This non-Muslim interpretation of the status of women is actively resisted within Islam because God is understood as an ungendered entity, who holds the same standards of salvation for both men and women (Barlas, 2006).

The human body is regarded as God's masterpiece; its central feature is the 'qalb' or the heart which is the receptacle of the human soul and of all higher emotion and refers to 'the essence and most inner aspect of a thing' (Sheikh & Gatrad, 2000, p. 30). The heart is regarded figuratively as much more than a crucial bodily organ. Muslims believe that the heart determines a person's attitude towards sickness or health. Any sickness or affliction is seen as a test from God, which needs to be borne with patience and with hope that the suffering will be rewarded in the afterlife. When compared to the biomedical model, which stresses that the body is like a machine and needs to be repaired or cured as soon as possible in case of sickness (Davis & Dew, 1999), the

Islamic view may seem odd. However, this makes sense when viewed from within the Islamic grand narrative. Since God is seen as the most just, it is only reasonable that he would not cause sickness or suffering unless it was to be recompensed, usually with the washing away of past sins. Most devout Muslims regard sickness as an opportunity that aids in absolving their sins in the physical world so that they do not carry over to life after death.

The following saying of the prophet Mohammed is quoted reverentially around sick people, “No Muslim will be afflicted by hardship or illness, or anxiety or worry, no harm or sadness, even the pricking of the thorn, except that, by it, Allah will cover up some of his sins.” (Khan, 1980, pp. 371-372). Muslims are urged to cultivate a ‘qalb salim’, or a patient heart which is occupied with discovering and accepting God’s purpose or plan in whatever takes place, whether good or bad. Its opposite, ‘qalb marid’ or the diseased heart, is one which is restless and dissatisfied and occupied with attaining comfort and self-indulgence in the worldly life. Stress, anxiety and depression, common ailments in the modern world are regarded as products of the diseased heart which has lost its original purpose. It is obvious here that the heart is charged with ensuring that the attitude of the Muslim remains in a pure state, one which directs a person’s attitude towards life, priorities and steadfastness in testing times of illness and poverty. This is not to say that Muslims need to welcome sickness or not seek treatment, since this would be against the principle of respect for the body which a person holds in trust until his or her death.

The physical body is one which is not discussed in detail in the Quran, compared to its spiritual counterpart. However, Islam regards humans as temporary owners of their bodies, who will be questioned about their treatment of their bodies on the day of judgment. Thus Muslim men and women are responsible for maintaining a healthy body, providing it with healthy and nutritious food and drink, abstaining from harmful substances such as alcohol and drugs, maintaining rigorous cleanliness and hygiene, as well as provision for adequate exercise (Kahan, 2003, p. 48). In addition, control over one’s ‘nafs’ or desire to indulge in rich food and drink is regarded as essential in maintaining good health.

This Muslim view of health and sickness shows that Muslims regard health in a holistic sense encompassing the physical, mental and spiritual aspects (Martin, 2009), which are

all interwoven with religious beliefs. Hafizi (in Purnell & Paulanka, 2003, p. 188) summarises the nature of Islamic health beliefs, “To ask me what health means is to ask me what my worldly outlook is. How I see myself in relation to God, my family, the society as a whole and my relation to my material body”.

The maintenance of good spiritual, mental and physical health is believed to be the responsibility of each individual. Islam is therefore not inherently opposed to finding treatments and cures to diseases (which include obesity); in fact, “Islam is adaptable to social and scientific advances. While some new technologies and treatments are intellectually reformulated to be consistent with Islamic principles, others may be adapted to local customs and conditions, or rejected outright.” (Tober & Budiani, 2007, p. 7). That said, the intersections between Islam, health practices and the body are complex and affected by trajectories of gender and gender roles, culture and misconceptions about health.

Islam is regarded by its followers as a complete system of life (Kahan, 2003), and therefore beliefs about health and illness cannot be understood separated from the religion. Some appreciation of the religious sentiment surrounding health and illness is necessary in order to deliver health care which is suitable, and accessible, to Muslims. The Islamic world view is derived from Quranic text and its interpretations, as well as the ‘sunnah’ and ‘hadees’. Prophet Mohammed is reported to have said, “the stomach is the house of every disease and abstinence is the head of every remedy” (Al-Akili, 1993, p. 7), showing that Islam advocates self-restraint and requires Muslims to abstain from over-indulgence. However, the emphasis on physical activity and maintaining good physical health is limited to religious texts. So while the Muslim religion does not specify any restrictions regarding physical activity, social customs among Muslim groups have given rise to varying degrees of acceptance of physical exercise (Kahan, 2003).

The importance of an eternal life after death is significant in Islamic theology. The following section reviews the concept of the body, resurrected after death, and the implications of this belief on physical activity.

The Body That Is Not Ours

“There is an obvious and prominent fact about human beings, they have bodies and they are bodies” (Turner, 1985, p. 1). It is difficult to conceive of our ‘self’ without also thinking of its physical manifestation, the body. This section discusses the way in which the body is conceptualised in Islam, and how that impacts on weight management and physical activity for Muslim women. Instead of the western focus on preserving youth and maintaining the body in the fittest condition possible (Cheek, 2008), the body in Islam is considered a temporary residence for the soul, and so a person’s relationship with the body is not predicated on preserving its physicality.

Exploring the idea that we are bodies and we also have bodies, Burkitt (1999, p. 99) notes, “We never simply ‘have’ a body, for it is always the object and subject of signification, and of attitudes and judgements, which are socially formed”. It is through our bodies that we represent who we are, how we want ourselves to be perceived and what our identity is. The confluence of body, body image, social perception and relation to body weight is complex and multidimensional. The Chambers’ dictionary (1982, p. 422) defines ‘embody’ as “to form into a body, to make corporeal or tangible”. The embodiment of Islam as a religion shapes the way in which Muslims relate to their bodies. As discussed earlier in this chapter, an able body and good health are regarded as gifts from God to be held in trust until the day when everybody will be resurrected and held accountable for their worldly deeds. Several verses in the Quran suggest that the body in the *afterlife* will be accountable to its creator rather than to the person living in it:

Until when they reach it [the fire of hell] their hearing and their eyes and their skins will testify against them of what they used to do.

And they will say to their skins, “Why have you testified against us?” They will say, “We were made to speak by Allah, who has made everything speak.....”
(The Quran, Chapter 41, Verses 20-21).

And

That day, We will seal over their mouths, and their hands will speak to Us, and their feet will testify about what they used to earn. (The Quran, Chapter 36, Verse 65).

Chapter 6 of the Quran also describes in detail how the body will bear witness to a person's good or bad deeds, which will result in the person being sent to heaven or hell. When a person dies, the soul is sent to a resting place until the day of judgement. After a body is resurrected, it will be reunited with its soul and the person will then face judgement regarding his or her actions in the world. At the time of judgement, the body will be able to speak independently, and will be able to testify about the person's actions.

The notion that limbs, the skin and bodily organs will all be able to bear witness to the deeds of the person who inhabited the body creates an awareness of the body being *other* than the *self*. The person who inhabits the body is not the body himself or herself, but needs to have an identity which lives within the physical body but which is not in totality just the body. The belief that the body has the potential to speak for itself independent of the person inhabiting it, creates a breach between the 'body-self' and the 'spirit-self'. There is a risk of eternal punishment in hellfire if the body testifies against the individual and where the account given by the 'rooh' (soul or spirit) of its actions and the account given by the body do not match.

Thus, it follows that only the accumulation of good deeds (understood as belief in and worship of God, ritual fasting, charity and brotherhood within Islam, to name a few), credited towards the rooh will decide whether a person goes to heaven or hell at the time of resurrection, because the 'rooh', not the body, will be held accountable for past actions.

Another belief which influences the Muslim attitude towards the physical body is the conception of how bodies will become once resurrected in jannah (heaven). The prophet Mohammed is reported to have said (Sahih Al-Bukhari Hadith 4.544 Narrated by Abu Huraira):

In jannah, the height of every believer will be equivalent to the height of Prophet Adam who was approximately ninety feet tall; their beauty will be like that of Prophet Yusuf (Joseph); their age will be like that of Prophet Isa (Jesus) who was between 30 and 33 years of age; their voices will be as sweet as that of Prophet Dawud (David); their tolerance will be like that of Prophet Yaqub (Jacob); patience will be like that of Prophet Ayoub (Job) and habits will be like that of our last prophet, Mohammed.

Further, according to an authenticated hadith by Sahih Muslim (n.d), people admitted to Jannah will eat, drink, and dress in splendour but not out of thirst, hunger or fear of nakedness but out of pure enjoyment in an eternal life. Their perfected bodies will enjoy complete and everlasting health and never feel pain or be diseased. Belief in the attainment of such a perfect state of health promised to good Muslims in the afterlife, has implications for Muslims' attitude towards the corporeal body. The defects and weaknesses of the human body are regarded as a temporary state, because these will all disappear once a person is admitted to jannah based on his or her good deeds in the world. The image of a perfect ever-lasting body, free from the limitations and weaknesses of the corporeal body as we know it, seems attainable by following Islam as devoutly as possible. Working to maintain a worldly body which is eventually going to perish despite the best exercise routines and nutrition, appears to be a vain pursuit. In this context, many Muslims believe that a whole lifetime spent in this world would seem like a dream to the resurrected people in the afterlife. Moreover, according to the Quran, a single day after resurrection would be equal to 50,000 years on Earth:

The angels and the Spirit [Gabriel] will ascend to Him [Allah] during a day the extent of which is fifty thousand years. (The Quran, Chapter 70, Verse 4).

Therefore, to Muslims it seems more prudent to ensure wellbeing in the afterlife, and to secure a place in heaven by leading a religious life, rather than spend time in worldly matters, one of which is regarded as the cultivation of an "ideal" physical body.

In contrast, the current western ideology of health is based not just on the treatment of illness or the prevention of disease but on the "eternal quest for immortality" (Cheek, 2008, p. 974). In the new regime, health and healthcare operate on the promise of being able to defy ill-health, age, and even death, offering "potential perfection" (Fitzgerald, 1994, p. 196). This view cannot be regarded as universally applicable in western societies, but defying the natural course of the body to age, and eventually die, is becoming the new goal of health discourse:

In Australian society, which like most western countries is obsessed by youth, body image, and feeling good about oneself, the confluence of health discourse and discourses of anti-ageing, antideath and antidisease is seductive and irresistible. Such a confluence is increasingly becoming "normalized" and taking new forms. (Cheek, 2008, p. 976).

In contradistinction, the Islamic view of life on Earth, and dying, is underpinned by the belief that:

And the worldly life is not but amusement and diversion; but the home of the hereafter is best for those who fear Allah, so will you not reason? (The Quran, Chapter 6, Verse 32).

Death, therefore, does not carry the connotation of the end of life or of finality, but is instead the gateway to a better life to come depending on whether a person has lived a “good Muslim life”. The discourse of “anti-ageing, antideath and antidisease” is not appealing to a Muslim belief system but is regarded as another “amusement and diversion” to beware of in case it distracts from the goal of eternal salvation. Therefore, death is not regarded as something to be feared or to be avoided. No matter what a person does or does not do, his or her term of life is believed to have been fixed before the Earth was even created, as evident from the Quranic verse:

It is He who created you from clay and decreed a term [an appointed time for death] and a specified time [known] to Him [for resurrection] (The Quran, Chapter 6, Verse 2). As death is “not to be resisted or fought against” (Sheikh, 1998, p. 138), a Muslim person is more accepting of the physical condition of the body and its eventual death, as part of the predestined divine plan (Neuberger, 1994, p. 36).

Identifying this basic difference in world views, Ahmed and Donnan (1994, p. 12) point out that “whereas the post-modern western world promotes a culture of change, youth and consumerism, embracing noise, movement and speed, traditional Islam discourages change and emphasises calmness and stability”. Change, youth and consumerism, from a traditional Muslim point of view, are associated with a non-Muslim (Western) culture. Noise, movement and speed are also associated with non-Muslim practices such as exercise, gymnasias and team sport. Therefore, followers of traditional Islam will be inherently opposed to, or at best sceptical of, the change, movement and consumerism of western culture, and by association, of physical activity.

The after-life is conceptualised as the eternal and ever-lasting existence in the three major Abrahamic faiths - Christianity, Judaism and Islam and there may well be similar practices between these religions underpinned by the belief in resurrection and the after-life. However, a wider exploration of these practices is outside the scope of this study.

Predestination

"And if God touches thee with affliction, none can remove it but He: if He touches thee with happiness, He has power over all things." (The Quran, Chapter 6, Verse 17).

This section explores the concept of predestination, which is an important part of the Islamic faith, and one which has significant implications for the way in which health is conceptualised.

Predestination is part of the Islamic faith, and can be understood as God's complete power over all creatures and his ability to have complete knowledge about the actions they will take in their worldly lives. Good predestination includes beneficial things such as attainment of knowledge, health and faith, while bad predestination includes harmful things such as ignorance, sickness and sin. Predestination does not mean humans are not able to choose how they will act. Instead it means that Allah is cognisant of the choices they are to make, even before they are born, just as he has knowledge about what will happen in individuals' lives, with regard to their health, longevity, livelihood, circumstances in life and the time of their birth and death. All these are believed to be recorded in a 'preserved book' called the 'lauh al-mahfuz' which was written and preserved before the world was created. Muslims are expected to believe in divine predestination and to bear both good and bad events with patience and stoicism. By being patient in adverse circumstances, a Muslim displays his or her acceptance of predestination and uses the opportunity to strengthen faith through prayer and supplication to Allah to remove hardship. On the other hand, a Muslim who is not a 'good' Muslim is expected to also patiently bear any adversity or hardship in his or her life as this will expiate any previous sin and increase their chances of attaining 'jannah' or paradise in the afterlife. The Quran abounds in references to divine decree. For example, *"No calamity befalls but by the decision of Allah. And Allah will guide the heart of whoever believes in Him."* (The Quran, Chapter 64, Verse 11), and *"Every calamity which strikes on the Earth or in yourselves is inscribed in the Book of Decrees before I bring it into existence. Indeed that is easy for Allah."* (The Quran, Chapter 57, Verse 22).

Hadees also include references to predestination, "Everything occurs by decree, even inability and capability" (Muslim, n.d. p. 1397).

Predestination has an important effect on the health beliefs of Muslims. What is commonly regarded as a bad thing, such as sickness, disease or any such affliction, may be regarded as an opportunity a) for the afflicted person to be patient and pray to Allah to remove the affliction and b) for other people, such as family members and relatives, to do their Islamic duty towards the affected person, look after them, nurse them and help them spiritually, financially and in any way possible to increase their chances of being admitted to paradise.

Predestination does not mean individuals have no free will or choice between good and bad deeds (Philips, 2009). If this was the case, then Allah could not be considered 'Al-Adl' or the Just, one of the many attributes of Allah. The actions of individuals are believed to result in judgement, reward and punishment, which could take place either in the world as we know it, or in the afterlife. Muslims are expected to do their best in this world, leading good, moral and healthy lives, but leave the result of their actions to Allah.

Religion and Sport

Muslim health beliefs are significant for women's engagement in sport. The hadees include examples from prophet Mohammed's life which show that he valued physical fitness and advocated activities like swimming, archery, horse-riding and running. The second Caliph, Umar Ibn Khattab is reported to have said, "Teach your children swimming and archery, and tell them to jump on the horse's back" (Qaradawy, 1992, p. 296).

Another hadees tells the story of Ayesha, the prophet's wife, who said, "I raced with the Prophet and beat him in the race. Later, when I had put on some weight, we raced again and he won. Then he said, "this cancels that", referring to the previous occasion" (Qaradawy, 1992, p. 293). Ayesha is regarded as the source of authentic ('sahih') hadees in relation to prophet Mohammed's life, and has narrated more hadees than anyone else (Barlas, 2006, p. 145). This story narrated by Ayesha has reportedly set a precedence for some Muslim women to exercise, and specifically, to run (Walseth & Fasting, 2003).

Benn, Pfister, & Jawad (2011) challenge the notion that there is a specific standard of behaviour or dress which restricts Muslim women from participating in physical

activity. Instead, they remark that it is the cultural interpretations of the religion which create barriers. The authors report that an international workshop in 2008 resulted in a position statement about creating sport opportunities for Muslim women. Its main principle is, “Islam is an enabling religion that endorses women’s participation in physical activity” (ISPESGW.org in Benn et al., 2011, p. 5).

Following cultural rules of dress and behaviour is regarded as essential for Muslim girls and women in traditional families. Although there is evidence in Islam for both men and women to engage in physical activity, in some countries it is considered culturally inappropriate for girls to participate in several sports which may breach Islamic rules of dress and bodily movement (AbdulRazak, Omar-Fauzee, & Abd-Latif, 2010). For example, Islam was deemed to be a fundamental aspect of Arab Muslim women’s identity (AbdulRazak et al., 2010, p. 370), but the cultural expectations of their parents and family, and the dress code prohibited them from participation in sport.

Walseth and Fasting (2003) conducted research regarding Egyptian women’s interpretation of sport in the context of Islam. They reported that the most religious Muslim women included physical activity in their daily lives, believing it was the duty of every Muslim to look after her body (p. 53). However, these women participated in sport or fitness activities only with close family members, at home, or in “sex-segregated training studios” (p. 54). This was because they did not want to be visible to men who were not related to them. The use of the full veil (niqab) was regarded as a barrier by the women, who felt that they could not do any sporting activities while wearing this veil where men may be present. Therefore sex-segregated spaces where they need not wear the veil suited them best. Some women in the study believed that most sport could be played in front of men as long as they wore the hijab, but activities which included music (like aerobics) were not appropriate, as music and body movements in aerobics could incite sexual tension among the men watching them (p. 54). From this study, it was evident that the way in which women interpreted Islam underpinned their participation in sport:

The informants in the hijab and no-veil categories may participate in sports competitions because they interpret Islam in such a way that neither the veil, sex segregation nor the concept of excitement raised any practical barriers to their sport participation. (Walseth & Fasting, 2003, p. 55)

Palmer (2009) studied the attitude of young Somali Muslim women towards soccer in an Australian refugee housing estate. She observed that the women who used a hijab (headscarf), krimar (headscarf with a covering extending to the waist), or niqab (krimar with face veil), held different attitudes towards sport than the women who did not wear religious clothing. These traditional Muslim women regarded some of the movements in soccer, such as “chesting the ball” as masculine and inappropriate for women because they drew attention to the female body. Bringing dishonor to the family by engaging in any activity that could be considered un-Islamic was a concern for the traditional Muslim women, but for some, religion did not influence the way they engaged with soccer. Being in a female-only area was important for the traditional Muslim women, who considered the “male gaze” detrimental to their participation (Palmer, 2009, p. 2) but the non-traditional women welcomed mixed-gender soccer competitions as an opportunity to meet men from their communities. The approval of family, especially parents, was considered necessary for traditional Muslim women to participate in sport. Clearly there are different ways in which Islam is interpreted, and the degree to which women follow Islam influences their participation in soccer:

There was a great diversity in the ways in which the Muslim women in the soccer team interpreted Islam, and this manifested itself as a constantly shifting tension in which the young women parleyed their multiple, often conflicting, cultural identities as members of a sporting team, as members of the Somali community and as young women growing up in contemporary Australian society. (p. 2).

Kay (2006, pp. 358-362) shows through her qualitative research in Bangladeshi Muslim families in England that second generation migrant families displayed much more support for women and girls to participate in sporting activities. The same research showed an older sibling's support positively influenced girls to undertake physical activity. In some families, however, the changing, and more secular identities of Muslim women who wanted to participate in sport formed a point of conflict between them and their parents. Kay's research shows that in other Muslim ethnic minorities, such as Bangladeshi Muslim communities, there is great variance in the way religion is understood or applied in the context of sport and physical activity for women. Therefore, one needs to be aware of the heterogeneity within, and between, Muslim ethnic minorities, highlighting the complexity of the relationship between identity, religion, and physical activity.

It is clear from the preceding account that there are tensions and differences inherent in the interpretation and application of Islam which underpin sport participation for Muslim women. The following section reviews the health implications of the level of sport and exercise engagement for Muslim women.

Quranic Stipulations Regarding Women's Role

Men are the maintainers of women because Allah has made some of them to excel others and because they spend out of their property; the good women are therefore obedient. (The Quran, Chapter 4, Verse 34).

Contrary to popular belief, Muslim women's status is not subjugated to men's due to their religion *per se* as there is no verse in the Quran which specifically accords a subservient position to women (Barlas, 2001, 2002; Wadud, 2000). The verse above is often quoted as the basis upon which a wife needs to be obedient to her husband, but most Muslim scholars agree that both sexes are equal before God in a complementary sense and that equity, rather than equality, between the sexes is a fairer means of ensuring women's rights:

And the rights of the wives (with regard to their husbands) are equal to the obligations that they have (towards their husbands), but men have a precedence (in responsibilities). (The Quran, Chapter 2, Verse 228).

This verse may be interpreted both as the basis of an equitable spousal relationship, but also as a legitimisation of the superiority of the husband over the wife. Women are charged with care-giving and familial responsibilities because they are biologically suited to childbearing, and childrearing and care-giving are traditionally the domain of women. In return, men are considered the 'maintainers' of women, financially responsible for their families and expected to be the breadwinners. They are also charged with ensuring the welfare of orphans, the sick and the needy among their relatives. However, from the Quran's standpoint this does not restrict women from working outside the home. The word used in the Quran for 'responsibility' is 'qawama', made up of the verb 'qama' and the preposition 'ala' which together mean 'to take care of'. This in no way implies that women should not be independent or that they are restricted from working outside the home, but the meaning of the verse is widely understood to mean the 'superiority' of men over women (Osman, 1997, p. 27).

The complementary nature of the relationship between men and women is evident from Quranic verses such as:

Your Lord created you of a single soul and from it created its mate, and from the pair of them scattered abroad many men and women” (The Quran, Chapter 4, Verse 1) and

They are a vestment for you and you are a vestment for them (The Quran, Chapter 2, Verse 183).

The role of Muslim women in both public and private spheres differs according to their society and cultural conditioning (Al Gharaibeh, 2011). Moghadam (2004) explains that the family is regarded as a fundamental unit of Muslim society, and mothers’ role in the socialisation of children for them to become “committed Muslims” (p. 137) is given priority over pursuing a career outside the home. It is therefore not uncommon for Muslim women to lead a life largely segregated from men, even when they live in a European country. Motherhood is especially honoured and working outside of the home is considered secondary to bringing up a family. Social networking for many women is restricted to meeting other Muslim women who attend the same mosque or to their female relatives. The role of women in Islam is understood to be that of a homemaker, mother and care-giver. Many people believe that it is divine law that women should be relegated to the home, using the following Quranic verse to support their claim:

And abide in your houses and do not display yourselves as was the display of the former times of ignorance. (The Quran, Chapter 33, Verse 33).

However people who adhere to this view ignore the preceding verse which addresses the women of prophet Mohammed’s household only, stating:

O wives of the prophet, you are not like anyone among women.

The restriction of seclusion inside the home was specifically for the prophet’s wives as they were not given the same rights as other Muslim women. For example, they were not allowed to remarry after the prophet’s death.

Muslim Women, Health and Exercise

Most Muslim people in New Zealand have migrated there, with a small percentage of New Zealand-born Muslims also residing in the country (Shah & Culbertsen, 2011;

Statistics New Zealand, 2006). This section reviews literature from an international perspective regarding exercise, leisure activities and health issues of Muslim women. As there is insufficient literature published about Muslim women's physical activity levels in New Zealand, it is hoped that international research will help inform the New Zealand-based study.

It is important to focus on how Muslim women relate to the notion of physical activity, given that the appeal of the athletic European body image may not be their ideal. A study conducted by Mussap (2009, p. 121) showed that for the Australian Muslim women surveyed, the "strength of religious faith was inversely related to body dissatisfaction, body self-objectification and dietary restraint". It was evident from the study that religious Muslim women consistently wore modest clothing and had less media consumption compared to non-Muslim women and their less religious counterparts. Mussap therefore proposed that "adherence to Islam can indirectly protect women's body image from appearance-based public scrutiny and from exposure to Western media" (p. 121). The question arises regarding what understanding Muslim women have regarding physical activity, and their involvement in exercise.

Perceptions of the high risk associated with obesity are culturally bound (see for example, Greenhalgh, Helman, & Chowdhury ., 1998; Ludwig et al., 2011; Monaghan et al., 2010). Some cultures consider obesity to be a sign of affluence, while others equate higher weight with attractiveness. Studies show that black women, in general, are more tolerant of overweight and a range of body shapes (Allan, Mayo, & Michel, 1993; Celio, Zabinsky, & Wilfley, 2002). Religion also plays an important part in determining health and disease management for black women in America (Holt & McClure, 2006, pp. 268-272). Specifically, black Muslim women reportedly "experience less body dissatisfaction, have a larger ideal body size...and feel attractive at higher weights" (Odoms-Young, 2008, p. 2573). There is a high percentage of Muslims among black women in America (Bagby, Perl & Frochle, 2001). A recent study of 22 black Muslim women (Odoms-Young, 2008) showed that religion positively influenced their perception of body weight. This was especially true for married women in the study, who reported their husbands did not mind if they put on extra weight, and some reported that their husbands were appreciative of weight gain. In the same study the unmarried participants were more conscious of being overweight, although from a cosmetic, rather than a health point of view.

A study undertaken in New Zealand (Guerin et al., 2007) showed that refugee Muslim women from Somalia had significantly higher than average overweight and obesity levels compared to New Zealand women. This quantitative study of Somalian Muslim women measured obesity using BMI and waist to hip ratios. It showed high levels of obesity and risk of cardiovascular disease associated with a sedentary lifestyle. The study notes that Somalian women come from a nomadic culture with low levels of education and literacy and so education is a high priority for most refugee families. The limitation of this study is that it does not explain why the Somali women who participated in the study were sedentary. Exploration of the experience of being refugees in New Zealand, and the attendant barriers faced by them, such as language difficulties or loss of social networks, would have helped explain low levels of physical activity. The participants in this study were thirty-one women aged between 12 and 66 years. It is obvious that the experience of the younger participants (who have been questionably included in the category of “women” rather than children) will differ from that of the older ones in terms of assimilation into New Zealand, exposure to sport and recreation facilities through the school system and the level of activity they undertake. However, this study does not differentiate between the different experiences of the children, young women and older women which would have provided valuable explanatory insights. In addition, because of the small sample size of this quantitative study, its findings may not be applicable to the wider Muslim, or even wider Somali, community. It may be inferred that these families place less importance on participation in sport or physical activity compared with getting a good education, and becoming established in their adoptive country. Significantly, this study showed a high rate of sedentary behaviour and insufficient access to culturally appropriate information about nutrition and exercise. Language barriers and perceived religious regulation were reported by the women, but the study did not delve into the experiential side of these women’s sedentary behaviour.

Emerging literature about refugee Somali women in New Zealand (Jelle et al., 2006), shows that older Somali women usually look after the home and younger women are beginning to undertake paid employment. The younger women reported being busy looking after their siblings and carrying out housework after returning from work. It could be that this lifestyle may encourage sedentary behaviour. But from my

observations this may be the reality for many refugee families in New Zealand while they integrate in the social and employment spheres in New Zealand.

Muslim people in New Zealand form a distinct group. For an ethnic group to exist, it is necessary to have “Cultural practices or beliefs that define it as different from other groups in society. These symbolic elements could reflect the particular kin structures, diet, religious beliefs, rituals, language, dress, economic activities or political affiliation of the group.” (Spoonley, 1995, p. 37). Most of the Muslim population in New Zealand has originated from the Indian sub-continent and south-east Asia. It is therefore important to consider the main health risks for this population group. Nishtar (2002) reported that in 2000, 16.7 million people died from cardiovascular disease and more than half of these were in developing countries such as Pakistan, India, Bangladesh, Nepal and Sri Lanka. South-east Asian people’s tendency to have high coronary risk has been recorded in expatriate South-east Asians (Lee et al., 2008). However, even a small increase in physical activity may be significant in averting coronary heart disease (Wimbush, 1994, p. 322) as there is evidence to suggest that the risk of coronary heart disease may be lowered by increasing physical activity at any age, and at any stage of the disease (Morgan, 2004, p. 8).

The control and prevention of Type 2 diabetes through exercise has been widely researched. The most recently published guidelines on exercise for sufferers of Type 2 diabetes (Lowry, 2010, pp. 2282-2303) recommend at least 150 minutes of moderate to vigorous aerobic exercise weekly as well as at least twice weekly resistance training.

Nishtar identifies that Muslim women cannot easily increase physical activity levels, as exercise is “culturally unacceptable for most Muslim women, who should be encouraged to exercise in a form that respects religious prescriptions; endorsement from Islamic religious leaders is crucial for the success of such practice” (Nishtar, 2002, p. 1017). As argued above, following religious prescriptions is important for most practising Muslims and Muslim women in particular need to observe modesty in their dress and ensure their bodies are not inappropriately exposed while exercising (Kahan, 2003, p. 48).

Combining religious requirements and exercise is clearly not always easy. For example, The Dominion Post (11 January 2007) reported that Muslim women living in Christchurch have complained about the lack of pool facilities where they can swim

without compromising their religious beliefs. The issue has attracted much debate, because some non-Muslim New Zealanders believe that existing facilities where men and women swim together are adequate and that Muslim women need to assimilate into New Zealand society. This debate highlights the need for practices that will accommodate Muslim women's religious beliefs and the use of public exercise facilities.

The introduction of the 'burqini' into the swimming and outdoor activity arena is a fairly recent development which holds the promise of combining religious beliefs with the ability to exercise and swim in public (Bennets in 'The Press', 11 January 2007). The burqini, designed by an Australian Muslim designer, is a cross between a 'burqa' or the traditional outer garment of Muslim women which covers them from head to ankles, and the bikini. It is a two piece garment made of polyester, consisting of a head covering, long shirt and loose pants, and is water and UV-resistant. It was hoped that this development in clothing could be a simple solution to a long-standing problem and by wearing it Muslim women could be physically active in sports like swimming and outdoor running while not compromising their religious beliefs. However, there has been some controversy regarding the use of the burqini. A French Muslim woman was not permitted to wear her burqini in a Paris swimming pool due to "France's pool hygiene standard". She felt this was simply discrimination as there was nothing unhygienic in being fully covered while in the swimming pool ('Denver Post' 17 August 2009).

Such examples highlight the differences for Muslim women, and the need for societies with minority Muslim populations, to understand the religious requirements of Muslim women, so that they may have, like all other members of the community, access to public facilities.

Health Risks for Muslim Women

Those Muslim women who, for religious beliefs, wear veiling, are vulnerable to health risks including reduced calcium absorption, reduced bone density, hyperparathyroidism, increased risk of vertebral and hip fractures, myopathy and osteomalacia (Mason & Diamond, 2001). Exposure to the sun and physical activity, including resistance training, would help reduce these problems significantly.

Studies in New Zealand and Australia about Muslim women demonstrate that the health problems this group of women experiences, is not dependent on the country of their residence. Rather, the health issues seem to be an effect of their lifestyle which is in turn influenced by religious requirements. An Australian study conducted in 2001 identified severe cases of vitamin D deficiency among dark skinned women and Muslim women who were veiled (Mason & Diamond, 2001). As vitamin D in newborn babies is dependent on maternal transfer, these women's babies were also identified as below the reference range of vitamin D deficiency. Vitamin D cannot be synthesised in a person's body without the catalytic presence of sunlight. Grover and Morley (2001) identified that Muslim women in Australia were 2.5 times more likely than European women to have a severe Vitamin D deficiency and a correspondingly high rate of osteoporosis. Vitamin D deficiency and osteoporosis were also found in research conducted on Muslim women in Morocco (Allali et al., 2009). The researchers found markedly low levels of vitamin D among Muslim women aged more than 55 years, or who spent less than 30 minutes a day outdoors or in sunshine, or who wore a veil. These women reportedly had a total calcium intake of less than 700 mg a day. Significantly, 85% of the Moroccan women sampled in the study reported not ever having participated in any sporting activity and total activity levels were very low, with 90% of the sample reportedly only walking 30 minutes once a week. The authors also cite similar findings looking at research from Saudi Arabia, Kuwait and Lebanon. This shows that the problem of hypovitaminosis D, or extremely low levels of vitamin D, (Allali, et al., 2009, p. 444) is not restricted to migrant Muslim women but is an inherent problem among Muslim women irrespective of where they live.

Australia has been identified as one of the most ethnically diverse countries in the world (*International Migration Report, 2002*). One fourth of all Australians in 2005 were reportedly overseas-born. Although the Australian government is committed to helping its migrant population settle into the country and become an active part of the economy and the local community, it also has to consider differences in belief systems and other barriers that may prevent migrants from participating in social and leisure activities (Multicultural Australia 2003).

Similarly, New Zealand's growing ethnic diversity brings a diversity of health beliefs which impact on levels of physical activity. SPARC's report (2005, p. 18), "*Changing physical activity behaviour*" elaborates eight factors which could either enhance or

restrict the uptake of physical activity. These are: strong positive intention, no environmental barriers, skills to perform the behaviour, the advantages outweigh the disadvantages, there is social pressure to conform, behaviour is consistent with self-image, emotional reaction is more positive than negative and finally the level of self-efficacy.

Different ethno-religious groups may hold different reasons for being active or inactive. For example, Ibrahim (2008, pp. 69-72) remarks that Muslim women in America may not necessarily be motivated to exercise in order to attain the ideal body shape which may appeal to non-Muslim women. However, this creates the problem of obesity and inactivity for this group of women. AbdulRazak et al. (2010) report that Arab women in Malaysia did not exercise despite provision of gender-segregated facilities due to the influence of family, disapproval of parents and the Islamic dress code. However, this study provided very limited reasons for Muslim women not exercising in a predominantly Muslim country and does not delve deeper into issues of dress, modesty, gender-segregation and parental and/or family approval as many of the issues facing Muslim women in Western countries would have been resolved in a mainstream Muslim culture.

Although there is evidence to prove low levels of physical activity among women from non-Western ethnicities (Allali et al., 2009; Caperchione, Kolt & Mummery, 2009; Koca et al., 2009 and Ramanathan & Crocker, 2009) there is a gap in the current literature about definitive causes of physical inactivity for this group of women.

Research undertaken with migrant women in New Zealand (De Souza, 2006) shows that for many migrant women moving to a new country results in the loss of their social networks, family and friends, which had earlier provided them information and resources necessary to their functioning as effective members of their community. The study also showed that the move to a new country, which has a very different social set-up, leads them to become dependent on their husbands or a health professional for the management of their choices with regard to health practices. This dependency may also influence these women's engagement in physical activity.

Researchers who study cultural identities or masculine/feminine identities and their interaction with participation in sport support the claim that an identity that complements, rather than restricts physical activity, is important to becoming physically

active (Belza & Warms, 2004; Cushing & Steele, 2011; Segrave, 2000 and Tudor-Locke et al., 2003). An identity conducive to physical activity is reinforced at a young age by the gender roles inculcated among girls and boys. The role of family and gender roles have been found to influence physical activity among adolescent females from the Indian sub-continent. Ramanathan and Crocker (2009) studied the physical activity patterns of adolescent girls in Canada hailing from the Indian diaspora. The researchers termed diaspora as collectively referring to “direct immigrants from India, two-time migrants, and individuals whose heritage is linked to the Indian subcontinent, including Sri Lanka, Bangladesh and so forth” (Ramanathan & Crocker, 2009, p. 493). Although the participants in this study were not Muslim, it is generally accepted that there are cultural commonalities between Muslim and non-Muslim female adolescents in this ethnic group. The researchers concluded that immigrant populations and their children are particularly prone to obesity and are predisposed to cardiovascular disease and diabetes. These groups had correspondingly low participation of youth (especially females) in physical activities. The researcher showed that fathers and brothers were most important in influencing physical activity patterns of these female adolescents, followed by religion and spirituality. A sense of familial responsibility was a key theme in the findings of the study, with the participants unanimously agreeing that their physical activity would be influenced and regulated by their parents, and that there were distinct gender roles which would determine the freedom and independence girls had at their disposal.

Studies done in other countries are reflective of Ramanathan and Crocker’s 2009 study. Farroq and Parker’s 2009 study based in the UK showed that adolescent Muslim boys understood that participation in physical education is an opportunity for developing a masculine Muslim identity. However, research about Muslim girls does not provide evidence that they negotiate their identity in such a way that physical activity complements, rather than opposes, their religious affiliation.

Barriers to Physical Activity

Kahan (2003) suggests that Islam is inherently not against supporting physical activity for Muslim girls or women. However, the practices associated with physical activity in western schools, for example communal showering, create barriers for both Muslim boys and girls who are required to preserve their modesty and not expose their bodies

even to same-sex individuals. Benn (1996) noted that when there was discussion about the needs of Muslim students at a university teacher training programme, and accommodation of their religious requirements, there was an improved attitude toward physical education by the Muslim students.

Caperchione et al. (2009) identified barriers to physical activity for culturally and linguistically diverse migrants in Australia. These were, “cultural and religious beliefs, issues with social relationships, socioeconomic challenges, environmental barriers, and perceptions of health and injury” (p. 167). Acculturation was understood to be associated with “the adoption of detrimental Western behaviours such as the consumption of a high-fat, calorie-dense diet, smoking, alcohol intake and a more sedentary lifestyle” (p. 170). Muslim women, in particular, were identified as a high risk group for sedentary behaviour. Both Muslim men and women migrating to Australia from countries such as Morocco, Mauritania, Algeria, Tunisia, Libya, Sudan, Egypt and Somalia reported praying five times a day and fasting from sunrise to sunset in the month of Ramadan. These religious practices were understood to be constraints to these groups’ physical activity.

Nakamura (2002) suggests that by migrating to western countries, Muslim women face greater barriers to physical activity compared those they face in their home countries. This is because in predominantly Muslim countries, there is provision for sex-segregated exercise facilities, like gyms and swimming pools where women can exercise freely in the absence of males. Nakamura (2002, pp. 21-23) identifies three areas in which western notions of physical activity differ from an Islamic framework of physical activity. These are: a flexible dress code allowing women to dress modestly, sex segregation, and controlled access to the place of physical activity. By recognising the ideological difference between Islamic and non-Islamic notions of physical activity for women, it may be suggested that a non-segregated approach toward physical activity poses a significant barrier for Muslim women. As Nakamura (2002, p. 22) remarks, “There is a belief in Western society that when “oppressed” Muslim women come to a Western country, they will be liberated and find opportunities around every corner, but this is not necessarily the case”.

Caperchione et al. (2009, p. 172) also found religious fatalism was a determinant of sedentary behaviour. Some of the Muslim participants in their research reported Allah

or God to be responsible for an individual's social, economic and health conditions; as these conditions are pre-ordained, there seemed little need to use preventive health measures, such as increased physical activity, to improve health.

Muslim Women and the Caring Role

Caperchione et al. (2009) identified that the primary role of Muslim women was the care of children and extended family members. Physical activity was only encouraged if it did not conflict with family responsibility. Further, participation in sport or individual physical activity pursuits was only encouraged if it was within an all-female group and if the women were dressed appropriately.

Reviewing international literature about Muslim women, exercise and leisure, it was apparent that Muslim women display a strong ethic of care in their communities and their preoccupation with caring duties is a barrier to physical activity. The obligation to look after extended family members is derived directly from the Quran which states:

And We have enjoined upon man, to his parents, good treatment. His mother carried him with hardship and gave birth to him with hardship, and his gestation and weaning [period] is thirty months...Those are the ones from whom We will accept the best of what they did and overlook their misdeeds, [their being] among the companions of paradise. [That is] the promise of truth which they had been promised. (The Quran, Chapter 46, Verses 15 & 16)

Religious expectations and obligations impose on Muslim women caring and nursing roles (Koca et al., 2009) which leave them very little time for leisure or exercise, even if they were inclined to do so. Kay (2006) identified that for most Pakistani and Bangladeshi families living in the UK, maintaining kinship with the extended family was central to maintaining a cultural and religious identity. Multi-generational family units living together restricted the autonomy and independence of women in the household, who were expected to be involved mainly in household work. The women in the study all required gender-segregated facilities in order to participate in sport (Kay, 2006, p. 364), and their observance of religious dress was regarded as a marker of their family's honour in the Muslim community (p. 361).

Turkey, a predominantly Muslim country, has been identified as a country of extremes with regard to the status of women (Koca et al., 2009). Traditionalism and modernism

pose contradictions in Turkish women's lives. On one hand, in 2001 Turkey passed a civil code identifying the invisible labour of women and its role in the wellbeing of a family and has assigned an economic value to it. On the other hand, Kulakac, Buldukoglu, Yilmaz, & Alkan, (2006) who studied motherhood in Turkey found that irrespective of class and economic status, most women sacrificed their freedom and leisure time to accommodate the needs of their children. They also felt guilty about their need for leisure, showing a strong ethic of care among Turkish women. It is probable that the same ethic of care is present among Muslim women from other countries although research about this in New Zealand is limited (Jelle et al., 2006). Demir (2005) compared the leisure activities of men and women in Turkey and found men experienced fewer barriers to leisure compared to women in terms of household and childcare responsibilities, perception of opportunities and arrangement of working hours.

Some researchers (Arab-Moghaddam, Henderson & Sheikholeslami, 2007; Samdahl, 2005) view leisure research as too preoccupied with barriers faced by women, and insist that if there is sufficient motivation for an activity and enough benefits are associated with the activity, women would negotiate their constraints. However, these authors assume that Muslim women perceive physical activity as important to their health. Al Gharaibeh (1995, in Ma'Aitah, 1999, p. 535) canvassed 100 American Muslim women's conceptualisation of health and none of them included exercise as a factor of their health maintenance, confirming that most Muslim women do not perceive physical activity to be important for their health. Further, Al Gharaibeh (2011)'s research among Bahraini Muslim women shows that they are at risk of chronic health conditions such as obesity, anemia, hyperlipidemia, diabetes and hypertension. Significantly, 70% of the 258 women sampled were classed as obese, suggesting that obesity and overweight contribute to chronic health conditions in this group of Muslim women.

Research which focused on leisure activities of Muslim migrant women in America shows that Muslim women themselves did not attribute factors constraining leisure activities to religion, but that "adherence to religious norms during leisure was considered normal and appropriate within their religious framework" (Stodolska & Livengood, 2006, p. 311). Therefore, leisure activities, which may include physical activity, need to conform to Islamic regulations of dress, behaviour and gender segregation activity, for Muslim women to participate in them. Certain activities,

however, are considered inappropriate by religious Muslim women (and men) even if clothing and gender segregation is suitably modified. These include chants in yoga which pay respect to gods other than the Muslim God (Allah) and some yogic poses (such as the symbolic salutation to the sun god) which are considered ‘haram’ or impermissible (Ellin, 2009, p. 2). Such activities are considered inappropriate for Muslim people because they are believed to be against the Islamic principle of ‘tawheed’ or worshipping only one God, Allah.

Acculturation and Physical Activity

Mussap (2009) conducted research among Australian Muslim women and studied the relationship between eating behaviours, body dissatisfaction and western acculturation. The author hypothesised that “disordered eating would be most pronounced in women who have assimilated western values at the expense of their heritage values” (Mussap, 2009, p. 3). The quantitative study was based on 101 respondents who identified as Muslim women living in Melbourne and were either recent emigrants to Australia or the children of first generation migrants. The sample was compared to a non-Muslim sample for normative data on the four variables of body dissatisfaction, dietary control, bingeing and purging. The study concluded that women who identified most with mainstream culture and least with their heritage or ethnic culture experienced most body dissatisfaction. However, a significant limitation of the hypothesis was that it assumed proximity to, or acceptance of, western values was the cause of body dissatisfaction. The study further assumes that Muslim women universally have positive body image prior to migrating to a western country (Pedwell, 2007).

Assimilation into mainstream culture was associated with positive views toward participation in physical activity by both Greek and British Muslim women in a study conducted in the UK (Dagkas, 2006), with a higher level of acculturation corresponding to higher participation in activity levels.

Rules of Dress and Physical Activity

In this section I outline the rules regarding how Muslim men and women are supposed to dress and under what conditions they may or may not engage with the opposite sex. These rules have a significant impact on the physical activity of Muslim women in particular, because the rules regarding their dress, and associating with men, are more stringent compared to rules which apply to men.

It is important to be aware of the religious requirements underpinning the dress of Muslim women, so the reader will be able to understand the significance of maintaining hijab, addressed in the findings of this study. In Islam, women's bodies occupy a very political space. There are specific rules governing what is to be covered, which body parts need to be covered in front of whom, and how women are to conduct themselves in public. From the time of puberty, girls are supposed to cover themselves from head to feet leaving only the face and hands uncovered. The head scarf (hijab), cloak or long coat (abaya) and the face veil (niqab) are regarded as religious garments by Muslim women which protect their modesty by hiding their bodies from public view and especially from the "male gaze". These garments are referred to collectively as 'hijab'.

Women's bodies are considered to be 'awra'. Awra can be understood as 'nakedness' or 'vulnerable', although its denotative meaning is derived from the root 'a-w-r' which means "defectiveness, imperfection, blemish or weakness" in Arabic.

The rules of maintaining awra are summarised below, adapted from Philips (n.d., Islamic Online University).

Table 1: Rules of Awra

Individual	Extent of Awra
Man with men or with other women	From navel to knee
Woman with non-mahrams or with non-Muslim women	The whole body except for the face and hands
Muslim woman with mahrams or with other Muslim women	The whole body, except for the head, neck, arms and shins

The 'mahrams' referred to in the table are men to whom a Muslim woman cannot be married, or to her husband. This means her father, brothers, nephews, maternal and paternal uncles and father-in-law. Apart from these related men, Muslim women are supposed to cover their full awra when in the company of other men. In addition, clothing or adornments should not draw attention to the wearer. Clothes for both men and women are not to be tight-fitting so that they cover the shape of the awra. Clothing

and accessories are not supposed to be specific to the opposite sex. For example, men are not permitted to wear jewellery, silk or gold. Women are not permitted to wear their hair in a manly hairstyle or dress in clothes which may be construed as masculine according to local fashion.

Apart from mahram men, a Muslim woman must not be in seclusion with a man. Public meetings between men and women are not prohibited and men and women may work and study together as long as the rules of awra are followed. However, sex segregation is practised in many Muslim societies. Sex segregation is a system by which men and women lead completely separate lives, men in the public sphere and women in the private sphere. Sex segregation restricts women from personal and economic activities and arguably challenges the equity which is the basic premise of Islam's gender relations. Some Muslim feminists, for example Fereshteh Hashemi, support the segregation of women from within a traditional Islamic framework, suggesting the domestic role of women is divinely sanctioned, and that it frees them from having to earn a livelihood:

Women have the heavy responsibility of procreation and rearing a generation...God, therefore, absolves the woman from all economic responsibilities so that she can engage herself in this prophetic and divine act with peace in mind. Therefore, he makes it the duty of the man to provide all economic means for this woman, so as there shall not be an economic vacuum in her life (cited in Tabari and Yaganeh, 1982, p. 180).

Other Muslim feminists like Fatema Mernissi (1982) suggest that gender segregation and the practice of veiling are used effectively in patriarchal Muslim societies "to make women disappear, to eliminate them from communal life, to relegate them to an easily controllable terrain, the home" (p. 189). Mernissi highlights the tensions between the sexes, born out of the application of Islam. She concedes that women and men are given equal status in the Quran, but in the Sharia (Islamic law), women are regarded as inferior, but contradictorily, also powerful and dangerous. Given the danger women pose to men, the Sharia and other institutions (such as an Islamic marriage) are aimed at constraining women (Mernissi, 1975).

The practice of hijab is understood by some researchers as reinforcing Muslim women's group solidarity and pride in religious affiliation. As Dobson found in her study of New Zealand Muslim women, "This discourse of covering as an effective way to deflect

sexual objectification is very common among women who practice *hijab*.” (2009, p. 131). However, the hijab is not universally accepted as a positive reinforcer of solidarity or a symbol of “de-objectification” for Muslim women. Instead, some Muslim women academics, such as Leila Ahmed, an Egyptian feminist, have explained the hijab as a means to ensure the inferior status of women:

It is the idea of the veil much more than the veil’s material presence that is the powerful signifier: of women’s proper seclusion and relegation to a private world, of their proper non-participation, passivity and even invisibility- metaphorically signified by the veil- in the public domain. (Ahmed, 1982, p. 160).

Interestingly, the same author noted a few years later that there seemed to be a resurgence of the hijab among young Muslim women living in America (Ahmed, 2011). The women she observed wearing hijab, had been educated in America and had adopted Islamic dress by choice, as an expression of their individual identity. The adoption of hijab by choice, then, connotes that different meanings are ascribed to the hijab by its wearers, and the symbolic meanings it stands for, are contestable and contextual.

Conclusion

This literature review provided an overview of the available literature about Muslim health beliefs, and cultural and religious barriers to physical activity that Muslim women may face. As discussed earlier, the perception of obesity as an “epidemic” (Cheek, 2008; Monaghan et al., 2010) transcending national and cultural boundaries has given rise to a public health ideology which demands that individuals undertake lifestyle changes to be considered “healthy citizens” (Moore, 2010). The dominant model of health requires that individuals become responsible for their own health, and a failure to maintain good health is regarded as a personal failing indicative of moral weakness (Petersen & Lupton, 1996). Health is now not just an absence of disease or illness. It has instead mutated into an understanding of health which:

Increasingly means embracing a range of lifestyle choices and technologies that once would have been considered at the periphery of health, if indeed part of it at all...In such a climate hitherto traditional boundaries such as where and how health is enacted and what health care actually is, dissolve and undergo constant change. (Cheek, 2008, p. 975).

The foregoing literature review has shown that Muslim women risk issues such as obesity, low vitamin D levels and osteoporosis. Health beliefs stemming from a perception of Islam, such as predestination, influence a Muslim person's motivation to engage in physical activity. Belief in the afterlife and the condition of the body if it is granted jannah, predisposes Muslims towards focusing on deeds which will enable them to attain paradise, rather than on activities directed at perfecting the physical and temporary body.

The rules of dress and gender segregation which apply to Muslim women restrict the spaces, and the types of activity they are able to engage in. There is significant difference in the level of activity required to prevent obesity, and how Muslim women may perceive the importance of physical activity. The Muslim women who choose to maintain their Muslim identity and engage in physical activity, may face barriers due to their Islamic practices.

The available literature also shows the absence of qualitative research about Muslim women and physical activity. Therefore this study aims to advance the limited literature about the experience of Muslim women and physical activity in New Zealand.

Summary

The preceding chapter introduced the key concepts of health and physical activity. Activity guidelines for maintaining health and preventing obesity were presented. The health beliefs of Muslim people and the effect of these on health behaviour, such as engagement with physical activity, were explored. Gaps in the current literature pertaining to Muslim women's physical activity were identified.

The following chapter presents the methodology used for this study. The philosophical grounding of narrative research is introduced. The reason for using narrative methodology for this study is presented. The congruence of this methodology with Muslim research methodologies is compared. The research design including participant recruitment and the interview process is described.

Chapter Four: METHODOLOGY AND METHODS

Introduction

Positivism was born out the belief that science is fact and that there exists an objective reality which is the truth. The truth for positivist researchers was regarded as a universal given and there was little room for interpretation or personal experience in the process of inquiry and research (Babbie, 1998; Burns, 1995). It is not the aim of this study to establish a scientific fact or to pursue ‘the truth’, which the positivist researcher wants to uncover. Rather, the focus is on exploring the meaning Muslim women give to exercise and to describe the various realities or truths as perceived and told by the narrators (Clandinin, 2007). This study uses postpositivism as its epistemological standpoint, and a qualitative descriptive approach as the methodology.

Postpositivist Approach to a Descriptive Study

A paradigm has been defined as an interpretive framework or a “basic set of beliefs that guides action” (Guba, 1990, p. 17). Postpositivism has been proposed as one of the four paradigms used to group research methodologies (Grant & Giddings, 2002). Although the authors classified positivism and postpositivism in the same paradigm, they note that the significant difference between the two is that the latter extends the scope and, to an extent, overcomes the methodological limitations of the former. The authors note that postpositivism signals a critical awareness, rather than rejection, of the limitations of positivism (Grant & Giddings, 2002, p. 13).

Postpositivist researchers challenge the notion of truth as singular, and instead agree that:

One cannot know the “real” world in a definitive way but can come to see it only from a variety of perspectives...they do not doubt that each perspective is, in its own way, an approximation of reality as it truly exists (Guba & Lincoln, 1989, p. 58).

Researchers working in this paradigm assume that reality exists, but unlike positivists, regard reality to be contextual and therefore not generalisable, and only “probabilistically apprehendable” (Carpiano & Daley, 2006, p. 568). This position holds that “true reality” can never be captured or accurately represented (Lincoln & Guba, 2000).

An important common goal for positivism and postpositivism is “an explanation that leads to prediction and control of phenomena” (Ponterotto, 2005, p. 129). Traditionally, both positivism and postpositivism have aimed to uncover relationships between variables leading to “etic laws” (Ponterotto, 2005, p. 132) which refer to “universal laws and behaviors that transcend nations and cultures and apply to all humans” (p. 128). However, in this study, the postpositive paradigm is used because it offers to explain the relationship between the meanings given to physical activity and Islam as articulated by Muslim women living in New Zealand.

It is not possible to arrive at an “etic law” through this study because the results of the study are applicable only in context and can be held “probabilistically true” for a specific group of women. In addition, postpositivism suggests that knowledge is socially constructed and that “multiplicity and complexity are the reality of all human experiences” (Henderson, 2011, p. 342). Therefore, a paradigm that allows for a variety of positions to be accepted as contextual “realities” (Borland, 1990) was necessary for exploring the complex area of religion, gender and physical activity.

Reflexivity was an integral part of the research process in this study. Postpositivism enables researchers to include reflexivity as part of the research process, thus it moves away from the positivist need to be objective or distant from the subject of inquiry (Borland, 1990; Dupois, 1999). As described in Chapter One, the subject of Muslim women and physical activity is of personal interest to me. Reflexivity was used to situate myself as a researcher and also to clarify to the narrators that I was not an expert in Islamic matters, but was conducting research on a specific topic pertaining to Muslim women.

A qualitative descriptive methodology is congruent with the goal of describing or exploring a phenomenon. Margarete Sandelowski (2000, p. 335) suggests that qualitative descriptive studies are “less interpretive than “interpretive description” in that they do not require researchers to move as far from or into their data”. But by adopting a qualitative descriptive role researchers are charged with the responsibility of accurately conveying the intended meanings of the narrators. Sandelowski points out that researchers conducting descriptive research “stay closer to their data and to the surface of words and events” (p. 336) than other qualitative researchers. Sandelowski uses the term “surface” to mean the interface between the articulated experience of the

interviewees or narrators and the researcher's perception, and explains, "Yet such surface readings should not be considered superficial, or trivial and worthless. I intend the word *surface* here to convey the depth of penetration into, or the degree of interpretive activity around, reported or observed events" (p. 336).

However, even this approach is interpretive to the extent that any description is "filtered through (human) perceptions" (Wolcott, 1994, p. 13). But qualitative description is not interpretive to the extent that the researcher chooses not to describe an event in a conceptual or theoretical framework. Instead, an event is described in everyday language without the "interpretive spin" researchers from other qualitative methodologies might use (Sandelowski, 2000, p. 336).

Another strength of the postpositive paradigm is its fluid accommodation of non-traditional research methods. Giddings and Grant (2007, p. 52) note that mixed methods research in areas of health, nursing and the social sciences "has been captured by a pragmatic postpositivism". Although this study does not use mixed methods, it uses narrative as its method of inquiry, which was not historically associated with positivism or postpositivism. In fact, Lieblich, Tuval-Mashiach, & Zilber(1998) point out that narrative inquiry arose as a methodological response towards positivism and postpositivism. Kohler Riessman and Speedy (2006) alert researchers that narrative inquiry is no longer restricted to any particular school or discipline but that it is "cross-disciplinary, not fitting within the boundaries of any single scholarly field" (Kohler Riessman & Speedy, 2006, pp. 426-427). Denzin and Lincoln (2003, p. 252) note that researchers are in "an age of emancipation; we have been freed from the confines of a single regime of truth and from the habit of seeing the world in one color". They note that in the midst of multiple interpretive research possibilities, a qualitative researcher may act as "bricoleur", defined as a:

Jack of all trades or a kind of do-it-yourself person [who deploys] whatever strategies, methods, or empirical materials are at hand...If new tools or techniques have to be invented, or pieced together, then the researcher will do this (Denzin & Lincoln, 2000, p. 4).

Just as a qualitative descriptive approach is congruent with a postpositive paradigm, the narrative method lends itself logically to qualitative description. In this study, narrative has been used as the method, and is explained below.

Narrative as Method

Definitions of Narrative

The term “narrative” carries multiple meanings and is used differently in various disciplines (Larsson & Sjoblom, 2010). Narrativism does not fit neatly into any particular school of thought but borrows from many (Riessman, 1993, p. 1). Riessman (2002) suggests that the way “narrative” is defined depends on the researcher’s academic background. If narrative is understood as a story with a beginning, middle and end which explores an individual’s experiences, then narrative may take various forms (Riessman, 2002). Most researchers understand narrative to mean “discourses with a clear sequential order that connect events in a meaningful way” (Hinchman & Hinchman, 1997, p. xvi). Riessman (2002) also notes that narration can be identified by ordering and sequence, where “an action is consequential for the next” (Larsson & Sjoblom, 2010, p. 274). Narratives are an effective way of accessing the experiences of the narrators, either as episodic events or as life stories, and also to give voice to minority and excluded groups (Riessman, 2002; Elliott, 2005). For this study, I have used narrative as storytelling by which the narrator interprets her experience and represents it to the listener.

Narrative and Experience

A narrative makes the narrator’s experience accessible to the listener, but of course a narrative “is always something different from a “life-as-lived”- that is, what actually happened - or from a “life-as-experienced”- that is, the images, feelings, desires, thoughts, and meanings known to the person whose life it is” (Sandelowski, 1994, p. 26).

An experience can relate an event, crisis, or any other phenomenon, and as Sandelowski (1994, p. 26) notes “An illness, crisis, or transition narrative is, accordingly, a representation of experience at a given moment, not the experience itself”.

Narrative represents the experience of a person and the perception of her role, identity and her part in the event she is narrating. The way people see themselves is shaped by the culture that has conditioned them. Therefore, narrative is a cultural output. An event may be interpreted and narrated by two individuals in a completely different way. This

is true even for people who belong to the same cultural, social or religious group, as their experiences will still be unique. Through the act of narrating, the narrator conveys not just past events, but the meaning associated with the experience, and the way the narrative came to be. Lieblich et al. (1998, p. 7) note that “personal narratives, in both facets of content and form *are* people’s identities”. Identities are constituted by multiple voices and sub-identities (Rowan & Cooper, 1999), and the narrative researcher normally focuses on the multiplicity and, sometimes, the contradictory nature of sub-identities.

Bruner (1986) espoused the idea of “narrative modes of knowing”. For Bruner, narration serves two main functions; it helps an individual formulate a self and an identity and secondly externalizes these through the process of articulation or narration. Knowing then becomes a very deep and primordial form of knowledge within the individual which is transmitted to the researcher or interviewer through narration.

The process of narration occurs at two levels (Polkinghorne, 1988). Stories are told at an individual level which articulate the narrator’s thoughts and feelings in his or her own words. Narrativism understands that even before the process of narration begins, there has been the narrator’s interpretation of the experience, and that this determines how and what is narrated. The thoughts, feelings, conditioning, opinions and experiences of the narrators all combine in the act of narration to develop a rich web of complexities and contradictions which are part of people’s everyday lives. Secondly, narratives convey the shared meaning or shared identity which may or may not differ from that of the person to whom the narratives are being told.

Co-construction of Meaning in Narrative Research

Narrativism places life stories central in relation to the researcher, the subject of inquiry and the narrator. In this study, the participants were regarded as the experts on the issue of Muslim women and exercise. The women were considered to be in a position of power because they controlled the information they divulged, and which experiences they selectively related to the researcher. Words, rather than numbers, formed the basis of extending knowledge in this narrative study. Words represented the interpreted and transmitted meaning given to the experiences of the women, and were the means by which to explore the issue at hand. This study did not aim to reach a generalisable or universal truth which could explain the reason behind Muslim women’s attitudes to

physical activity. Instead, it focused on finding the multiple and contested “truths” which would help understand the complex nature of identity, health attitudes and physical activity. For many Muslim women, their identity and relation with exercise was dependent on a specific kind of interpreted Islam. For example, the way in which appropriate Islamic dress was conceptualised differed between women, even when they regarded themselves as strict or devout Muslims. This study did not aim to establish a singular truth about the correct way of interpreting religion or its practices, but instead explored the diversity of truths embedded in the narratives of the women and the way these truths influenced the women’s engagement with physical activity.

A co-constructed meaning through the narrative process provides a representation of the narrator’s reality. Meaning is not imposed by the researcher nor is it simply mirrored from the narrator to the researcher; meaning-making in this sense is very contextual and is true for the context and in the time in which the narration took place. McLeod and Lynch (2000, p. 403) clarify that the goal of narrative inquiry is to “construct a representation of a slice of social reality that promotes a sense of enhanced understanding, and contributes to new ways of seeing that reality”.

Larsson and Sjoblom explain that Catherine Reissman (2002) suggests there is a dialogic exchange in narrative research, and the narrator and researcher are involved in “doing a narrative co-production, i.e. they are involved in a dialogic exchange producing a story that evolves through the interaction process” (Larsson & Sjoblom, 2010, p. 274).

Clandinin and Connelly (1988, p. 281) emphasise the relational aspect of the meaning given to an experience, co-constructed by researcher and participant, “Collaborative research constitutes a relationship. In everyday life, the idea of friendship implies a sharing, an interpenetration of two or more persons’ spheres of experience... Relationships are joined, by the narrative unities of our lives”. Thus, in this study, there was an assumption of relationship between the participating women and myself due to our common religion. This relationship became stronger as we delved into the meaning of Islam and exercise and explored our roles as Muslim women, and the interface of these roles with physical activity.

Co-construction of Meaning in this Study

The narratives in this study do not belong exclusively to the women who took part in it, but include the meanings that the participants and I negotiated with one another. The co-construction of meanings was evident in various stories.

For example, during a conversation with Soraya, a migrant from South Africa working as a midwife, we talked about Muslim women not maintaining their health and activity levels while they are pregnant, and even less so after giving birth:

And I think that mentality stays, you know. The women I look after, Oh my God! Indian Muslim women, or even let's say Indian women in general, they walk in there like dying ducks. This is the time you need to be your fittest.

In this instance, I replied to Soraya's comments from my own experience, agreeing with her claim that Muslim women were generally inactive during pregnancy, but also suggested that there were other Muslim women who were beginning to understand the importance of physical activity, especially during pregnancy. Together, we expanded the meanings we had attributed to 'being pregnant and being Muslim' through our co-constructed shared experiences. The co-construction of meaning was the essence of this narrative research.

The process of speaking with the women, reading and rereading their stories, listening to their words, finding how they drew strength in times that are often difficult for them and their families, has changed me as a researcher and as a Muslim woman. The narratives have been humbling in that they provided deep and incisive insight into the lives of Muslim women in New Zealand, some who are "pioneering" the way forward for other Muslim women (Dobson, 2009, p. 127) in order to improve their social conditions. At a personal level, this research has enabled me to develop deeper empathy, and achieve a more comprehensive knowledge about Islam's position with respect to women.

The Role of the Researcher

Situating the Self as Researcher

Narrative research aims to co-construct the reality of the participant as experienced by her, with the researcher's reality. The researcher must determine which perspective she will adopt. I fully expected researcher and participant voices in this narrative research to blur, but questions about my role as researcher, my role as a Muslim woman and my ability to keep my experiences from colouring those of my participants were problematic, especially during the first few interviews. By reading widely across research paradigms, I was reminded that:

The postpositivist researcher tries to contain her or his biases as much as possible but realizes that they are present and may come into play in the study in one form or another. If the researcher is using interviews with farm workers, she or he may bracket research expectations by explicating them prior to the study. The researcher will also take care at the end of the study to acknowledge how biases may have impacted the study (Ponterotto, 2005, p. 132).

Therefore, working within the postpositive paradigm, critiquing my own sense of researcher role was important to situate myself as the researcher.

At this point, I found Mary Bateson's writing on epistemology based on personal experience, most useful. She claims that the rigor of personal experience comes from "asserting, claiming, acknowledging" (Bateson, 1984, pp. xi-xii), which resonated with me, because as researchers of human interaction we need to be mindful of, and acknowledge, where we stand as researchers and in the relationship we construct with our participants. Bateson develops the role of the researcher 'self' in relationships further (1994, p. 63), stating it is "fluid, held in a vessel of many strands.....like the baskets closely woven by some Native American tribes, caulked tightly enough to hold water". Here, the 'strands' can be metaphorically understood as the different experiences of the participants and the researcher, and the 'water' as the meanings created out of their interaction through narrative.

Researcher Identity

Qualitative researchers consider it important to identify their relationship to the research they are conducting. Articulating life experiences and the reasons for the research is important to situate a researcher within the context of a study. This process enables the researcher to clarify her position with regard to the research (for example, insider or outsider), and her analytical approach. Postpositive researchers believe that “the inquirer and the object of inquiry interact and are inseparable” (Borland, 1990, p. 163). Narrative researchers, too, commonly tell their story (see for example, Dobson 2009; Reed, 2008), and state their biases, limitations and the prejudices they may bring into the researcher role.

The narrative researcher shares several practices with other qualitative researchers. It is necessary for narrative researchers to use effective listening, empathy and sensitivity. This section describes the position of the researcher in relation to the participants, and the way in which the researcher’s role influences the outcome of the research. The role of the researcher in the narrative process can take various forms. The researcher can be an outsider, observing and relating the narration to the audience, or she can be an insider, actively taking part in the narrative process, explaining hidden nuances and bringing to the fore what has been left unsaid. The researcher can also occupy an interchangeable position, where she helps narrators to articulate emerging themes or asks them to expound on certain things, and thus in some places contributing to the construction of the narrative. Interviewers can help narrators reflect on their experiences and give meaning to those aspects of experience which had not been reflected on, or synthesised into language. (Polkinghorne, 2007, p. 11). The researcher helps create awareness of the layers of complexity that are available in experience, but has not been articulated into communicable experience (p. 10).

As above, this fluid relationship between the narrative, the narrator and the researcher allows for a co-construction of meaning (Clandinin, 2007; Polkinghorne, 2007). It is important for the researcher to locate herself in the narrative process. In this approach the researcher learns to listen, not only to the content of the women’s narratives but also to the meaning underlying the words, the cues which indicate how the women make sense of their world and the stories they tell themselves to understand their situation. Listening to underlying meanings is important because not all meaning

intended by narrators is verbalised, and effective listening involves responding to both said and unsaid cues.

Method

The use of narrative is in keeping with the history of Islam. The Quran, the origin of Muslim religious belief and law, is said to have been narrated first by the angel Gabriel to the Prophet Mohammed, and in turn by him to the first followers of Islam. Islam has a rich tradition of oral communication. The hadees and sunnah were passed from generation to generation, and memorising these was considered a trustworthy method of storing this important information. In addition, “the opinion[s] of the companion[s] of the Prophet are composed of a textual collection of narrations regarding the sayings and deeds of the companions” (Zahraa, 2003, p. 245).

Islamic research is broadly divided into research concerned with Islam and its principles, and research concerned with issues relating to Muslims and Muslim societies. One methodology employed to research Muslims and/or Muslim societies is the ‘manhaj’ methodology which, in Arabic means “clear way or pathway” (p. 226). A subset of the ‘manhaj’ methodology, is ‘manhaj naqli’, or textual methodology, and its features are similar to narrative research. Verification of the narrators’ credibility in relation to what they are narrating is significant in this approach.

As the transmission of knowledge about Islam using oral language has long been used to ensure intergenerational transmission of knowledge, tradition and customs, using narrative as a means of understanding the construction of religious identity, and its consequent influence on physical activity, is methodologically appropriate for this study.

By using the narratives of Muslim women this study explores the meaning and experiences of physical activity for these women, and the position of religion in the women’s lives which influences their relationship with exercise. The method of research was in-depth interviews which explored the narratives of women with regard to religion, health and physical activity.

Context is important when adopting narrativism and many Islamic principles are best understood contextually. Initially I believed this approach lacked the ability to critically examine the narrators’ life worlds and why they say what they say and how their

experiences may have shaped their realities. However, through further reading and engaging with the work of other narrative researchers (Polkinghorne, 1998; Reissman, 1993, 2008), it became obvious that identifying the way in which narration is shaped by the narrator gives the researcher a depth of knowledge and a level of engagement which is not possible through methodologies that seek to understand a phenomenon from the outside.

The relationship between exercise and Islam was not clear at first, for many women and for me as the researcher. Religion and exercise seemed to exist in two different dimensions. It was the questioning, the probing into the meaning behind activity or inactivity which slowly started to unfold stories. Narratives emerged about what being a Muslim woman meant; the meaning of a ‘good’ Muslim woman, mother or wife, what modesty meant, what were the ‘rules’ of feminine behaviour, what was acceptable and what was taboo. This resonated with the feminist Maxine Greene’s contention that “without articulation, without expression, the perceived world is in some way nullified” (1978, p. 223). Without the articulation of the meanings the women ascribed to their practices as Muslim women, the relationship between being Muslim and exercise would have remained obscure. These factors are significant for Muslim women, as women in this community cannot be regarded as a separate or independent identity; instead, “women and the family are the foundation of the Islamic community, the heart of Muslim society. That centrality is reflected in Islamic law, the ideal blue-print for Muslim society.” (Haddad & Esposito, 1998, p. xii).

Data Collection

Recruitment of Participants

The advertisement for recruiting participants (Appendix 1) was placed in two central city mosques, both of which have a separate women’s prayer and meeting room. The advertisement was also displayed prominently in the women’s changing room at a community swimming pool which has a women’s only swimming and gym time. Muslim women often attend this women-only time slot and it was therefore appropriate to recruit participants from this gym and pool facility. The advertisements were written in English, Urdu and Hindi to reach the most number of potential participants.

The inclusion criteria for the study were that the women must:

- Identify as Muslim; and
- Be 20 years of age or more; and
- Exercise either not at all, up to 2.5 hours a week or more; and
- Speak English, Urdu or Hindi.

The above criteria were designed to recruit women who identified as Muslim, and who engaged in varying degrees of physical activity. It was important to obtain this range of physical activity levels to explore differences in the way Muslim women conceptualised exercise, and to understand why some exercised while others did not. The AUT university ethics guidelines specify that for the purposes of research, participants are considered to be adults when they are aged 20 years or over. Therefore the criteria specifically invited Muslim women aged 20 years or more to participate in the study. As a narrative researcher it was vital for me to engage directly with the stories of the women in the language with which they were most familiar. I did not wish to understand the women's narratives through a translator, which I believed would perhaps mask some of the intricacies and nuances of the spoken language. As I speak, read and write English, Hindi and Urdu fluently, speakers of these languages were specifically asked to participate in the study. The limitation of this approach was that many Muslim women who do not speak these languages were excluded from the study, and therefore their narratives and viewpoints could not be included without the help of a translator.

The Participants

Twenty-nine women responded to the advertisements, which were put up in August 2010. This was at the beginning of the month of fasting, as explained later in this chapter. Of the twenty-nine respondents, twenty-five met the criteria set out for the study. Of these women, seven belonged to a women's network at a mosque and wanted to participate in the study via a focus group. In discussion with the group's convenor, who was well-respected in the group and considered an elder, it became clear that some voices, especially those of the younger women in the group, would be silenced if their opinions differed from the others. This was due to the concept of respecting elders, important in a Muslim community, where younger members do not publicly disagree with the viewpoint of an older person, or do not openly discuss issues which they may consider inappropriate in front of an older person. Moreover, it was felt that the stories and the rich details of the women's lives could not be explored fully in a focus group.

For these reasons the women were instead given an opportunity to participate in individual interviews, which they declined. Finally, 16 interviews were conducted in total. Out of these, one participant rang the day following her interview and asked for it to be withdrawn from the study and no explanation was provided for this. The interview which was withdrawn from the study would have been valuable, because it included the story of a woman who was entrenched in a particular world view which positioned women in Islam as inferior to men. Had I been able to include this story, it would have elucidated how the positioning of Muslim women in a position of subservience to men can severely hinder their ability to engage in physical activity, and even to participate fully in the public sphere.

Ultimately the study is a result of the stories told by 15 women. They ranged in age from 28 to 65 and the ethnicities they belonged to are Indian (n= 3), Fiji Indian (n=4), Iraqi (n=1), Bangladeshi (n=2), South African (n=2), Zimbabwean European (n=1), Malaysian (n=1) and Samoan New Zealander (n=1). All but one woman were immigrants, who had migrated to New Zealand ranging from 35 to 5 years ago.

Of the 15 participants, eleven were married, two had never been married and two were divorced. Two women were ‘reverts’ or ‘converts’ to Islam. People who adopt the Islamic faith are referred to as reverts because it is believed that all humans are born as Muslim based on the Quran which states that before birth God makes humans testify that He is their creator (The Quran, Chapter 7, Verses 172-173). However, in this study, I have used “convert” and “revert” interchangeably, because most people understand a “convert” to mean a person who has adopted Islam. All of the married and divorced women had children, and neither of the unmarried women had children.

Four women had post-graduate degrees, nine had Bachelors degrees and two reported having no formal education after secondary school. Five women were not in paid employment at the time of interviewing, although one of them was about to complete a teacher’s training course before starting employment.

Ethical Considerations

At the beginning of the research process, I applied to the AUT university Ethics Committee for ethics approval. Ethics approval was granted on 26 July 2010 with the proviso that a cultural advisor be included in the study.

Informed Consent

Gaining participants' informed consent is an essential requirement for ethical research. Informed consent was gained from each participant. A participant information sheet was developed (Appendix 4), which gave information about the scope of the study, what was required of the participants, potential risks, and the expected time the interview would take. All participants, except two, made initial contact via telephone after seeing the study's advertisement at their mosque or place of exercise. Depending on their preference, I either emailed or posted to the participants the information sheet. A week after the information sheet was sent, I contacted the participants to confirm whether they were willing to be interviewed.

One of the two participants who did not initially contact me by telephone, approached me directly at our local mosque. She had read the advertisement in Urdu at the mosque and advised me that she would like to be interviewed. The second was a woman who had heard about the study by word-of-mouth, and she also approached me at the mosque to participate in the research.

When the study was being designed, I was unsure whether a husband's consent was needed for married women to participate in the research. My query was based on the commonly held Islamic understanding that men are considered "in charge of women" (The Quran, Chapter 4, Verse 34). Anecdotally, many Muslim women do ask for their husband's permission to participate in activities. However the cultural advisor, himself a man, explained that this verse, understood in its context, means that men are in charge of providing financially for women and that women are considered equal, but different, to men. In Islam, women are not in a subservient position to men and therefore a woman does not need the consent of her husband to participate in any activity she chooses. As a result of this consultation additional consent from the husbands of the participating women was not sought.

At the start of each interview I explained the information which was contained in the information sheet again. I described, with examples, some of the potential risks to the women, such as disclosing an event or experience which may cause them discomfort or distress. I explained their rights to have the recording stopped, or to delete any part of the interview they did not wish to include in the study. I emphasized that they would receive a transcript of their interview, and that they had the right to change or remove

any portion of the transcript they did not think appropriate. I explained that they could have access to free counseling at AUT university if, as a result of their interview, they needed to receive counseling. In addition, I highlighted the section on the information sheet with the details of my supervisor whom they could contact directly if they were not happy with any aspect of the study.

I gained the participants' signed consent after explaining the above details. Most of the participants who had attended university in New Zealand were familiar with the process of informed consent. They understood the importance of being fully informed, and of being voluntary participants in the research.

The two older women spoke with me in Urdu or Hindi and I explained the details of the study to them in their language. However, as it transpired, they were more interested in finding out details about me and my family, no doubt as a means of establishing rapport and trust. They seemed impatient with details about the research process, informed consent, or the benefits and risks associated with the study. These women belonged to collectivist cultures and it is not uncommon for members of such cultures to rely on the context to draw the information needed. This is classed as 'high-context' communication.

Geert Hofstede is an expert in cross-cultural issues, and he distinguishes between high- and low-context communication:

High context communication is one in which little has to be said or written because most of the information is either in the physical environment or supposed to be known by the persons involved, while very little is coded, explicit part of the message. This type of communication is frequent in collectivist cultures....A low context communication is one in which the mass of information is vested in the explicit code, which is typical for individualistic cultures. Many things that in collective cultures are self-evident must be said explicitly in individualist cultures. (Hofstede, 2005, p. 89).

By gaining information about me, and more or less dismissing information about the study these women wanted to confirm whether I belonged to the same culture as them, which would enable them to regard me as a researcher they could trust.

The anthropologist Edward Hall reminds cross-cultural researchers that:

High-context people are apt to become impatient and irritated when low-context people insist on giving them information they don't need. Conversely, low-context people are at a loss when high-context people do not provide enough information. (Hall, 1990, p. 9).

The difference between high- and low-context cultures helped me understand why the older women, who identified with a collectivist culture, seemed dismissive of the need to understand the information contained in the participant information sheet and the need to understand and sign the consent form. Both the women remarked that as I was a “Muslim sister”, they believed they could trust me, and that they would sign the consent form. Despite this I ensured that each understood the consent form, by translating it in Urdu, before obtaining their written consents.

Confidentiality

Confidentiality was very important in this study as all the women belonged to a city Muslim community which is small and tightly-knit. The women were at risk of being easily identified. Therefore, all identifying information was changed. The women were asked if they wanted to assume a pseudonym for the interview and the transcripts. Some women used a pseudonym, while some women wanted to use their given names. The women using their own names considered it important that they retained ownership of their views and of their words. For example, one woman, who has established a sports association for Muslim women, expressed her expectation that readers of this study would identify and contact her to join the organisation to increase its membership and to improve their physical activity.

The consent forms were stored in a locked cabinet. The transcripts and recorded interviews were stored separately. As the cultural advisor would potentially have access to the transcripts, he was required to sign a confidentiality form, declaring that he would maintain confidentiality.

Location and Timing of Interviews

The interviews were conducted between August 2010 and May 2011. The initial interviews in August and September 2010 coincided with Ramadan. Ramadan is considered a month of fasting, reflection on worldly existence, the giving of compulsory charity or ‘Zakah’, and also of bonding between members of the community due to

increased communal interaction. Meeting with some participants during this time allowed me to explore beliefs about fasting and exercise, and also to question the impact of Ramadan on otherwise active Muslim women.

All interviews were conducted at a place requested by the participants, keeping their convenience and comfort in mind. Twelve interviews took place at the participants' homes, one interview was conducted at a mosque and two were conducted at the participants' place of work.

The Interview

At the beginning of each interview I asked the women to explain what Islam meant to them, or how they related to Islam. This was an appropriately open-ended, or exploratory, way to begin the interview and helped clarify each woman's relationship with the religion. This invariably led to discussion about the practices of Islam, and how the practices fitted into the women's lives. Some women also chose to describe how Islam had not been important to them earlier and how they had recently begun to follow Islamic practices and rituals. Some described how they had been brought up in traditional Muslim families, but no longer followed Islam in their everyday lives. I asked the women to explore their experiences with physical activity, sport or exercise and how they understood these terms.

The style of the interview was casual and semi-structured and at a pace set by the women. As the interviews were premised on the power of narratives to co-construct meaning, the participants and I were interchangeably active listeners and speakers. Mishler describes the interview as "A circular process through which [a question's] meaning and that of its answer are created in the discourse between interviewer and respondent as they try to make continuing sense of what they are saying to each other" (Mishler, 1986, pp. 53-54).

Similarly, Bakhtin suggests that in an interview, the speaker and listener occupy interchangeable positions, and what is already said, influences what is going to be said:

Any understanding is imbued with response and necessarily elicits it in one form or another: the listener becomes the speaker...Sooner or later what is heard and actively understood will find its response in the subsequent speech or behaviour of the listener. (Bakhtin, 1986, p. 69).

An awareness of the power of the researcher's voice in shaping the participants' responses is crucial to the effective co-construction of meaning in narrative research (Riessman, 1993).

Apart from the questions regarding Islam and their relationship with physical activity, the women were not asked specific questions. At times I asked them to clarify something they had said, or to describe a particular issue they had raised in more detail. It was interesting to note that without any external prompting, the women adopted a sequential style of storytelling, describing how life events had happened, and how these had impacted on the way they followed Islam, and consequently how they thought of physical activity. The women offered what appeared to be a chronologically ordered series of experiences, strung together by a kind of story plot. This brought to mind Gubrium and Holstein's suggestion that interviews are recognised "as a means of contemporary storytelling" (1998, p. 165). The end of the interview was signaled by the women; it was appropriate that they exercised their right to end the conversation. This ensured that the women had exhausted what they had to say, rather than ending their narrative because I had signaled an end to the interview. This same strategy is used by researchers using the "pagtatanong-tanong" or "asking questions" research method used for indigenous research in the Philippines (Pe-Pua, 1989, pp. 147-148).

The interviews ranged in duration between 45-120 minutes. The interviews were audio-recorded and transcribed verbatim. In some interviews, we had to stop recording to accommodate 'salat' or prayer, as praying at the right time is very important to religious Muslim women.

I translated the two interviews which were conducted in Urdu and transcribed all the interviews verbatim. All transcripts (except the translated ones) were sent back to the participants. All participants except one, checked and/or modified their transcripts, either by deleting or adding more information. Often, the women chose to delete the names of their spouses or relatives they had mentioned in the interview, which I would have also deleted for reasons of confidentiality once they had checked the transcript. Some women added comments to their transcripts to explain what they had meant. The process of cross-checking transcripts allowed the women, as participants, and myself as the researcher, to reach a negotiated agreement of my transcription. Some clarification and modification of the transcripts was also done via email and telephone conversations.

The translated transcripts had to be read back to the participants, and explained, to ensure that I had accurately translated the meanings they had intended.

While two women did not want their transcripts sent to them, one because she did not have the time to participate in the editing process and the other because she preferred to read only the completed thesis, I was taken aback by the importance the women placed on the words they had used in their conversations with me. This certainly consolidated my belief in the absolute necessity of having a thorough feedback process or an ongoing conversation with participants to allow them to frame their stories in their own words, maintaining the standard of ‘truthfulness’ in its entirety.

An example of the significance of maintaining this feedback process in narrative research is borne out by the following email I received the day after interviewing a Muslim woman who had recently converted to Islam:

Wa alaikum salam wa rahmatullaahi wa barakatuh my dear sister Nargis: it was really nice meeting you too & I so enjoyed the interview alhamdulillah! I must admit that I got all teary-eyed when I was recalling my reversion to Islam because I was thinking about everything that I gave up for Allah (swt). Also I was so excited & let myself get away a bit there in regards to establishing some type of venue for the Muslimah so I hope that I didn't give you the impression that you will be responsible for organizing, establishing, & funding it all. So please forgive me for anything that I may have said to that effect & anything else that I may have said to offend you. InshAllah, the info will help with your research!

Sister I would just like to ask you if you can please change a term that I said during our interview, only if you are going to use it? I referred to the sisters who come from overseas as "foreigners" & I was wondering if it would be possible to change it to "manuhiri" which is the Maori term for "visitors" as I believe that this would be more appropriate & less offensive.

This feedback process ensures that the co-construction of meaning between the researcher and the participants has resulted in an accurate representation of the participants’ intended meaning establishes the trustworthiness of interpretive research (Riessman, 1993).

Analysis

“Qualitative data analysis is a process of ongoing discovery which involves a high level of familiarity with the data and continuous examination and interpretation” (Schulenkorf, 2009, p. 111). A high level of familiarity is necessary to feel as the

participants felt when telling their story and to understand their story from within their world view. In order to familiarise myself with the different stories of the women, I read and reread the transcripts, sometimes also listening to their taped interview simultaneously. By doing so, I could “fill in the gaps”; a meaningful pause, a break from the topic to say something else, an intonation in speech all helped bring out the embedded nature of the different stories.

At first, each story seemed unique and few common threads seemed to emerge. Reading each transcript several times helped to tease out significant factors affecting the participants’ physical activity. Over several weeks, I could identify emerging themes and ‘metathemes’. A metatheme “is more frequently drawn from the entire body of data or from a particularly powerful finding.” (Clandinin, 2007, p. 593). The two metathemes I identified were that Muslim women related to Islam in two distinct ways, these being “doing Islam” and “being Muslim”.

However, Belenki, Bond, & Weinstock . (1997, p. 119) caution researchers against attempting to categorize experiences by simplifying them:

This tendency to dichotomise human experiences is persistent, powerful and pernicious. Dualistic categories are such an organizing force because they provide a simple classification system that allows even the most complex and elusive qualities to be compared and contrasted in bold, clear terms.

It was therefore important for me to consciously realise that the constructs of “being Muslim” and “doing Islam” were ones that I had identified, and that not all women fitted neatly into these categories throughout their narratives.

Having identified the metathemes, and the factors underpinning Muslim women’s physical activity, I had to decide about the value of the factors I had identified. At the same time, I was aware of my own experiences and the prejudices (Spence, 1999), which could potentially emphasize some issues while silencing others. It was important for me as researcher to own my personal views, which helped to “lift” certain themes over others. Clandinin (2007, p. 593) reminds us that:

In the case of narrative research writing, lifting is never a matter of priority, of reaching the “highest, most important” findings....It is created in order to reach out to a wider audience to share those meanings and to address broader social/professional issues.

As Bogdan and Biklen explain, interpretive data analysis means “working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others” (Bogdan & Biklen, 1982, p. 145). Therefore, I searched for words in the stories which talked about a Muslim identity and for the relationship between this identity and the particular notions of physical activity congruent with it. I examined the stories or narratives closely, and asked how the women’s words spoke about their identities, whether these identities were primarily about them being Muslim, or about some other roles they performed. I examined the connection between Islam and their identities and, at the same time, between their identities and physical activity.

Therefore, the views presented in this study, have been “lifted” (Clandinin, 2007) from the narratives told by women, synthesized into an argument aimed at persuading readers that certain meanings of religion and its practice articulate different ways of relating to physical activity or exercise.

Some Methodological Issues

The Relationship between the Researcher and Participants

This research was conducted by a Muslim woman, and the research participants were also Muslim women, but the homogeneity the label “Muslim” accords is a false one. Being Muslim can mean different things to different people. The women in this study were first and foremost individuals who had different experiences of being women and of being Muslim. The women experienced their roles through the identities they inhabited, but the main identity through which they established their presence within the Muslim community and the wider New Zealand society was a Muslim identity. This reflects Dobson’s finding that “while Muslim women identify with different roles and ethnicities and nationalities, the Muslim identity is generally seen as the most important one and may strongly influence how the other identities are perceived and expressed” (Dobson, 2009, p. 107).

When the advertisement asking for Muslim women to participate in the study was posted at various venues attended by Muslim women, both my first and second names identified me as Muslim. I was approached by many women, asking why I wanted to do a whole study about such a simple issue. They posited that the point about Muslim

women not exercising was precisely that - they were Muslim! The whole issue at that time seemed completely tautological to them.

Some women were uncertain about what it was I was interested in finding out. They reasoned that as my knowledge as a Muslim woman would be the same as theirs, how could a conversation with them provide me with any new information? I was even told by a man at a mosque that the answer to my query was evident - Muslims, both men and women, have too many children, and that is why they do not exercise as they should. Further, he said, I should have been equally interested in the dilemma of Muslim men not exercising, as men and women are considered to be “brothers and sisters in Islam” and that I was being unfair by excluding men from the research. Being a Muslim feminist and academic brought up in New Zealand, as I have explained in Chapter One, I felt that this one-sided conversation with the man at the mosque was yet another example of patriarchal Islam, in which it was common for men to frame the issues that women think about, and how they should approach the experience of their living.

Being identified as Muslim opened some doors and closed others to me. By being considered an insider, I could traverse a cultural and religious divide. Being Muslim literally got me “a foot in the door”, where a non-Muslim researcher would perhaps not have been invited into a traditional Muslim household. This brought to mind Jill Sye’s (2008, pp. 119-120) classification of “my house is my castle”, where community nurses often feel that they are entering the territory of the “other” when visiting homes in the community, where territory is understood as “the sense of a geographic area constrained within marked territorial boundaries” (p. 120). Sye explains that trust is a “requirement to let defences down and permit entry” into the territory. This trust was established because I am Muslim. Being Muslim meant I could enter into not just households, but the “psychological territory” inhabited by Muslim women and converse about issues deeply entrenched in their identities and emotions.

On the other hand because I was Muslim some questions I asked surprised the participants. For example, the question, “What does being a Muslim woman mean to you?” drew many quizzical looks and several surprised questions asking me what I meant by that.

Collective cultures are of course premised on the assumption that members of the group share several significant characteristics, including “ways of thinking, behaving, and

communicating” (Wilson, Hantz & Hanna, 1995, p. 337). I introduced myself to the research participants as a Muslim woman doing research for my doctoral study. Immediately, some women took my primary identifier to be “Muslim woman”, especially if they themselves identified mainly as Muslim women. There became a shared meaning attributed to my religious affiliation, which also made them assume we shared the same knowledge about Islam and Muslim women’s ways of living. In this case, my question about their identity as Muslim women seemed strange to them because being women, and being Muslim, they had certain expectations of shared meaning with me. They found it odd that I was asking them to explain this. To clarify my question further, I used examples about how different women might interpret Islam differently and how they might relate to the religion in different ways. Most of the women who “do Islam” understood what I meant at once, and we carried on the remainder of our conversation. On the other hand most of the “being Muslim women” found it difficult to conceptualise the plurality of meanings which could be associated with the religion. Significantly, apart from two of the “being Muslim” women, the others were either recent immigrants to New Zealand, or had lived in New Zealand for a significant period of time but insulated from mainstream New Zealand due to having networks only with their mosques or local Muslim community.

Therefore, these women continued to use the normative rules of the collective cultures where they had come from, in their everyday actions. In many collective cultures, it is considered impolite to ask direct questions and communication emphasises politeness, tact, the relationship between speakers and even indirectness. In individualistic cultures like New Zealand, it is expected that communication will be direct and clear, and speaking to someone need not involve a protocol of etiquette. Identifying myself as a Muslim woman had created a sense of shared meaning between myself and some of the women in the study. As a result it was more difficult for me to “pull apart” the meanings the participants ascribed to being Muslim, to life as a Muslim woman in New Zealand and to exercise because while they might have been inclined to explain these issues to a non-Muslim researcher, they assumed I knew the same things as them and therefore they did not feel they needed to explain these to me, that is until they were prompted further.

An additional characteristic of collective cultures is that their communication style stresses harmonious interaction, and confrontational issues are avoided or, at best,

approached indirectly and couched as pleasantries. Pe-Pua, utilising the “Pagtatanong-Tanong” (asking questions) method of cross-cultural research points out the researcher:

Can start with easy questions and try to avoid the controversial ones....Whenever necessary, examples can be given, questions rephrased, or responses repeated for verification and/or clarification. If the informant shows signs of apprehension, anxiety, or reluctance in answering some questions, the manner of asking should be changed, or the reason for asking the question explained, or the question set aside until later. (Pe-Pua, 1989, p. 154).

Similarly, I found it useful to rephrase and explain to “being Muslim” women what I meant by the questions that asked what Islam meant to them, and how it affected their ability to exercise.

The meaning of the interaction lies in the relationship between the people interacting, rather than the words spoken between them. This is the “high context communication” referred to above (Hofstede, 2005, p. 89), because the context is highly significant for meaning-making. Such communication is used to ‘save face’ (Cohen, 1991, 2002). For example, if I had asked a “being Muslim” collectivist woman about whether she exercises and, if so, how much, the meaning would be completely inappropriate. She would probably understand this to mean that I, as a researcher, was making an assumption about her exercising, or not exercising.

Further, because I was a researcher, she would probably construe a power differential between us, placing me in a higher position of power. As she would not want to insult someone in a higher power position, she would probably give a polite and non-committal answer, or an answer she thought I wanted to hear. This situation would be equally complicated if I were speaking to an older woman, as elders are accorded more power in an interaction or conversation than younger members. This would be awkward because I might seem to dominate the conversation, or be seen to be occupying the superior position in the relationship, a position that is traditionally reserved for the older speaker. Asking too many questions, or asking the participant to clarify something, may be seen as a challenge to their authority, or even questioning the rules of their culture.

To a researcher from an individualistic culture, this lengthy preamble to an interview would probably seem like a waste of time. However, this relationship-building is most important in high-context and collectivist research (Hofstede, 2005; Liamputtong, 2008)

as it gives the participants and the researcher a means of situating the context of the story or interview. Context gives meaning and depth to a story and an holistic insight into a life, rather than just a narrow and segmented view of an issue. Relationship-building is not just appropriate for research with participants from a different culture. Women-centred research too is characterised by the special emphasis on the relationship between the researcher and participants as “Women, it seems, want to know who the researcher is and to understand what has brought her into the field. They need to experience trust and safety in the participant-researcher relationship.” (McNamara, 2009, pp. 165-166).

Where research is carried out by researchers who are outsiders to the participants’ culture, it is imperative that the researcher has cultural sensitivity, defined as “knowing the cultural context of the group with whom the researchers wish to work” (Liamputtong, 2008, p. 4). Liamputtong suggests that knowledge of the historical, local, religious and social structures is not too difficult for researchers from within the same culture, but still, “there are many subtle issues that they may need to take into consideration” (p. 4). This was my experience when interviewing the women in this study, because there was an assumption of similarity underpinned by our common religious affiliation, but there were still cultural differences which I had to be aware of, such as age-related status.

The older women in the study wanted to know about my extended family, my parents, and whether we knew certain people that they knew, as a way of contextualising me as the researcher and my position within the Muslim community in which they were significant elders. This is another way in which members of a high context culture relate to one another. Eide and Allen (2005, p. 5) suggest that in order to gain access to participants in cross-cultural research and to establish trust, “not only must the researcher know about the group being studied, he or she must be known by at least some group members to gain access that allows for trust building”. Hence, by questioning me about my relatives and why I was interested in this research topic, some participants wanted to test my trustworthiness as a researcher.

As discussed above, using direct questions was problematic in some situations. Dunbar, Rodriguez, & Parker, (2002, p. 294) remind cross-cultural researchers to be sensitive and also to “ask questions in a culturally relevant and explicit manner”. While I was

aware of the need to be culturally sensitive, and questioned according to the protocol and etiquette expected while speaking to elderly Muslim women, there was a risk of being misunderstood as judgemental. For example, when asked about her level of exercise, one of the older participants commented that she knew she had to exercise more. She said that life is easy for “you youngsters” but that life was much harder when she was young and “no one really even thought of this thing called exercise” (my translation). Liamputtong (2008, p. 5) suggests that, “To collect excellent and reliable data from individuals from different cultures, researchers need to develop a trusting relationship with their research participants and establish a good rapport maintaining cultural sensitivity”. However, having completed the interviews with Muslim women as an “insider” Muslim researcher I believe it is equally important for researchers from the same culture to be culturally sensitive, and attentive to the cultural nuances and rules of social etiquette that we might take for granted while dealing with participants from our own culture. There is a risk of committing a social gaffe or of overstepping a behavioural boundary which can not only invalidate the research, but also has the potential to harm the participants.

For me, this research has highlighted that to do research with Muslim women, the researcher must be aware of cultural rules as well as religious codes of conduct. Sometimes, I suggest, the cultural and religious spaces overlap and sometimes there can be tension and conflict between these boundaries. Great care should be taken to work with both sensitively, in a manner which is culturally and religiously safe for the participants.

This approach, which focuses on women as the centre of the inquiry, and which is culturally sensitive, is congruent with narrative research which seeks to explore issues in all their richness and complexity, instead of finding “the solution” to a problem.

Being Cast as an Expert

By undertaking research about Muslim women, one of the risks for me as a researcher was being thought of as an expert in Islam. This was an inaccurate presumption, and one that could colour the way in which the women represented themselves in the interviews. It was therefore important for me to clarify at the very outset of each interview that I was not a scholar in Islamic matters. Rather, I was specifically studying the physical activity or exercise of Muslim women.

For example, as a single woman, Soraya believed she had to maintain an image of being a quiet and (therefore) religious woman:

I have changed a lot about myself, but I am still very loud and noisy, I don't think Muslim women are supposed to be so loud, eh? You are not supposed to attract attention by your voice and glamorous dress...but I am the opposite of that...

In another instance, Farzana, a woman who had emigrated to New Zealand from Bangladesh with her parents as a child, wanted to know if there was a measure of how Muslim one had to be in order to participate in the study. She felt that although she was born into a Muslim family and therefore identified as Muslim, in most aspects of her life she did not practise Islam enough to qualify as a Muslim.

It was important for me to clearly demarcate the scope of this study for the participating women, because in collective cultures, from where most of the participants came, it is very important to minimise any differences and increase the common ground between oneself and the person with whom they are interacting (Liamputtong, 2008, p. 4). If this is not done, then the difference of opinion is regarded as a point of disagreement, which is not conducive to an effective relationship. If the degree to which Islam is practised was perceived as a barrier to effective relationship-making, then the women would represent those aspects of their lives which they thought would be congruent with my orientation in the religion.

Clarifying that the study focused on exercise and not on how devoutly Muslim the women were was important if I was to be able to explore the women's experiences of exercise and whether religion was a factor in their ability or willingness to engage in it.

A Male Cultural Advisor

A cultural advisor is important from many perspectives. The recommendation to have a cultural advisor was initially made by the AUT University Ethics Committee to ensure my safety as a researcher. I understood 'safety' in this context as not just physical safety as many of the interviews would be conducted in the participating women's homes, but also a cultural safety, in which the advisor would be able to guide me in matters relating specifically to Islam and to check that the cultural protocol I was using was appropriate.

It was difficult to find a cultural advisor at first because I was looking for a Muslim woman who had sufficient knowledge of Islam and the very political and contestable space occupied by Muslim women both within Islam, and as an ethnic minority in New Zealand. She also needed to be able to read the interview transcripts and be able to accompany me to interviews if required.

After much searching it became evident that someone who would fulfil this requirement was a Muslim man, who is an Islamic scholar and also has an interest in academia, with a post-graduate degree in management from a New Zealand university. My reflections about how the role of the cultural advisor changed during the course of the study are included in Chapter Nine.

The Criteria of a Good Qualitative Study

In positivist research, internal validity, external validity, reliability and objectivity are the criteria for establishing the trustworthiness of a piece of research (Borland, 1990; Grant & Giddings, 2002). However, as identified earlier in this chapter, postpositivist researchers believe that external validity, consistent with generalizability, is not possible and neither is objectivity. Internal validity is based on the assumption of a singular truth and causality, and is therefore not congruent with a postpositivist ontology. Reliability is dependent on an absence of inconsistency, something which cannot be guaranteed when working with people who have different, and changing, interpretations of their experiences.

Lincoln and Guba (1985) have proposed criteria more consistent with postpositivism. These are, a) credibility, which describes the multiple realities of the respondents or the narrators, in terms which are credible to them; b) transferability, which refers to the “degree to which working hypotheses developed in one context can be usefully applied to another specific context” (Borland, 1990, p. 163); c) confirmability, referring to whether data can be confirmed as being true in the context it was collected in, and d) dependability or the accuracy with which change or variance is documented and explained within a study.

The aim for postpositivist, is to achieve an understanding of a phenomenon, rather than establishing a cause and effect relationship. As Lincoln and Guba (1985, p. 152) suggest, the goal is to select “out of the complex of mutually interactive shapers... those

that afford some meaningful perspective in relation to the purpose that the investigator has in mind”.

Similarly, narrative inquiry is based on a “complex view of experience with space for understanding the phenomenon that narrative inquirers study as both the living of storied experience and the stories one tells of their lived experience.” (Clandinin, 2007, p. xiv). The following section discusses the criteria for testing narrative inquiry.

Trustworthiness

Reissman (2008, pp. 185-187) uses the term ‘trustworthiness’ to refer to the accuracy with which data has been collected and analysed by the researcher. Narrative analysis involves a double interpretation, one in which the narrator constructs an event, a biography, an identity or a meaning and then transmits this to the researcher, who in turn interprets the narration. This echoes Clandinin’s ‘narrative unity’, the experiential way in which a researcher tries to understand the interviewee’s perspective (Clandinin, 2007, p. 267).

In this study, trustworthiness was ensured by accurately recording the stories of the women and then sending their transcripts back to them so they could check that the stories they had told still resonated with them, or to amend the stories as they saw fit. Conversations with some women also took place, either in person or by telephone to clarify parts of the stories they had told, so that the meanings they had intended were truthfully represented in the analysis. The constructs of “being Muslim” and “doing Islam” were proposed to understand the different women’s approach to Islam. The constructs were derived from the way in which the women positioned themselves in relation to Islam, and its significance in their lives.

Coherence

‘Coherence’ is another concept used to test narrative analysis. It refers to the linkages and the unity of the meanings contained overall within a narrative, embedded in its social and cultural context. Coherence also needs to be demonstrated in data interpretation in order to make sense of often fragmented pieces of a narrative, because without interpretation narrative research would lack meaning (Riessman, 2008, p. 190). A coherent piece of narrative research should also be able to explain narratives which diverge from the assumptions or the experiences of the researcher.

For example, if a Muslim woman's narrative shows she is physically active and happens to be born and acculturated in New Zealand, then such a narrative could be expanded on and be used to explain that religious identity on its own is not a deterrent to Muslim women's physical activity. Instead of assuming the reason underlying unexpected findings, the researcher is prompted by the turns a narrative presents, to explore an issue more deeply. Narrative inquiry also opens up a discussion of how an alternative identity (for example, of a physically fit and active woman) is created and how it fits with the interpretation of the religiously sanctioned role of women in Islam. The goal of narrative interpretation is not to draw generalisations from the themes that emerge but to explore and understand a phenomenon and develop insight. The "truth test" (Riessman, 2008, p. 193) of narrative inquiry, which is case-centered, is whether it results in the development of knowledge.

Persuasion

Another important test of narrative research is seen as its ability to persuade readers or an audience towards its theoretical standpoint. If the data presented is congruent with the intended message of the participants and the interpretation by the researcher is credible and reasonable, then the theoretical claim of the researcher can be strengthened. Polkinghorne suggests that:

Narrative research issues claims about the meaning life events hold for people. It makes claims about how people understand situations, others and themselves...This requires that they provide sufficient justification to their readers for the claims they make. Readers should be able to follow the presented evidence and argument enough to make their own judgment as to the relative validity of the claim. (Polkinghorne, 2007, p. 6).

Information that challenges the researcher's assumptions is not excluded from the research findings, but is instead included with an interpretation which gives meaning to the divergence from the theoretical assumption. Narrative research persuades an audience by including both opposing and alternative interpretations, demonstrating the researcher's openness to possibilities other than her own view point.

The main claim made in this study is that Muslim women relate to Islam in different ways which either facilitate, or hinder, their ability to engage in physical activity. To persuade the readers about the validity of this claim, stories of the women are presented, which show their relationships with Islam. Readers are invited to examine how Muslim

women construct their identities, and the stories they tell which posit them as “good Muslim women”, and how such a construction then mediates a particular kind of physical activity framed within Islam. This study faithfully represents the words of the women and supports their claims about identity and physical activity. In narrative research it is important to “anticipate the kind of evidence and argument the research performance will yield to justify readers’ acceptance of the plausibility of the resulting claims” (Polkinghorne, 2007, pp. 6-7). For example, one of the arguments presented in this study is that many “being Muslim” women rely on their husband’s approval to participate in physical activity. This is because they believe men have a religiously sanctioned authority over them. Using specific statements from the Quran, an argument is presented to persuade readers that there is in fact no basis within Islam which accords an inferior position to women. Juxtaposing the women’s stories against the Quran enables the readers to accept the claim that a hierarchical relationship between men and women is culturally determined, even though it is understood as a religious stipulation.

Rigour

Narrative researchers, like all interpretive researchers, need to maintain rigour. The quest of narrative research is not to uncover some objective ‘truth’ as “Historical truth is not the main issue in narrative. What matters is if the life story is deemed trustworthy, more than “true”.” (Clandinin, 2007, p. 239). Narrative researchers are charged with representing the participants or the narrators as the experts on their life stories and the meaning they have attributed to specific events. The narratives that evolve out this process are the result of the participant choosing the ‘self’ they want to present to the researcher. It is the researcher’s responsibility to rigorously maintain the experiential truth of the narrators’ stories. In this study the researcher positioned herself as a facilitator of the narrators’ experiences in relation to religion and physical activity, because:

Participants are able to articulate only that portion of meaning that they can access through reflection...Interviewers can help participants bring more of their experienced meaning into awareness than appears in an initial reflection. If a participant stays with his or her reflective gaze, deeper aspects of the experience will begin to appear in awareness and become reportable. (Polkinghorne, 2007, p. 11).

Exploring the women's experiences through the stories they articulated, helped maintain the rigour of this narrative study.

Summary

In this chapter I have elucidated the epistemological background of this study. I have described the postpositivist paradigm, its congruence with a qualitative descriptive approach to research, and my narrative method. The different approaches narrative researchers are able to adopt have been explained, as well as the co-construction of meaning.

I have made explicit the processes I followed in carrying out this study. The design of the study, recruitment of participants, the interview process and the way in which information was analysed, was explained. The issues experienced in this research have been identified and discussed as have been the significant patterns of communication experienced while conducting research in collective cultures. The importance of maintaining cultural sensitivity while researching in other's cultures as well as one's own culture, has been identified.

The following chapter presents the main finding of this study, which is that Muslim women relate to Islam in different ways which, in turn, influences their engagement in physical activity.

Chapter Five: BEING MUSLIM

The way in which Muslim women relate to Islam influences their engagement in physical activity. The narratives of Muslim women in this chapter reveal the tensions Muslim women living in a mainly non-Muslim society face when attempting to preserve their religious identity and at the same time be part of a culture that places significant emphasis on health and fitness. Women who identify primarily as Muslim have been classified in this study as “being Muslim” because they live according to the regulations of Islam and the roles they perceive to be congruent with Islam. “Being Muslim” also refers to those women who believe they have submitted their will to the will of Allah, as discussed in Chapter Three.

This chapter explores the notions of Islam as experienced by the “being Muslim” women who practise the religion. It explains the metatheme of “being Muslim” and discusses its implications for the physical activity of “being Muslim” women. The barriers these women face when engaging in physical activity are explored.

“Being Muslim” and “Doing Islam”

Reading across the narratives of the women in this study, it became evident that there were two distinct narratives associated with two groups of women. Both groups identified as Muslim women, but one group of women spoke about how their “being” *was* Islam, how they could not identify a boundary between themselves and their religion. “Being Muslim” is used as an extension of the adjective “Muslim”, showing the continuous state of “being-ness” in which these women live.

The other group conceptualised Islam as a set of activities, rituals and prescribed behaviour. These I have identified as “doing Islam”. By the term “doing Islam” I refer to those women who practise Islam as an activity or a set of rituals, the verb “doing” illustrating the temporary nature of the activities undertaken.

Being Muslim and Identity

For the six “being Muslim” women in this study, presenting an identity congruent with their perception of Islam was very important. “Being Muslim” women’s narratives showed that Islam was a central feature of their lived experiences, and that the religion actively shaped their decisions about work, play, exercise, marriage, child-rearing and

care of the older family members. They could not conceive of themselves as separate from Islam, and that “being Muslim” was their primary identity. As Soraya explained:

Okay, I identify myself as a contemporary Muslim woman, I love to be identified as Muslim even though I don’t dress as a traditional Muslim, people always know I’m Muslim because my hair is always covered but some of them think I’ve had chemotherapy!.....So yeah I can’t separate Islam from my life.

It was clear from stories like Soraya’s that some of the women spoke about “being Muslim”, that their identity, indeed any of their life activities could not be separated from the religion.

To understand “being Muslim”, we need to consider the all-encompassing nature of Islam in these women’s lives. To women who follow Islam strictly, the religion is not simply one they follow during prayer times or at set occasions, such as during Ramadan, the month of fasting. Rather, they see their religion as a way of life.

To be is to live as, incorporate and adhere to, Muslim principles. The “being” becomes who the woman is. Women for whom “being” Muslim is highly significant, place greater emphasis on following religious rituals and practices. Their sense of right and wrong is derived from the religion and so are their resulting actions. This is best highlighted in Soraya’s story when she says:

I can’t separate Islam from my life. Islam has always been who we are, who I am, it has been my guide through the most incredibly difficult journey I’ve had since coming to New Zealand...[but] I believe it’s a journey...God is the most incredible thing in my life, you got to do it [pray five times a day, wear hijab, do Ramadan] because it’s right and the “right” comes from God, because Islam gives us the right and wrong....

Soraya explained how she draws on Islam to differentiate between right and wrong actions, as these have been divinely revealed. Her sense of “right” is derived from following the rules set down in the Quran for all Muslims, such as praying five times a day, “Indeed, prayer has been decreed upon the believers a decree of specified times” (Chapter 4, Verse 103). This means that for a person to be classed a “believer” or a “good Muslim”, he or she needs to pray at the pre-ordained times. A flexible approach towards any aspect of religious practice is not considered acceptable. Similarly, the requirement to fast during the month of Ramadan is set down in several places in the

Quran (such as Chapter 2, Verse 185), as is the requirement for women to observe hijab (chapter 24, Verse 31). For Soraya and the other five “being Muslim” women, following these religious rules is part of the embedded nature of Islam in her life, and the significance she attaches to these practices, which during Ramadan especially, takes precedence over exercise:

In Ramadan I just kick back, I don’t do anything, I don’t think I’d cope but after Ramadan I do [walking and running] at least three times a week, in an hour I can do 5 kms or more.....

Soraya has become very enthusiastic about exercise since settling in New Zealand, but does not prioritise exercise in the month of Ramadan, which she wants to devote “completely to Islam”. However, by resuming exercise straight after Ramadan, she shows that her commitment to maintaining an exercise regime is strong, although it will always remain secondary to Islam.

Soraya identifies strongly with her occupation as a health professional, but socially she is aware of her religious identity which classes her as an “other”:

I went to a Haka group once and was asked, would there ever be a time when I would deny being a Muslim, and I thought what a crazy thing to say!.....It’s been a long journey, and those words echo in my head, would I take off my hijab? Would I become a non-entity? To fit in with the rest? And no, I wouldn’t.

Because Soraya wears a hijab, she is recognised instantly as a Muslim woman. Preserving her identity is very significant for Soraya, and she is convinced that the hijab, as a religious marker, identifies her from other people who are not Muslim. She wants to maintain this difference, because if she were to give up her hijab, she feels she would lose her Muslim identity and become a “non-entity”. Soraya does not consider her apparent Muslim identity as a hindrance to being accepted into the New Zealand culture, or to working in the country:

I have never personally found it [Muslim identity] a difficulty, I have been in New Zealand for eleven years, and every time I interviewed it was never an issue, I went as you see me now, and it was the person they met, not the fact that I was a Muslim. They were taken aback, some of them, because they thought a Muslim woman needs to be in the Ninja suit, dressed in black...I think [it] depends on how you portray yourself, I

didn't put a banner up there that I am a Muslim therefore I can't do this, I am a Muslim therefore I can't do that. I just conducted myself in a way that I could be proud of.

Soraya's experience in New Zealand as a Muslim woman has been largely positive, and she conveyed her belief that it is important to be recognised as a competent person professionally in order to be accepted at work. Her Muslim identity did not prevent her from being employed in her current position as a health professional, and she stated that her employer had accommodated her religious identity most willingly:

I have had the most incredible experience at work...even though I was a novelty [wearing the hijab], I would go to work and say, 'I am going to come to work but my uniform is going to look slightly different to yours. My sleeves are going to be longer, I don't mind wearing a shirt but the shirt has to come over my butt, I'll wear a long dress, I'll modify the uniform even if it means I have to sew it'...And they [the employer] made the uniform to suit me...You look around now and there are people all over the place who go to work in a hijab, it's all over the place, it's not a closeted thing anymore, despite the fact that Islam is [viewed] so negatively now.

It was evident from Soraya's narrative (and that of other "being Muslim" women discussed in later chapters) that her identity was a source of pride and strength for her. At the time she emigrated to New Zealand, the hijab was a novelty and not many women wore it in public or at work. In fact, she had to educate her employer about the changes she would need to make to her uniform for it to conform to the dress standards she was required to observe as a Muslim woman. Soraya related positive experiences of being accepted as a Muslim woman at her place of work and with the friends she had made in her adoptive country. However, she then went on to talk of the negative attention Islam has received after the events of 9/11, and the effect this has had on her identity:

Then came September 11, then came all the murders, and they [colleagues at work] would say "these Muslim people...", then they would draw back because I was there, I would say, "No, I am just as hurt as you are! It breaks me that in the name of a religion people can do that... I don't accept that, I don't accept that, I don't believe that is what Islam is teaching. It's the people. And it doesn't make Islam wrong, it makes those people wrong".

When confronted with a different culture, the taken-for-granted notions about one's identity are questioned and one tries to either find similarities between one's original culture and the host culture, or alternatively, changes one's perceptions or behaviour in order to become part of the host culture. There were times when Soraya has spoken out against the stereotype of Muslims as terrorists and has identified more as a New Zealander than as a Muslim.

Through her narrative, Soraya shows the multiplicity of the meaning of identity, and what being a Muslim means for her. At the same time, she conveys the idea that her identity is Muslim, but what "Muslim" means to her differs from the Islam that is associated with terrorism. For example, she stated clearly to her colleagues that she does not identify with the Islam that terrorists profess to follow, and that her understanding of Islam is very different to a radical and violent interpretation of Islam.

This section has described how "being Muslim" offers significant and different implications for the women who identify as Muslim. The narratives also show that the more firmly committed to Islam a woman is, the less likely she is to give exercise greater priority than other activities, especially if a religious practice conflicts with what is required for exercise.

The following section explores what physical activity means for "being Muslim" women, and the interwoven relationship between religion, health and exercise.

Being Muslim and Physical Activity

The extent to which Islam is embodied is related to the level of physical activity undertaken by Muslim women. This is because the way in which Islam is conceptualised influences beliefs about health, exercise and beliefs about how one's body should be treated.

For example, Soraya describes how she became physically active after emigrating to New Zealand:

Then I gained an incredible amount of weight. Because of working late nights, I did that for two years, you don't know when the day is, when the night is, you don't know what you want to eat, so of course I ate all the wrong choices. Just to give me the energy to keep going...and one day I looked in the mirror and I went, I can't do this any more. It

took me two years, no a year actually, to lose sixteen kilos. I did it slowly and steadily. I found a book in the library called KISS-keep it simple and succeed...[it] even showed you how to walk, it said you had to keep your fingers in a circle, like in a “OM”, and I thought, Oh My God! What’s this? Then I thought what do I have to lose? So I started gentle walking and it became an absolute commitment, I changed my eating, I changed my job, I was working normal hours, and I would walk. Rain or shine, I would walk fifteen minutes and then I would turn around and walk back. That’s how I started. And the weight started gradually falling off me. Then I had a daughter who was overweight and I thought how do I tell her how simple this is to do? She was looking at me going, ‘Mum you look incredible!’ and I said ‘You can do it too’...And then I can’t remember the sequence of events, but ‘Round the Bays’ came around again. I thought this time I am going to do it! So I enrolled and took my girls with me.

Soraya has described the beginning of what has now become a life-long commitment to being physically active. The motivation to lose weight eventually became a habit which she encouraged her children also to develop. Although Soraya identified strongly with her Muslim identity, she was not discouraged by the suggestion in the book she was reading, to use the word “Om”, as a way of concentrating on the walking rhythm. “Om” is regarded as the shortest “mantra” or incantation in the Hindu religion, and is symbolic of god (Desikachar, 2000, n.p.). Soraya’s openness to using what could be regarded as a non-Islamic word or practice, is suggestive of her commitment to improving her health, and also shows that she considered her religious identity to be a secure entity, which could not be destabilised by her use of a Hindu incantation.

The active lifestyle of New Zealanders was a further motivator for Soraya, and other “being Muslim” women like Tasneem, discussed later, to become more physically active:

There [in ‘Round the Bays’] I was blown away by the number of people, there were people in wheelchairs, mums with prams, it was a whole way of life! So, that blew me away, and then work had a marathon, and I decided I would train for it, I joined a gym with my daughter. Never done anything like it before. I entered as a walker because I didn’t think I could run, I thought running was for stupid people, you break your knees, you know? But I took my time and I ran the first ten kilometres, and it was like, I can do this, and I felt wonderful. Then next time, I ran ‘Round the Bays’ and bettered my time.

Soraya explained how she was surprised by the number of people participating in 'Round the Bays', and how the diversity of the runners and walkers motivated her to remain active. From there, a sequence of events led to her to running a marathon. The change in her work opened up the opportunity for Soraya to become physically active, while continuing to maintain her religious identity. Soraya's conception of Islam as a positive force in her life helped her to overcome her inactive lifestyle and change her health and activity behaviour.

However, for "being Muslim" women who interpret Islam restrictively the effect their religion has on physical activity is quite different. Jannah's story unfolds from the time of the tragic events of 9/11 which drew her to explore Islam. Before this, she identified as a "normal Kiwi woman", working fulltime as a teacher. Reading the Quran and related commentaries convinced Jannah to accept Islam and since becoming Muslim her physical activity levels have declined sharply.

Jannah's narrative shows that a change of religion can expose a person to a completely different way of life. Jannah had previously played touch rugby, soccer and netball competitively. Jannah recalled that from the time she accepted Islam her life changed dramatically:

And before I became a Muslim I used to be really sporty. I used to do marathons. And participated in a lot of sporting activities, and I was really quite....my weight was really quite well. I was about 69-68 kilos - I weigh just over 90 kilos now, but when I reverted to Islam of course I stopped doing sporting activities and of course I stopped running the roads because I started wearing hijab and it wasn't really appropriate for me to you know, run in the streets with my hijab and with the abaya.

The day she took her "shahadah", which means she formally proclaimed Islam as her religion, by reciting "There is no god but Allah, and Mohammed is a messenger of Allah" (Islamic Open University, 2001, p. 11), another important change took place in her life:

Yes, three hours before I made my shahadah, I looked at my last cigarette and my packet and promised to Allah Subhanahu wa ta'ala that would be my last cigarette and I haven't had one since then.... Because you know, since we shouldn't do anything that harms our body and on the cigarette packaging it says, you know, this causes death.

The change in Jannah's identity to that of a Muslim woman happened immediately after she took shahadah. After accepting Islam her identity changed, and she adopted a lifestyle she believed was congruent with Islam. Becoming Muslim meant Jannah had to observe Islamic practices of specific behaviour and dress. The latter meant that her previous activities of running and netball were no longer possible.

Ironically, by becoming Muslim, Jannah made a conscious effort to stop the unhealthy habit of heavy smoking, but the Muslim practice of veiling that she adopted, was a significant cause of her weight gain. She gave up running, swimming, soccer and netball, and experienced a corresponding increase in weight. Jannah said that she is currently almost 25 kilograms heavier than her ideal weight.

The change in Jannah's identity, to that of a "being Muslim" woman, significantly affected her relationship with sport. Her new Muslim identity was not congruent with her being a sporty and active individual. Jannah's narrative provides a valuable insight into why some Muslim women believe they cannot be more physically active. The way in which Islam is interpreted by some women poses barriers for their physical activity, and these are explored in the following section.

Barriers to Physical Activity

After reverting to Islam, Jannah described the barriers she faced while trying to resume her physical activity:

I was trying to do it [exercise]. I tried to get back into it and do the treadmill. And so I was going to the gym and doing the treadmill, but I found because I am in my 40s now and it just takes a lot of hard work to try and, you know, lose weight. My brother owns a gym, but it's quite a distance from where I live. So it was really hard for me to go to his gym every day, because I wanted to, you know do the five days of the week, thirty minutes or more but it just became a financial burden on me...I experience a lot of negativity from people when I am walking out on the streets, and, well, they just call me names, you know, like ninja...and of course it is not just when if I go walking on the streets, everywhere I go, if I do a bit of shopping... of course they don't know that I am Kiwi, because they can't see me underneath. They all think I am from, you know, a Middle Eastern country, or that I am Indian, because they call me Punjabi...I don't want to put myself in that situation. So I don't really go out on the roads anymore...Last year

I tried out the Muslimah Sports Association netball and I kept on injuring myself, because, you know, I am not as physically active as I was before.

Jannah tried to maintain her physical activity when she first accepted Islam. Jannah's experience shows that when she overtly identified as Muslim she often attracted racist, abusive and negative remarks from others. It is understandable that Jannah lost her enthusiasm for sport and exercise in these circumstances. Jannah seemed resigned to being physically inactive when she related the above sequence of events.

At first, Jannah felt that she could exercise at her brother's gym, but she found the travel prohibitive. Jannah then attempted to resume playing netball, but found she sustained injuries because she was no longer as fit as she used to be. She contemplated using a women's-only gym but found that these gyms were prohibitively expensive:

I thought about women- only gyms but I kind of think of the cost as well. I know there are some really cheap memberships around, but what it really comes down to is the distance from my place as well. There's not many gyms around me that are for females only.

Mixed-gender gyms were not suitable for Jannah because she believed that the form of the female body should not be exposed to men who are not mahram (see Chapter Three) and therefore exercising in such a setting would compromise her religious beliefs.

The music that generally accompanies aerobic classes in gyms was perceived by Jannah as a barrier to participating in this type of physical activity. Although there is no direct prohibition in the Quran against music, there are several authentic hadeeth which prohibit the use of musical instruments by Muslims except the 'duff' (which is a type of tambourine). Islam considers that music influences the mood and behaviour of a person and has a propensity to draw a person away from religion (Sahih Bukhari, n.d., volume 7, hadeeth 5590). Adhering strictly to an Islamic interpretation of permissible music, in this instance, poses an obvious barrier to Jannah's ability to exercise in gymnasias open to the public, or even in private women's gymnasias.

From Jannah's story it is obvious that Islam occupies a central place in her daily life, and that she finds her ability to participate in physical activity is inhibited by her strict interpretation of the religion. Dress is a symbolic marker of Muslim women's identity.

The following section explores “being Muslim” women’s beliefs about appropriate dress and the effect of these beliefs on their physical activity.

Being Muslim and Dress

Jannah conveyed her belief that she could not continue to be as actively engaged in physical activity as she used to be, once she accepted Islam. She explained that the Islamic dress “created the barrier for me to continue my physical activities”, especially since she had chosen to adopt full hijab, which included covering the entire body, head, face (except the eyes), as well as the hands and feet. When asked why she thought Muslim women had to cover their entire bodies instead of the more popularly accepted standard of hijab, covering the body leaving the hands, face and feet exposed, she explained that she had interpreted the following verses of the Quran to mean full covering of the body:

O Prophet! Tell your wives and your daughters, and the believing women, to draw their cloaks (veils) over their bodies. That will be better that they should be known (as respectable women) so as not to be annoyed. And Allah is ever oft-forgiving, most merciful. (The Quran, Chapter 33, Verse 59),

And

And tell the believing women to reduce [some] of their vision and guard their private parts and not expose their adornment except that which [necessarily] appears thereof and to wrap [a portion of] their headcovers over their chests and not expose their adornments [beauty] except to their husbands... (The Quran, Chapter 24, Verse 31).

Leaving the hands, feet and face exposed in public poses less of a barrier to exercise. So I probed deeper to understand Jannah’s meaning of ‘hijab’ as she had adopted the face veil, in addition to an ‘abaya’ with matching socks and gloves. Jannah explained that:

Because when I read excerpts from the Quran it said that, you know, women should cover their beauty and my interpretation of that is women should cover their faces because that is what men look at, not your hands or feet. They want to look at your face and that is what a lot of people look at, I mean they want to describe, a woman’s features as her face. So that is why I started covering my face with the burqa and also in the Quran it says we must cover ourselves so I decided to wear gloves as well, you know everyone interprets differently, but that was my interpretation.

As shown above, the excerpts from the Quran that instruct Muslim women to cover their beauty do not specifically tell them to cover the hands and feet. However, Jannah has interpreted those Quranic verses in the strictest sense, and her commitment to Islam is overtly represented in her strict adherence to the dress she believes devout Muslim women must wear. Although Jannah is aware that her style of dress will arouse hostility towards her, and make her vulnerable, she believes she must remain firm in her ‘taqwa’.

Jannah realised that there was nothing within Islam that prohibited her from exercising in public, or at a mixed gender gym, as long as she was not exposing anything except her hands, feet and face. However, when walking or running outside, she found the abaya especially cumbersome because “it would open up and flap in the wind”, making her feel exposed and vulnerable even though she had normal clothing underneath.

Jannah reflected that she could no longer go for a run with her brothers as she used to:

Yeah, of course it was hard to begin with, you know, it was really hard for me to accept that I can’t go on the streets when I want to and run up and then run back down again, or go for runs with my brothers, who I used to train with.

Brothers are ‘mahram’ for Muslim women (see Chapter Three), which means that they can interact freely with each other, and do not need to observe hijab in their company. However, as Jannah was talking about running in a public setting in her hijab, I asked her to explain why she thought she could no longer run with her brothers. She explained:

No, it is just that I would have to run with my burka [another name for combination of abaya and face veil]. I don’t want to show the form of my body as well, you know, I just don’t believe that I should go on the streets and show the shape of my body, so it was really hard for me to wear something that would be free and comfortable [to run in], and also would help me not to show the shape of my body while I was exercising. I did try walking around the ___ area, and tried to run, but I don’t have the appropriate attire to do that. I found that my abaya that I had during that time just kept on opening at the front... and the other one which I have, I felt just restricted in it.

From Jannah’s story it is obvious that she, like many who strictly interpret the Quranic verse, understands ‘awra’ to mean a woman’s entire body, which in turn necessitates her

full veiling in public. This interpretation has prevented her from participating in outdoor exercise pursuits such as walking, swimming and running.

A Muslim Iranian writer, Azadeh Moaveni (2009), describes her experiences when she tried to jog dressed in Islamic clothing. She recalled that she “hyperventilated after four blocks, despite wearing the gauziest of headscarves and a decidedly immodest pair of Nike capri pants. The fabric covering my ears and neck stoked my body temperature unbearably....”(p. 1). Jannah, who was dressed in more clothing than Azadeh, would have felt extremely uncomfortable while walking or running. However, Jannah felt that she was singled out because of her dress leaving her feeling vulnerable and unsafe, and she felt people behaved in a racist way towards her, telling her “to go back where she came from”. It was for these reasons she stopped walking and running.

Not all “being Muslim” women hold a strict interpretation of what “modest dressing” means from an Islamic perspective. Until coming to New Zealand, like many Muslim women in various countries, Soraya’s life centred around bringing up children, maintaining the household, and occasionally, undertaking paid employment. Physical activity rarely featured as a priority and, when it did, it was more to socialise than to increase activity levels:

Although I must say, I met women, we’d meet in a community hall and do stupid little things, aerobics in leotards (laughs).....so we did that, but it was the same group of women. You didn’t see women walking everywhere like they do here.

As discussed earlier, exercise is now a “way of life” for Soraya. In Soraya’s case, contact with the New Zealand culture positively influenced her life, as she gradually got accustomed to being more physically active.

However the balance between being a Muslim woman and being physically active was not always easy to achieve. Soraya wanted to do a triathlon but the conditions of appropriate dress held her back:

....actually it was the swim, I knew I’d have to wear the clothes I wasn’t comfortable with, whereas with the walking I could wear whatever I wished and it didn’t really matter. So that was an issue for me.

Soraya was aware of the ‘burqini’, which would have covered her from head to ankles, thus allowing her to swim in public, but she did not think that it met the criteria of the dress code to which Muslim women must adhere:

I have seen it, you know what it’s called? A burqini? Yeah, and Ok, it allows the girls to swim whereas otherwise they wouldn’t swim before, but it doesn’t meet the criteria, they are showing their entire body’s shape, so it’s a hindrance in public. But the ladies here, they are learning to swim at the pool. Do you know? Because they appreciate the fact there are no men there, so there’s a plus side to that, but when it comes to the public, we are fooling ourselves, really. Because you are not, there isn’t a garment you could wear- that would not show your shape when it’s wet. So I struggle with the swimming a lot, outdoors. Because even if you wear a big shirt over the top so I have stepped away from swimming myself, outdoors.

As a “being Muslim” woman, Soraya does not wear western swimwear because most of her body would still be exposed in it. When the burqini is wet, the shape of the body can be seen, which for her “does not fit the criteria” of adequately concealing the body and its shape. This is why Soraya has decided not to do a triathlon. Swimming in an indoor environment which is restricted to women is one she finds safest. She swims regularly at the local pools at the women-only times. However, Soraya conceded that having a garment like the burqini has created opportunities for Muslim girls to participate in physical activity:

Yeah, and okay, it allows the girls to swim whereas otherwise they wouldn’t swim before, but it does not meet the criteria, they are showing their entire body, the shape, so it’s a hindrance in public, but the ladies here, they are learning to swim, through the Somali group?

Soraya agreed that the burqini allows women to swim but she did not agree that Muslim women can show the shape of their bodies in public even if fully covered. However, the Somali group she refers to here, is a women’s only group which meets for swimming sessions once a week in an Auckland public swimming pool which is open to women only at that particular time.

Exposure of the body, and Western expectations about dress, raise important questions about dressing to participate in physical activity, and the acceptability of being different from the norm. It has become a common expectation that runners and walkers will wear

clothing that has been especially designed for the activity, usually a T-shirt and shorts made of fabric that wicks sweat away from the body, and that swimmers will wear a swim suit which leaves the limbs uncovered and free to move. Jannah's story shows that since she was not dressed as a walker or runner, but in a traditional Islamic dress, she was singled out and harassed on the street. The activity itself could have been undertaken in any clothing, as long as Jannah was comfortable physically and mentally. But it was the social expectation that certain physical activities need particular clothing to be worn, that created the barrier of ridicule that Jannah encountered.

The examples from the stories of the women are not representative of the reality of all Muslim women with regard to the level of their religiosity and their physical activity. However, the narratives of these women do show that there is a strong relationship between the practice of Islam and the level of physical activity.

The next section discusses an important factor, the role of the husband, in "being Muslim" women's lives; the influence of a spousal relationship on Muslim women's physical activity.

Role of the Husband

In all narratives of the married Muslim women in this study, the role of the husband in physical activity was pivotal. A husband's commitment to his wife's health and wellbeing appears as a recurring theme in "being Muslim" women's stories. One of the "being Muslim" women in this study, Fatima, related how she started exercising:

A few years ago I wasn't too keen on exercises or walking. No I wasn't. But as I started reaching my late 20s, I was like, okay, now I have to [focus] on my health. After my second son's birth. That is, after having a C section. I realised I have to get things going.

Fatima explained that exercise became important to her when she realised that a Caesarean section had weakened her body and that she had to exercise to regain her fitness. Before the birth of her child, she reported not having exercised at all.

Fatima's husband had found a personal trainer for her as she started exercising:

My husband had seen an advertisement for a personal trainer who would visit clients at home and do an exercise plan for them. We have two very young children, so this suited

me... we got it [the exercise plan] done that included cardiovascular and resistance training. My husband looks after the children every day when I exercise...When I do my resistance training obviously, he doesn't want kids hanging around when you are working with weights....But I think it has become more of a pattern that men are becoming more supportive like my husband. Whenever I want to go for a walk, he looks after the kids.

It is evident that Fatima's husband is supportive of her physical activity. At the time of the interview Fatima had organised her husband to be present so we could converse without being disturbed by her children. Fatima related how she had emigrated to New Zealand from a south-east Asian country a few years ago and both her children were born in New Zealand.

Fatima's husband, Adil, became part of the interview when he joined us bringing the children with him. He told me that he was very interested in the research about Muslim women and exercise and how important it was for women to maintain their physical and mental health, especially when they are busy looking after a young family:

I mean that we [Indian immigrants] are coming mostly as single [nuclear] families and, you know, we have to stand up for each other. It can be very, very hard. I mean, you know, there is no other choice. We have to help each other, take care of each other.

Adil saw himself as one half of a supportive partnership with his wife. He regarded himself as responsible for the health and welfare of his wife, especially since there was no extended family upon whom the two of them could depend.

Adil's voice is the only male voice in this narrative study. At first I felt that the presence of a man during the interview would be intrusive, but there was an easy rapport between Fatima and her husband which resulted in the three of us having a discussion about why it was so much more difficult for Muslim women to exercise. Adil felt that unless women worked outside the home, their activities were often restricted to housework and childcare, and that physical activity, especially outside of the home, is not considered a normal activity for most Muslim women. Men, on the other hand, he felt were more able to participate in sport and other social activities because, from a religious perspective, they had fewer restrictions with respect to dress (men are expected to be covered from navel to knee but the rest of the body need not be covered)

and had lesser familial responsibilities. Both Fatima and her husband agreed that without the support of a spouse, Muslim women, even if they were aware of the importance of exercise, would not easily be able to become physically active.

For most women in this study, however, husbands were not particularly supportive of their wives' physical activity. In this way the identity of "being Muslim" women can be shaped and constrained by others. A comment by Jannah echoed Adil's view:

You know, they [men] can just go out and play soccer and games and not have to worry about the constraints we have.

Jannah explained that her husband preferred that she look after the home rather than go out to exercise outside of the home:

He would much rather I just focused on the home than going out and getting myself physically active and healthy. Well, everyone looks at it differently you know...to look at the husband's perspective, and yeah, a lot of them just feel that, you know, the female should just concentrate on the home.

From what I had read about and experienced with Islam I could not accept that a husband's control of his wife's activity was part of the religion. I asked Jannah how she came to the conclusion that her husband could ask her to restrict herself to the home even if it meant she would suffer negative health consequences such as becoming overweight and more prone to injuries, which she had talked about earlier in the interview. Jannah believed that from Islam's point of view men had been appointed guardians over women, which meant that they could decide what was best for them. She agreed with this stance, saying:

The women's role in the home outweighs being physically active and keeping healthy....that is how I see it.

From what she had gathered, interacting with other Muslim women at her mosque, her situation with regard to exercise was not unique:

From what I have heard from some of the sisters that I was speaking to about sports, being involved in sports, a lot of them say that their husbands don't let them participate, but much rather that they had their time to, you know, keeping the house, making sure that dinner is cooked and lunch was made, and things like that you know.

The relegation of women to domestic chores along with their husband's expectation that their leisure time, if any, would not be used in physical activity, seems to span various cultures and professions. For example, one participant in this study, Dr. Hussain, is a medical practitioner whom I have identified as a "doing Islam" woman. She echoed the same sentiment explaining that her ex-husband expected her to have a number of dishes cooked at home for each meal, and that he was not alone in this expectation:

Some patients have told me, I have to cook many meals for my husband, so where is the time [for exercise] doctor?

In her experience, husbands were generally "very very focused and fixated on the items of food and all this extra work that means...". Dr Hussain conceded though that this was probably not a role men have adopted because of religious beliefs, but that it was more likely a culturally accepted norm, common among Muslim and non-Muslim men from the Middle-East, the Indian sub-continent which includes India, Pakistan, Sri Lanka and Bangladesh, as well as some Pacific Islands. Current research in England (Khanam & Costarelli, 2008; Ludwig et al., 2011) shows married Muslim women lead very inactive lives, and obesity and type 2 diabetes were more prevalent among this group of women compared to non-Muslim married women. Barriers to reducing weight included a poor awareness of the link between diabetes and obesity, and:

The influence of Islam, culture and familial expectations on home cooking, perceptions that weight gain is inevitable (owing to ageing, childbirth or divine predestination) and the prioritisation of family concerns over individual lifestyle changes. (Ludwig et al. 2011, p. 1842).

Dr. Hussain said that patients who had health issues related to a sedentary lifestyle, such as cardiovascular disease, obesity or diabetes, all agreed that exercise was good for them and knew what they had to do such as walking, cycling, swimming and running. However, the practical application of their knowledge was lacking. The reason for this, according to Dr. Hussain, was that most of them came from sedentary families who had a "leisurely relaxed laid-back lifestyle" which was difficult to change. Many of the Muslim women to whom she had offered a Green Prescription (see Chapter Two), had accepted it out of politeness, but the actual uptake was less than 25% of the referrals she had made.

Significantly, Dr Hussain had noticed that Muslim women seemed dependent on their husbands when it came to increasing activity levels:

If the husband wants to help and they are also motivated then the whole family goes for walks together....and sometimes I also find if they don't want to do something they bring the husband along and say, Oh my husband is not so keen so it is like an excuse as well.

A positive trend she had noticed among her patients from the countries mentioned above was that there is now a distinct group of people who were either born in New Zealand, or who had emigrated to New Zealand with their parents as children, who are more active than their newly-emigrated counterparts. In my experience it is not uncommon to see a couple and their children involved in sport such as soccer, netball, badminton and swimming. This group included Muslim families, although non-Muslim families who were active together, were more common. Dr. Hussain believed that being inactive was in the mindset of these new immigrants and that it would take time for the next generation to “get used to how New Zealand is”.

The disapproval of the husband to physical activity was not necessarily regarded as a barrier to exercise for most women, because exercise rarely featured as a priority. Participation in an organised or team activity, like netball or soccer, is dependent on the approval of the husband, or his ability and/or willingness to provide childcare for the period that the woman is away from home.

As illustrated by Jannah's and Dr. Hussain's comments, it appears that for some Muslim women, the husband's role is significant in determining whether they are able to exercise or not, and to what extent they may be involved in organised sport. It also appears that the women are aware there is little religious basis in Islam for a man to restrict his wife's physical activity whether in the home or outside of it. There is some evidence to suggest that Muslim families who have lived in New Zealand for a significant length of time are adopting a more physically active lifestyle. The younger generation of Muslim girls are beginning to engage more in sport and exercise. The following section explores the experience of Muslim women raising children in New Zealand and how they negotiate a Muslim identity while their children engage with physical activity.

Raising Children in ‘Sporty New Zealand’

As explained above, Soraya’s identity as a Muslim woman was very important to her and she did not find being Muslim an issue when it came to working in New Zealand. However, other aspects of living as a Muslim woman and mother were difficult for her. Inculcating Islamic religious values in her children while they began to identify with being New Zealanders was an ongoing challenge:

It’s been one of the biggest challenges I’ve faced, because coming away from the social structure in South Africa, we, the only people my children ever interacted with, were Muslim. They went to school, we lived in apartheid, apartheid did us all a favour, everybody in the school was the same, there was never a question about what we did or didn’t do.

The notion of ‘sameness’ is a binding force within a culture or a social structure (Hall, 1990). Living in South Africa under the apartheid regime meant Soraya’s and her children’s identity was never questioned or consciously negotiated. When she and her children came in contact with the diversity of New Zealand culture, she began to consciously question their identity as Muslims, and the activities that she thought were appropriate for them.

Although Soraya has adapted her Muslim way of life so she can become more active while retaining her Muslim identity, she has found it difficult to show her children, who were very young when they came to New Zealand, how to strike the same balance. Due to their young age, her children found it easier to acculturate to the New Zealand way of life. New Zealand is commonly regarded as a sport-loving country, and “Sport and recreation is highly valued in New Zealand. Individuals and communities invest considerable time and money in sport and recreation” (SPARC, 2011, p. 7). It was disconcerting for Soraya to have her children question authority, because challenging parental authority is foreign to a traditional Muslim way of life, “and New Zealand encouraged them to, to speak their minds say who they are, all the rest of it”.

Muslim dress was also a challenge for them as they questioned it constantly:

[My daughter said] Don’t impose your values on me. That was hard, really hard. I said I am not asking you to wear hijab, I am just asking you to be modest. She’d come walking with me....she’d wear little shorts - I’d say I ain’t walking with you! If you

want to come walking with me, you got to put some clothes on. I am not asking you to put an abaya on, just asking to cover your legs when you walk in the park where there are men, don't you see that?

There is considerable tension between Soraya's traditional interpretation of "modest dress" and a western or secular understanding of modest dressing. As shown by Soraya's story this dissonance is most pronounced when migrants attempt to maintain their traditional customs and culture, while their children adapt more easily to the host culture.

Adapting to the New Zealand culture involves engaging in physical activity, and most of the younger generation of Muslim girls here are exposed to the culture of sport and activity at school and many adopt a physically active lifestyle independently, as young adults. Farzana is a Muslim woman whom I have categorised as a "doing Islam woman" in her early 30s. Farzana pointed out:

It is probably different for parents, but the newer generations are quite excited when they meet me and they see I am still playing soccer and they have known me for ten or fifteen years. Yeah, it is something really quite good and I mean, I have seen young girls going to the gym and doing certain things - they are really conscious of their health so it is not so much the older generation. For the younger people, I would like to think I am a role model, but you know, things are changing anyway as far as I am concerned.

For some parents, preserving religious identity while allowing children to remain physically active is the balance they are seeking. In order to better enable physical activity for Muslim girls, Farzana has sought to create spaces where girls can be active while maintaining a religious dress code, and observing gender segregation. The following section explores the creation of an Islam-friendly space for physical activity.

Creating the Right Spaces for Physical Activity

The change in body shape brought on by puberty is significant with regard to physical activity among Muslim girls. The onset of menarche is the demarcation between being a girl and a young woman. From an Islamic point of view, a girl transitions to womanhood when she begins menstruation. Veiling and the inclusion into the women's sphere of activity also begins at this time. Certain expectations about how girls should behave, and what activities are suitable for them, come into play. Bennett (2005, p. 45)

summarises the change in Muslim girls' activities after menarche based on her fieldwork in Indonesia:

Women also learn to navigate new geographies dictated by their emergent sexuality, which require them to be chaperoned after dark and to occupy only those spaces considered safe and respectable for women. After menarche, women tend to spend more time indoors, as their freedom to play in public spaces evaporates when their bodies become culturally inscribed as sexual bodies.

International literature shows that in the general population, "Physical activity levels decline markedly among girls during adolescence" (Okely et al., 2011, p. 658). This is especially true for Muslim adolescent girls whose changing bodies are supposed to reflect modesty and separation from the male sphere of play and study.

However, "being Muslim" does not automatically translate into being sedentary. One of the "being Muslim" women interviewed in this study, Tasneem, told a story about her two daughters who were both keen netball players. Having emigrated from Fiji when her girls were toddlers, the family enjoyed several years of "life like normal kiwis", and work, school and sport kept them busy and they developed a sense of belonging to their adoptive country. The girls especially enjoyed playing netball and also played soccer. Tasneem's story took a different turn when she remarked that "then the girls grew up", suddenly they were "big girls" and the length of their skirts and sleeves became an issue. While Tasneem and her husband appreciated the value of physical activity, they got "really uncomfortable with the short skirts and sleeveless tops", especially since by that stage the girls were attending a private Muslim school and were wearing the hijab which was part of their uniform. Wearing short netball skirts and sleeveless T-shirts was the complete antithesis of the girls' school dress code:

So there was a time as they got older my husband, you know, started getting so uncomfortable he wouldn't come with us [for netball], he said it was filled with women in lots of short skirts....so he just stopped going.

Tasneem's husband did not stop his girls from playing netball or Tasneem from taking them to practice and matches. He was not opposed to the game of netball, but he was opposed to his daughters exposing their bodies while participating in the sport,

especially since outside of netball, his wife “encouraged wearing hijab, long clothes, everything”. It is not clear whether the girls felt the same awkwardness about their netball clothing since at all other times they were fully covered.

The dissonance made Tasneem evaluate the opportunities available to adolescent Muslim girls for participating in team sports. Obvious barriers included inappropriate dress for pubescent girls, uniform dress expectations for team sports and lack of girls-only venues for practice and matches. After much hard work and community consultation, Tasneem set up a sports association for Muslim women named “Muslimah Sports Association” which offers netball, soccer, swimming and volleyball. Its membership, comprising of Muslim girls and women, is on the rise and at the time of the interview they were being partially funded by the local council.

Therefore given the right space within the realm of Islam, Muslim girls and women are able to increase their participation in physical activity. However, without this, women’s bodies and their position vis-à-vis exercise and team sport becomes highly problematic, because as Tasneem put it, “It’s really important that Muslim girls have the opportunity to participate. Clothing is quite an important part of our religion... And a large part of our religion is exercise, knowledge, learning”.

Prayer as Physical Activity

‘Salat’ is the Arabic name for prayer offered by Muslim worshippers. Salat is obligatory for Muslim adults, and consists of five daily prayers. The first is just before dawn, then at midday, late afternoon, at sunset and the last at night. These are called Fajr, Zuhr, Asr, Maghrib and Isha respectively. Together, the prayers form one of the pillars of Islamic practice. The prayers consist of a series of ‘rakahs’. Each rakah is completed by the acts of standing, bowing, prostrating and sitting, and the utterance of specific verses of the Quran in every physical action.

For many Muslim people, the practice of Salat is a combination of physical, mental and spiritual worship. One of the women in this study was an older woman, Saira. She told a story about how she had immigrated to New Zealand as a young woman with her husband some forty years ago:

Life in [home country] meant physical labour as the family worked their land to produce vegetables for a livelihood. In New Zealand however, life is easy, people like

to buy their food rather than grow it. I found work at a shoe factory where I would have to stand at a station and sew lace-holes on shoes. I did this for many years when the children were young (author's translation).

When we talked about physical activity, Saira seemed amused by the idea of 'doing' activity as she felt that for so many years physical activity just 'happened' in the context of everyday life. If anything, she felt one had to work very hard, either in the fields in her country of origin or at the factory, and that rest, or staying still, was something of a luxury. In recent years, Saira had retired from her factory job as her children had grown up and they no longer needed extra money. Saira related her beliefs about exercise:

I know I will get better if I exercised more but I don't feel very motivated to exercise three or four times a week as the doctor said. I am not very good at swimming. But I have to accept that [declining] health is part of being old and I cannot expect to enjoy excellent health in old age (author's translation).

For Saira, the most meaningful and enjoyable activity was Salat or prayer, which she regards as her religious duty and which also provides social cohesion within the family and bonds her with other Muslim women who meet regularly in each other's homes for prayer meetings. Praying five times a day, she believed, was the key to attaining spiritual success as well as good physical health because the physical motions involved in salat promote mobility, provide a range of movement of joints and increase balance.

Saira said that she enjoyed the social aspect of prayer, which made her feel part of a larger community:

We all meet in each other's homes - like you are here today, I had twenty of my friends over and after Zohar [the noon prayer], we sat and talked, everyone had brought some food. One of the women, her cousin needed money for her daughter's wedding so we all donated money. Next week, we'll meet at ____ [name withheld] place. You should come too, it's good to know other Muslim sisters and for me... and you have to do it, bend and sit and stand [for salat]... it keeps me busy and I am not lonely...(author's translation).

Saira's narrative explicates how prayer is more than simply a spiritual activity. Like other "being Muslim" women, she feels that a Muslim woman's life revolves around Islamic rituals. By regularly inviting like-minded friends to her home for prayer meetings, Saira has made a circle of friends who combine the spiritual and social

spheres. Being in touch with families in her homeland enables Saira to contribute to needy persons in her home country. Thus, Saira is also able to fulfil the obligation of ‘zakah,’ or obligatory almsgiving, through her circle of friends.

Saira’s belief is supported by Reza, Urakami, & Mano’s postulation that salat “can play a role in increasing psychological well-being including self-reliance and self-esteem, improving musculo-skeletal fitness, motor behaviour and cerebral blood flow that may be beneficial in the rehabilitation of geriatric and disabled persons.” (2002, p. 177).

Saira does attend swimming classes once a week at a local swimming pool which has a women-only swimming time. Saira describes her weekly session at the pool in the following manner:

Our group of women, we meet on Sunday nights at the pool. There’s only women and children there and my daughter-in-law is an instructor. But we chat in the pool and dog-paddle, I can’t swim but I walk in the water. Then we come out for Maghrib [evening prayer]. Some women use the gym after the pool but I come home. I drive back because my daughter-in-law uses the gym, comes late. It’s good for young people (author’s translation).

It is clear from Saira’s narration that she feels being active by swimming and using the gym are good, healthy activities, but she believes they are more suited to younger women. She conveys the feeling that she feels pressurised to attend the pool sessions because her children think she needs to lose weight, but she uses these times for socialising rather than any serious exercise. Saira feels that by praying five times a day she is fulfilling both her spiritual and physical activity needs. Cognitively, she is aware that her activity levels are less than recommended, but feels that given her age, her level of ill-health is acceptable. Because Saira is efficient and confident with her prayer ritual she conscientiously sustains this activity. She is not confident or efficient with physical activity such as swimming so she does not have the same motivation to pursue this.

Predestination and Health

In Chapter Two I described the health benefits of physical activity and showed ways in which the New Zealand government is encouraging its citizens to engage in physical activity. Several women who identify as Muslim, and whose everyday lives were influenced by the tenets of Islam, did not engage in physical activity although they were

aware of its benefits. One of the reasons for not engaging in physical activity, was the belief in predestination. The Quranic basis of predestination has been discussed in Chapter Three.

As Saira's story shows, her beliefs about health, disease, healing and wellbeing are interwoven with prayer, connection with God and following religious prescriptions of behaviour. Physical health is considered a 'gift from God', something an individual has little control over (see Chapter Three). If the responsibility of increasing physical activity is to be borne by individuals for whom Islam is a way of life, then it is necessary for the religion to underpin the reasons for the physical activity.

While talking to Saira, she frequently alluded to her health issues being due to "the will of Allah" (my translation). Her story of how she now has a 'bad heart' (heart disease) and other health issues discussed earlier, shows that the 'will of God' plays a significant part in the way she understands health and sickness:

I think if I have faith and fulfil my religious obligations and I am still confronted by a hardship (or disease), then this is an additional chance to atone for any previous misdeeds and to become more steadfast in belief and prayer...this life is short anyway (author's translation).

Saira was referring to the Quran's verse which says, "*O my people, this worldly life is only temporary enjoyment, and indeed the hereafter - that is the home of permanent settlement*" (The Quran, Chapter 40, Verse 39). Relating to the Quran, Saira conceives of the wordly life as a short time, and an opportunity to do as many good deeds as possible, to ensure securing paradise in the afterlife. Therefore leading an Islamic life takes priority for her, over physical activity.

Another older woman interviewed in this study, Saima, believed that good health would be granted to her by Allah, because she had been a good and patient Muslim through many troubled years:

I was married at an early age. After having four children, we separated. I lived with my sister who was also married and had four children of her own. I felt that I must look after my sister and her children because we lived with them for a number of years. I also looked after our mother until she died, she couldn't get up, she had broken her hip and was in a lot of pain in the last two years. I looked after the eight young children in the

house, my sister was weak and could not manage such a large household...so Allah will do good for people who have done good for others. I don't want to rely on anyone [in my old age], so I think I will be quite healthy till I die. I hope that is in my taqdeer [predestined future] (author's translation).

It is evident from Saima's story that she believes her state of health has already been decided by god as a result of her deeds. According to Saima, she has spent a significant part of her life caring for family members and therefore she believes she will be rewarded with good health. She expects she will enjoy good health due to the 'will of Allah'. She does not want to consider the possibility that she could become weak and physically dependent on her children:

I always pray to Allah that He should take me just like that [gestures to show 'in an instant']. I don't want to be sick, like my mother, I want to be healthy one minute, then die the next (author's translation).

Although Saima is fearful of physical dependence due to failing health, she believes God will ensure she lives a healthy life because she has always done good deeds and looked after family members when they were in need. Saima does not draw a direct link between her own activity levels and being healthy. Health for her is granted to "whomever Allah wills". At present, however, Saima suffers from cardiovascular disease, increased cholesterol and blood pressure levels, and is overweight.

Predestination, or the 'will of Allah' was a recurrent theme in the narratives of the two older "being Muslim" women in this study, while the younger women, who also identified as 'religious' or 'devout' Muslims, did not use these terms while talking about their health.

Summary

This chapter has introduced the main finding of the study: that Muslim women relate to Islam in two different ways, by "doing Islam" and by "being Muslim". The reader is invited to treat these two categories as constructs created to understand the relationship of Muslim women with their religion. These constructs do not represent a static reality but are, instead, dynamic and variable negotiations of religious identity.

The identity of "being Muslim" women was explored because it significantly influences engagement with physical activity. Two very different narratives of "being Muslim"

women were presented to show that this identity can be used to increase, or decrease, physical activity. Barriers to physical activity experienced by these women were explored. The influential role of the husband in these women's ability to be physically active was described. Another narrative was used to illustrate how "being Muslim" women have created spaces for exercise which accommodate their religious identity. The notion of predestination and its impact on the importance given to physical health was also explained.

The following chapter explains the construct of "doing Islam". The identity of "doing Islam" makes it possible for Muslim women to engage in physical activity. The narratives of women who uphold this identity are explored with respect to their religious beliefs to reveal how some of these women find physical activity congruent with the practice of Islam, while others do not.

Chapter Six: DOING ISLAM

The “doing” of Islam refers to temporary acts of worship or rituals. Ten of the women who took part in this study perceived their practice of Islam as reflective of a balance between their religious identity, and a secular, New Zealand identity. The following chapter explores how this group of women “do” Islam, or apply it in specific situations and how they perceive themselves as “living” Islam. “Doing Islam” has a specific effect on the health and physical activity levels of these women, which has been explained in detail. Women in this study who are classified as “doing Islam” follow the religion in discrete segments and do not identify primarily as Muslim, unlike “being Muslim” women.

Doing Islam and Identity

The narratives of “doing Islam” women showed that they perceived their identity as a Muslim woman to be on par with their other identities, such as mother, daughter, worker and sportswoman. In comparison to the “being Muslim” women, Islam was not an overarching factor which influenced all the other roles they inhabited. Neither was it considered a factor which mediated their activities related to work, leisure, or family life. These women’s narratives showed a greater acceptance of the variability between, and among, Muslim women. They did not speak about having to follow Islam in order to be a “good person”. As such, their sense of worth was not dependent on the degree to which they followed Islam.

The women who “do Islam” spoke of the religion as an external entity. They idealised some of the beliefs that they considered fundamentally Islamic, especially if they were not following those rules. When they talked about the things they thought they should not be doing, they frequently categorised themselves as “not such a good Muslim” or even “a bad Muslim”. For example, Rose, a migrant who came to New Zealand a few years ago, believed that she had changed from being a “quite good Muslim” to being a “bad Muslim” because:

When I was there [country of origin], when I was much younger person, I was probably much more religious than I am right now....I do believe in Allah and you know, I don't eat pork and I don't drink much, actually maybe only once or twice a year. I am not wearing burqa or anything like that, so I am quite modern, but a bad Muslim, no? I suppose, yeah.

Through her narrative Rose reveals she is modern, but not a good Muslim; that she does not believe a woman can be both modern and a good Muslim. She also discloses that even though a modern Muslim, she does follow some tenets, such as not eating pork. But she drinks occasionally even though alcohol is forbidden in Islam. Rose follows some, but not all of the Islamic tenets, and occasionally follows the religion. Therefore Rose is “doing Islam”.

The women I have identified as “doing Islam” allotted a specific time and space for religious activities, and the compartmentalisation of these activities allows them to pursue a different, more secular identity outside of the religion. This was not the case for the women for whom “being Muslim” was most important. Religion was not restricted to a time, space or activity, but was the foundation of *all* of their activities and *all* of their behaviour. “Doing Islam” represents a temporal activity, a set of rituals and religious practices that are followed by Muslims. The doing of Islam denotes a separation from the “being-ness” of being a Muslim because in the former, Islam is followed in the prescribed acts of worship or behaviour, such as praying, not consuming alcohol or pork, or fasting during the month of Ramadan. The religion is “done” as any other activity. For the women “doing Islam”, convenience determines whether they practise Islam or not. Farzana shows how she ‘does’ Islam when it is convenient for her:

I don’t pray but sometimes I pray when I’m all freaked out about flying...so I don’t crash, I read some surahs [verses from the Quran] and when I’m quite freaked out about going to sleep sometimes I will because I don’t want someone should take me - you know, like ghosts or jinn or stuff like that...

Here Farzana showed how, although she does not actively practise Islam, the religion has conditioned her spiritual beliefs. During our conversation, it was obvious that Farzana is acutely aware of the Islamic requirement to pray five times a day. She is equally aware of what she calls her “failure” as a Muslim because she does not observe this basic “pillar of faith”, salat or ritual prayer. Some of her fears about disasters like plane crashes, or supernatural and evil forces influencing her, are founded on the knowledge about Islam she received as a child mainly from her grandparents. The ‘jinn’ she mentions are another category of creatures created by Allah who are made of smokeless fire, “And I did not create the jinn and mankind except to worship me” (The Quran, Chapter 51, Verse 56).

The verses to which Farzana is referring, are specific parts of the Quran which are recited to ward off evil spirits, the evil eye, or any impending danger (The most commonly used verses for this purpose are: Chapter 2, Verse 255, and Chapters 113 and 114). Farzana's reference to the jinn in her story shows the entrenched nature of Islam in her life, because she believes following Islam in specific situations will help ward off evil or prevent a mishap from taking place. Her narrative shows a complex mix of belief in Muslim principles and religious prescriptions, coupled with a non-practising way of life. Farzana goes on to explain that in her experience people seem to get more religious, "as they get older, more religious towards the end of their life more than they used to be". Farzana believes that religion is mostly 'done' by older people who are nearing the end of their lives. As a young woman in her early 30s, Farzana does not consider Islam as a significant part of her life at present.

Farzana follows religious practices at times, but she interprets these practices differently from "being Muslim" women. Farzana conceptualised Ramadan as a competition, rather than a spiritual requirement:

I mean in [country of origin] Islam isn't so strict....[but] people do pray, and I did pray when I was in [country of origin], and I fasted because it was a competition between me and my friends about who would last the most.

Farzana's story highlights how followers of Islam in theocratic countries interpret and practice its rituals. In the same vein, Nadi, another "doing Islam" woman, spent her childhood in another country, and reminisces that, "Ramadan was to see who would lose the most weight, so it was religion but also competition".

Both Farzana and Nadi can be understood as "doing Islam", where practising the religion is done in discrete segments and where the practice fulfils other purposes too, such as losing weight, or competing with peers.

Doing Islam and Physical Activity

Women who "do Islam" spoke about Islam being important to them at specific times of the year, or at specific times of the day when they set aside a time to observe religious practices. They did not consider Islam restrictive in relation to physical activity.

For example, Farzana and Tamsyn identify as Muslim women, but they report they “do Islam” at specific times:

Well, obviously you know that my parents are Muslim and I was born into it so I would say the only practising thing I do, is not eat any pork. I have read Quran when I was younger...yeah, but apart from that, you know, that is about it. I probably follow some of the teachings but you know, there are some things I do, which are not Islamic but that is about as much as I would [do]. But I mean because I was born in it I would still say I am Muslim by birth and follow some of the rules because that is how I have been brought up and apart from that, not very strict, not a very good Muslim.

Farzana maintains that she will always call herself a Muslim, because she was born into a Muslim family and because she still follows some Islamic practices, such as not eating pork. However, she does not intend to improve or increase her Islamic practices, and classes herself as “not a very good Muslim” and “not very strict” in her observance of Islam. Farzana described how she “still prays at Eid, twice a year”(two annual festivals Muslims observe) but said she believed she was not a very good Muslim because she “breaks all the rules”: she does not observe hijab, does not socialise just with women and says she does not fit the mould of an ideal Muslim woman. Farzana was referring to the rules in Islam governing prayer at set times and maintaining hijab, although she prays twice a year, because she still thinks praying at “Eid”, the two annual festivals Muslims observe, is important for her to class herself as Muslim. However, being a ‘good Muslim’ is not something she aspires to either.

Women who “do” Islam find ways of fitting their physical activity around it. Tamsyn is a new convert to Islam, and I have identified her as another “doing Islam” woman. She emigrated to New Zealand with her parents as an adolescent and is now in her early twenties. She learned about Islam through a Muslim friend and then decided to become a Muslim. Tamsyn identified as a young woman who was fit and healthy, she was a busy student and part-time worker. She identified strongly with her university friends who were mainly New Zealanders. Tamsyn spoke animatedly about how she had always been involved in sport both “back home” in her country of origin and in her adopted country, New Zealand. Tamsyn says she is “still learning the ropes”, and she “does” Islam ritually by praying up to five times a day and fits her gym sessions and her kickboxing training between prayer times. At the time of our meeting Tamsyn had completed her first Ramadan, and she found attending the gym for half an hour before

breaking the fast suited her for that one month but she “had to go easy on the cross training and kickboxing” as dehydration was taking its toll. For Tamsyn, Islam is a belief system which she finds easy and flexible, and she does not think it restricts her from physical activity, although she too, believes she is not the ideal type of Muslim woman because she does not observe hijab, she plays sport with her male friends and because her knowledge of Islam at this stage is minimal. In a way, she believes that coming from a non-Muslim background has been useful for her because otherwise she thinks her activities would have been restricted by family or community members:

I have spoken to lots of Muslim women for whom it is a big thing to be accepted in their own inner circle whether that be their friends or family and if they say well why exercise, then that can be a hindrance....I don't feel that because I wasn't actually raised in an Islamic community and I didn't have that kind of connection with a lot of people so I am not so influenced by other people saying maybe you shouldn't do this, I know it [exercise] is good for me and I stick to it.

Tamsyn believes, therefore, that being involved in a Muslim group will negatively affect her ability to exercise because she thinks other women will try to judge whether she is being a “good” Muslim woman based on her exercise routine. An in-group's ability to define and shape appropriate behaviour among its members can be significant (Griffen, 1994, pp. 404-406), and since Tamsyn is not part of a Muslim in-group she feels free from its restrictive pressure to conform to sedentary behaviour.

Tamsyn had been learning kickboxing for a number of years. In addition to cardiovascular and resistance training three times a week at her university's gymnasium, she also trained in kickboxing with her male friends twice or three times a week. Being involved in a sport that she enjoyed was important to Tamsyn, and she talked about the men she trained with being more competitive than women which meant she had to train harder to box with them and that this gave her “quite a buzz”. When exploring the notion of interacting with males, she said:

It is actually, because I have been doing this for a while, and I used to train with men back home and it's always a bit of a kick for me....So that's a personal thing for me, it may not be right but it's a bit of okay, right you think you are smart, I will show you.

Tamsyn did not see Islam restricting her in her sport or daily activity in any way, although in Ramadan she felt she needed to slow down and could only manage to attend

the gym for half an hour a day for some light cardiovascular training just before breaking the fast. To maintain her physical activity, Tamsyn has created spaces, even within the constraints of Ramadan. During this time she adjusts her exercise regime and trains just before iftar (breaking of the fast), because, she says:

“your body isn’t going give me water, give me food...so I actually asked for advice about training over Ramadan from a friend of mine who is a personal trainer”.

By seeking ways to remain active even during Ramadan, Tamsyn has challenged the notion that Muslim women need to choose between following religion or remaining active, because both are equally important to her.

Tamsyn has timed her training regime so that she does not miss a prayer. Her identity as a Muslim woman, she said, was not very obvious as she did not wear a headscarf and only her friends and family knew she had become Muslim. Not wearing a hijab, she was not recognisable to me as a Muslim woman, and fitted in to Western dress standards. Perhaps because of this, she found it easier to attend a mixed-gender gym, but remarked that it was awkward at times:

It is a bit weird when you are walking through the gym and there are men there, but sometimes it is easy to block out but other times you feel it [men’s gaze] and it’s not a nice feeling but you know - I am here for a reason and just get on with it....just block it off and just do what you are here to do really and go.

When reflecting on the time she was not Muslim, Tamsyn reported that she had had no problem:

I used to train with men actually. I am from Zimbabwe originally and I used to train with three men and never had a problem but I would have a problem now. I would not be able to do it. Just because it doesn’t feel right, it doesn’t feel the same anymore.

Tamsyn’s narration clearly demarcates what for her has become the boundary between right and wrong from her Islamic perspective. She has decided that as a Muslim woman, it is no longer right for her to train with men as she once did. She is now more aware of, and sensitive to, the ‘male gaze’ and feels that as a Muslim woman, it is her responsibility to ensure that she does not appear to be inviting males to look at her. She is aware of the requirement to dress modestly, especially in the presence of men. Tamsyn did not feel the same way about men looking at her when she was not Muslim.

This shows that Islam teaches women to become aware of the religious basis for avoiding the male gaze and to dress in a way that does not attract male attention. However, despite her hesitation about being in the company of men and training with them, Tamsyn has decided to continue exercising in the mixed-gym she has attended for many years because it is convenient and cost-effective for her. The pursuit of physical fitness exceeds the significance of following her religious beliefs.

It is important to differentiate between a commonly-held misconception about mixed-gender activities in Islam, and what the religion actually requires. Men and women are instructed to avoid 'khalwa' which is "a place of privacy not usually accessible to others" (Darul Ihsan, n.d.). In public spaces, where there is no such privacy, men and women are able to interact with each other. All other conditions still apply, such as modest dressing for both men and women, and no physical contact between them. In this regard, Tamsyn believes that physical contact between women and non-mahram men (men to whom a woman could be married) is not allowed, but training in a mixed-gender gym would be permissible.

Tamsyn talked about some Muslim families she had known in her home country and remarked that the women seemed quite inactive and stayed mainly indoors, but she challenged the commonly held belief that it was Muslim men who restricted women's physical activity; she believed that as individuals, women were capable of deciding what activity they wanted to participate in and could make it happen:

I mean I know a [Muslim] woman who, she is quite active, extremely involved in her community. But she is also quite strong will-powered and she is not about to let somebody else tell her what to do. So I guess that is all about your own ideas really and what you are willing to take in I think.

Following Islam was a personal choice for Tamsyn and she did not feel the need to be involved in a religious or mosque-based social group. She said she engaged with Islam at a personal level, but in public life she was at its 'margins', meaning that she had few acquaintances at the local mosque or in the Muslim community.

Similarly, for Farzana, her soccer and training to be in peak condition was more important than the ritual fasting of Ramadan. She explains that:

So, you know, obviously those things [praying and fasting] changed a lot coming here. Initially the reason for not fasting was that it is really long days and I need to have water and things like that and then when you get to other things like sports into the mix as well you don't because I wouldn't be fasting and playing sports because that wouldn't be too good for me.

Farzana also spoke about how her social life revolved around soccer and her team mates. She talked about how committed everyone was in the team and that she felt a sense of belonging with her team members who formed a very cohesive group.

Traditional or fundamental Muslim women (whom I have categorised as “being Muslim”) believe that playing sport in front of men, or alongside them, is not permissible. This is because the movement of women's bodies is considered sexually exciting and tempting to men (Walseth & Fasting, 2003, p. 54). However, for a “doing Islam” woman like Farzana, bodily movement in sport is not associated with sexuality but with competition, and represents an asexual relationship with her peers based on a common love of soccer:

And your competitive nature comes out on that [soccer] field and it is good for stress release and all that kind of stuff. They [Muslim men] wouldn't look at it like that, it is just - there would be all other reasons why you play sport and you know, maybe one of them could be that, yeah that is the way you could show off your legs or whatever, I don't know what they think....

It is clear that Farzana conceptualises the soccer field as an opportunity to develop her sporting skills and as a stress-reliever. She does not believe that mixing religious beliefs or practices with sport is appropriate. She voices her negative stereotype of Muslim men, saying that they are more likely to misunderstand why a woman would play in a mixed-gender sport, and attribute it to the woman's sexual availability.

It is significant that Farzana considered herself on the periphery of her community's life, and reported that what “people think doesn't matter so much”, a perspective that has helped her continue with sport without feeling pressured to follow religious prescriptions. It may be claimed here that Farzana has replaced her ethnic community with her sporting community, because sport is regarded as “essentially social in nature ...[which] affords the possibility of community” (Segrave, 2000, p. 66).

Both Tamsyn and Farzana are not affiliated with a Muslim or mosque-based socio-religious group, which is a significant factor in their ability to pursue their sport without a ‘social gaze’ restricting them or questioning their activities. This is a crucial commonality among the “doing Islam” women who are able to remain physically active away from religious and social criticism.

Doing Islam and Dress

Drawing a direct and static relationship between “doing Islam” and more physical activity, is problematic, because the constructs of “being” and “doing” tend to dichotomise the complex issue of religion and physical activity. Women like Farzana and Tamsyn do not present a public Muslim identity because they do not wear any article of dress which identifies them as Muslim. Both of them remarked that they did not feel the need to publicly identify their faith, which was a personal thing for them. However, there are also several women who “do Islam” but are wary of Western notions of physical activity and dress which they believe conflict with their perception of the correct way of following Islam.

Farzana considers Muslim dress restrictive for sport and thinks that strict followers of Islam would find it difficult to be physically active:

If you were a Muslim and you had to go out and play some sort of a sport, and you’d come into contact with guys...I don’t know if some women would want to do that, I am not sure how they would feel. But to me if somebody was quite strict Muslim and they were covered up in burqas and all that kind of stuff, they wouldn’t be able to do certain sports like swimming you know? But that is how I feel....but I haven’t looked at sport as a religious sort of thing anyway.

Here, there are two significant and interconnected issues. One is that as a Muslim woman Farzana is aware of the problem of Muslim men and women not being able to play sport together. As discussed later in this section, the prohibition against the intermingling of sexes is more a cultural construct than a religious one, but the distinction between the two is fraught with contradicting interpretations. This is problematic for Farzana because she plays soccer competitively in a mixed team which consists of more males than females. The other interpretation is that Farzana is accustomed to the New Zealand or Western way of life and she is comfortable with putting religion in a different category to sport. Therefore, the prohibitions about not

exposing the body in sports such as swimming, or observing gender segregation, form an uneasy association with her interest in, and commitment to, being active and sporty.

Some women describe how adopting Islamic dress was like a journey for them. The women who considered themselves moderately religious, (who “do Islam”), Shabana and Nusrath for example, had felt that “hijab was in the eyes”, meaning that the way in which Muslim men and women interacted with each other as well as with non-Muslim men and women needs to be within prescribed Islamic guidelines, and does not need to be overtly represented in dress. Prior to emigrating to New Zealand, they did not feel that they needed to wear an external covering symbolic of their religion, and that it was sufficient if their behaviour was decent, and their dress, even if Western, was modest. They arrived at this conclusion because of the following verse of the Quran:

Tell the believing men to lower their gaze (from looking at forbidden things), and protect their private parts (from illegal sexual acts.). That is purer for them. Verily, Allah is All-Aware of what they do. And tell the believing women to lower their gaze (from looking at forbidden thing)..... (The Quran, Chapter 24, Verses 30-31).

Both Shabana and Nusrath agreed that only after coming to New Zealand did they realise they were “different” and that they needed to develop a personal identity which expressed their religious affiliation. Until then, they belonged to a large homogenous Muslim group. Coming to a culturally and religiously heterogeneous country like New Zealand made them very aware of the differences between Islam and other religions. This was a catalyst for both of them to explore the women’s role and identity within Islam and eventually to adopt the hijab. Shabana summarised the change in her understanding of Islam as:

The journey was pretty much ... coming from a multicultural country we knew parda [literally ‘curtain’ in Urdu, but signifying hijab and the separation of men’s and women’s activities] is in our eyes so it does not matter how you are dressed...so we wore everything from jeans to pants to anything we felt comfortable in and everyone else did and I suppose we didn’t know much about religion then and slowly we grew to reading more Quran, more books and in our jamaat [religious congregation] and we were told you don’t have a choice, as a

Muslim woman you need to cover yourself, that is what is expected, that you cover yourself....

For these women a significant side-effect of their adopting Muslim dress was that there was no longer an external marker of weight gain or weight loss. While fitted clothes like a pair of jeans indicate weight gain by getting tighter or dresses may become ill-fitting, loose clothing preferred by religious Muslim women does not provide the same level of kinaesthetic feedback. The clothing needs to be loose enough to conceal the shape of the body, so unless a lot of weight has been gained, the clothes will not necessarily feel tighter. Both Shabana and Nusrath felt however, that since adopting hijab, they were less worried about their external appearance in public, including perception of their weight. They also felt more free at work, remarking that they focussed more on their work rather than dressing and make-up:

What I pretty much do, is I wear pants, normal pants, and dresses and a jacket so that covers my whole body and my clothes are not so tight so my body structure is not seen which is the requirement for Muslim ladies... so you know, my backside, my boobs, and everything is covered.....and for work, I work as a sales rep, so you know I just get on with the work, don't need to think O how do I look? and in my everyday life I am very patient as Muslims have to be, and at my work place people really like it and say it's very easy to talk to me...

This is echoed in Haddad, Smith and Moore's findings where Muslim women who wore Islamic dress felt free of the Western image of women as sex objects and that they were liberated from "the wandering gaze of men" (Haddad et al., 2006, p. 53). This bears out Tseelon's observation that dress can either enhance women's sense of self and self-worth or make them very self-conscious and uncomfortable (Tseelon, 1997. p. 61).

Shabana and Nusrath's stories illustrate how the categories of "being Muslim" and "doing Islam" can be quite fluid for Muslim women, and how life experiences change women's perception of religion and its significance in everyday activities.

It is not only "being Muslim" women who feel that they cannot exercise due to dress restrictions, but also some of the women whom I have categorised as "doing Islam". Dr. Ahmed had worked as a specialist for several years overseas before emigrating to New Zealand, and dresses in European attire, but ensures her arms and legs are covered. She talked about her conditioning as a young Muslim woman, which still restricts the way

she thinks about the appropriateness or otherwise of certain types of exercise, like swimming:

Though I came from a fairly liberal Muslim family they were quite conservative in some ways.... I dearly wanted to learn swimming. We had a swimming pool in our school, which was quite unusual. The facility existed because it was a private school, but I was not allowed to learn swimming because students who wanted to learn swimming had to wear really short dresses and therefore my parents thought that it would be quite inappropriate to learn swimming. And yes, exposure of parts of the body are quite un-Islamic unless it is a pool which is only for girls. Of course, this was a mixed school in which I studied but swimming lessons were given separately to boys and girls. Still [the thought] that outside the house any girl could be half clothed or not fully dressed was unacceptable. So I was not allowed to learn swimming and I regret to this day that I was unable to swim and even though I have a swimming pool at home now somehow I feel quite uncomfortable wearing a swimming costume.... Yeah because the swimming pool is in an open area, it is not an indoor swimming pool. Although once you get into the swimming pool, there is no one else who could be able to see you or watch you yet the idea of being exposed partially is somehow quite unnerving...

Dr. Ahmed's story shows how entrenched the fear of exposing the body is, even for "doing Islam" women, who do not appear to be as traditional as "being Muslim" women. Her story represents the complex and intermingled nature of "doing Islam" and "being Muslim", and reminds us that there are that these categories are not fixed or easily demarcated. For Dr. Ahmed, swimming in the privacy of her own home is also problematic because of the small probability of being visible to a male. The belief that showing any part of the body, except the hands, feet and face, in public is forbidden is a barrier to women learning a new activity or adopting a sport as part of their lifestyle. Indeed this conditioning at an adolescent age may have life-long implications for the ability of these women to undertake any physical activity which carries a risk of exposing the body where males may be present.

As explained earlier, "doing Islam" refers to the selective practise of the tenets of the religion. "Doing Islam" also has significant influence on the way family relationships are articulated within the framework of the religion. The following section explains the meaning of family for the women I have identified as "doing Islam". It explores the

manner in which they understand the religion which shapes their ideas of a family and, in turn, affects their engagement in physical activity.

Doing Islam and Family

Some “doing Islam” women believe that marrying a Muslim man will mean restrictions on them being involved in the activities they cherish including sport. Farzana is one such woman. She is determined not to:

Marry a Muslim or a [man from country of origin] and my understanding is that my life which I love so much is going to change if I do marry someone who was from my country or a similar background, because they wouldn't understand, they would just expect me to work or stay at home and cook and not actually, you know, do certain things that I love so much.....I mean it is a generalization, I am sure there are guys who are not like that but my fear from what everyone says is that they would probably like me for what I am doing right now and then as soon as we are married they will be like no, no you are not allowed to do them anymore.

Farzana emigrated to New Zealand with her parents as a teenager and has played soccer for 11 years, training four to five times a week. The role she most identifies with is that of a fit, athletic young woman for whom work, health and sport are closely interwoven. She spoke about the social pressure exerted by the closely-knit community upon her parents to “get her married and settled”. Farzana said this in a manner that suggested she did not think much of the social hierarchy within her sub-culture, and that she, for one, would not “settle down” into the mould of a married and presumably inactive Muslim woman. Farzana has consciously distanced herself from her ethnic community, because its members were derisive about her ‘wearing shorts and playing soccer with the boys’.

Farzana has decided not to marry anyone who identifies as Muslim, especially from within her community because she believes doing so would mean the end of her involvement in soccer.

Navigating Different Cultures

Farzana clarified at the outset of her story that although she was born to Muslim parents, and believes Islam to be her religion, she only has a superficial understanding of its tenets and follows very few Islamic practices. It could be suggested that she

identifies more as a New Zealander and that her ethnic and religious affiliation to any group is minimal.

I was interested in how she had formed her ideas about Muslim women's ability to partake in sport and the restrictions they faced, given that she had not studied Islam first-hand. She explained that her construct of a 'good' Muslim woman was formed mainly through mass media and perceptions within the Bangladeshi community. Personally, she felt judged because:

In my community there are people who are quite religious and they find it difficult that I am out there wearing shorts playing sports and things like that.....but now that I have been doing it for 10 years they have kind of learnt to tolerate it. But you know, like I see myself sometimes changing (clothes) because if I come home and my mom's friends are there I would probably pull my shorts down so that they can only see my knees where normally I wouldn't even care.

When a person who has migrated to a different culture feels completely acculturated within her host culture, she may experience a negative bias from people belonging to her culture of origin. This can be understood in terms of in-group and out-group bias (DeVito, 1992; Oswald, 2005). Migrant people who have not acculturated with their host culture tend to form stereotypes about the latter which may be both negative or positive. People from tightly-knit migrant communities may also perceive the out-group, or their host culture, as homogenous and static but their in-group as variable and dynamic. Farzana believes her ethnic community judges her sporting activities negatively and associates them with an irreligious lifestyle. She has also been questioned about when she intends to stop playing soccer and when she intends to get married. The ethnic community's disapproval of her involvement in sport shows a strong and often unstated assumption that girls are supposed to "grow up, stop playing and settle down" as Farzana put it, which is a powerful role expectation that may limit women's participation in sport. Overseas literature also supports the claim that the Bangladeshi and Pakistani diaspora in England were most traditional in their family structures, and were expected to live in a multigenerational household upholding traditional gender roles for men and women (Beishon, Modood, & Virdee, 1998).

At the same time, Farzana identifies more with the European, New Zealand culture and in turn, stereotypes the role of Muslim women within her country of origin's sub-culture

as domesticated, subjugated to the will of its male members and oppressed by social and familial obligations which leave little room for exercise or sport of any kind. At the same time, Farzana conceded that she is not like the New Zealanders she identifies with, that she is in a “kind of middle-ground between being fully European and being fully [country of origin]” because she has family obligations and is responsible for her younger siblings while her parents return to their home country for a few months every year. She explains:

I am not fully European because they don't really look after their families as much but not fully Indian (meaning from the Indian sub-continent) because I am way too independent.

Farzana does, however, feel the need to uphold her family's honour and her parents' social image within the community, even though she is herself distanced from it:

If there are other people they would a little bit concerned because I don't want to make them [her family] uncomfortable....I am not uncomfortable but obviously maybe to some part I am because I don't want them [her mother's friends] to make any judgement just because I have gone out to play soccer at like 9 o'clock at night with boys.

This part of Farzana's story shows that although she has assimilated into New Zealand society, there are some unspoken rules with which she must abide in order to protect her family, especially her mother, from the social censure she would face if Farzana were a “wayward daughter”. Dress is also used to express a break from a group's affiliation. As dress is an important part of the normative culture within a group, a radical difference in dress marks an individual's rejection of the group's rules. By dressing in Western clothes, especially in soccer shorts which expose her legs, Farzana is clearly breaching the religious and cultural rules of dress, which traditional members of the community have criticised in front of her mother.

The fact that Farzana is an adult does not mean that she has the autonomy one expects adults in a Western culture to have. In Muslim society, until a woman is married, she is the responsibility of her parents, and after marriage, that of her husband (Knop et al., 1996, p. 149), and her actions are a reflection of her upbringing and the family's values and honour. Hence, Farzana wants to carefully maintain a code of behaviour that balances her desires with respect to sport and the New Zealand Bangladeshi society's

expectations so that her mother does not have to face ostracism. This phenomenon can be understood as saving face, something that is peculiar to collective cultures. For people from a collective culture, “face is an extension of self-concept” (Griffen, 1995, p. 418). Saving face can be understood as behaviour that is aimed at preserving the dignity or honour of oneself, or that of another person. Here, Farzana is trying to save her mother’s face so she does not lose her social standing because of her daughter’s perceived unacceptable behaviour, while at the same time trying to assert her own needs as an independent and Westernised woman, indeed a female soccer player who trains with male players.

Farzana’s account shows the tensions and complexities of “being neither here nor there” as she put it. She found herself able to identify with many aspects of the New Zealand way of life, such as working, socialising and playing sport, but in some ways she felt “bound” to her family, and saw her role as the eldest child as very important and instrumental in keeping her siblings together while their mother went to Bangladesh for six months every year.

This phenomenon is explained by Bhaba (1994) as cultural hybridisation, a state in which a migrant undergoes a process of cultural assimilation in such a way that she is not entirely a part of her original culture and neither is she fully assimilated in the new culture. Instead, a new entity is formed which is a ‘hybrid’ between the two, and characteristics of both cultures are integrated in the individual. For Farzana, such a cultural hybridisation has enabled her to be physically active in a sport that she enjoys and in which she excels.

Farzana is also aware of the differential treatment that exists within the Muslim community towards women who are involved in sport. She talked of playing against an Indian men’s soccer team which included Muslim men, and the surprised reaction of those Muslim men that she was playing soccer in a mixed team, and that she could tackle. When she played with European men, she never had to think of what they might be thinking of her:

But as soon as an Indian guy plays in the team I become quite conscious because you know, they obviously think women are not quite up to the standard... But I mean, there are no comments made when there are other girls in our team who are not Indian.

Farzana described how members of her community think negatively about Muslim women who attend the gym or play sport, because of the dress they wear:

Yeah but I mean if you think about it, like the kind of person you imagine going to the gym is wearing bike shorts and singlets, and they are in the gym with lots of guys, and it would be the same if you were playing soccer you have got short sleeve shirts and shorts and you are running around in front of boys and you may have a coach who is a boy and it's not really [sexual], they [Farzana's community] don't understand the concept of somebody is trying to help you, you know, actually with something that you are quite passionate about or you are quite addicted to it, you love it...not to show off your legs or whatever, I don't know what they think.

Farzana explained how wearing soccer appropriate clothing makes traditional Muslims in her community perceive her negatively. As she plays soccer wearing shorts and a T-shirt, she breaks the rules of Muslim dress (see Chapter Three). Playing in a mixed-gender team further exposes her to criticism from her ethnic community, whom she believes thinks she plays with males in order to display her body.

Farzana felt that as a Muslim woman playing soccer competitively, she was being sexualised by men who belonged to the Indian sub-continent, who included Muslim men. Farzana also felt that the men were condescending towards her, praising her excessively when she played well, and making a “big deal out of it” if she tackled a male player. Of course it is not very clear if this was a result of cultural conditioning, as most Indian women do not play sport such as soccer or cricket which is predominantly played by men, or whether it was due to the men assuming she was participating in an activity that was proscribed by Islam.

Although Farzana expressed her view that Muslim men are more likely to sexualise a Muslim woman who plays sport, her experience of being belittled or sexualised is not unique to her culture. Mary Jo Kane, a Canadian sport media scholar, states there is a “large body of empirical evidence demonstrating that sportswomen are significantly more likely to be portrayed in ways that emphasize their femininity and heterosexuality rather than their athletic prowess” (2011, p. 1). One of the consequences of such a portrayal is “the reinforcement of their status as second-class citizens in one of the most powerful economic, social and political institutions on the planet” (p. 3).

Summary

This chapter has explained the construct of “doing Islam”. Women who uphold this identity practise a more flexible version of Islam compared to “being Muslim” women. Narratives of “doing Islam” women show that some women choose to interpret Islam as a flexible religion which supports their engagement in physical activity. Others believe that Islamic rules of behaviour, dress and sex segregation pose a barrier to physical activity. Some “doing Islam” women have chosen to minimise affiliation with their ethnic and religious communities because they perceive these communities as being opposed to their engagement in sport and physical activity. Other “doing Islam” women believe that following Islam does not necessarily preclude physical activity. These women have been able to achieve a balance between Islamic practices, such as observing Ramadan, and being physically active.

The following chapter explores the concept of healthism in the context of the current ideology of health which argues it is every individual’s responsibility to maintain his or her health. For many Muslim women the need to be considered a “good Muslim woman” outweighs the need to conform to Western standards of health, fitness or body size. Adherence to a strict interpretation of Islam may posit a barrier to physical activity.

Chapter Seven: HEALTHISM, AND ARTICULATION OF “THE GOOD MUSLIM WOMAN”

Introduction

This chapter explores the notion of “good citizenship” which includes an ever-increasing responsibility to one’s body, ensuring it is the right size and shape for inclusion into the domain of the morally worthy person. Against the ideology of “good citizenship”, and the construct of “healthism”, an Islamic understanding of morality is juxtaposed. Being a “good woman” means very different things to Muslim women compared to what it may mean to non-Muslim and Western women. This difference leads to different physical activity behaviour which may not be congruent with the Western ideology of being feminine and healthy.

Healthism

Control and maintenance of the body has become significant for Western women because they have been charged with the responsibility of health promotion for their families (Moore, 2010, p. 104; Rose, 2006, p. 10) within the broader ideology of the ‘new paradigm of health’. In the contemporary ideology of ‘healthism’, being the right body size and shape represent a good morality (Moore, 2010, p. 98). Disciplining the body becomes a project, a task of the morally responsible. Women are more likely to conform to, and identify with, this task of controlling the body so that it fits the idealised size and structure. Moore (2010, p. 110) summarises this aptly, “hegemonic masculinity involves exerting the body, hegemonic femininity involves transforming the body into an object....our culture recommends that women take a good deal of interest in their appearance and bodies”. Women have traditionally been conditioned to think of their bodies as “something that is to be displayed and preserved; it is in other words *a good in and of itself*, rather than a *means* of achieving something else.” (p. 110). Through the process of objectification, women see themselves as something to be looked at, externalising their selfhood. Thus, under the constant surveillance of a generalised public gaze, “women watch themselves being looked at” (Berger, 1977, p. 47). Once objectified, the body becomes a site of consumption, which is regarded as a means of beautification. Women are classed as consumers who need to perform daily rituals, and to purchase objects that will reinforce this identity (Dworkin & Wachs, 2009, pp. 1-29; Featherstone, Hepworth, & Turner, 1991, pp. 170-196).

However, generalising the applicability of the healthism notion to all western or European women universally would be incorrect, and doing so would assume a homogeneity among these women. It is important to realise that the literature pertaining to healthism has originated from English-speaking and European researchers, so the propensity is to address “women” as a monolithic and generalisable entity. However, there may be many women who do not treat their bodies as a site of consumption and to whom key features of healthism do not apply.

Crawford introduced the idea of ‘healthism’, the notion that capitalist cultures exert hegemonic power over understandings of health and health promotion. He argues that “Like medicine, healthism situates the problem of health and disease at the level of the individual.” (1980, p. 366). Within such an ideology, the lack of health (notably most visible in the overweight and obese), is attributed to individuals’ “moral laxity” (Dworkin & Wachs, 2009, p. 11). Healthism, for Crawford, is a manifestation of neoliberalism in which some groups of people are more privileged than others because of their ability to buy objects which signify class and status, and through their cultural practices, which are legitimated as the right practices. Through practices of consumption (such as routinely attending the gym, undergoing cosmetic surgery etc.), these groups of people are able to cultivate the ‘right’ kind of body, an object of desire and a goal to be achieved. The right kind of “body shape is a corporeal metaphor for health and body shapes and sizes come to mean not just medico-scientifically ‘good’ but also morally ‘good’ ”. (Crawford, 1980, p. 430).

Rose (2009) suggests that we have been conditioned to think of “the normal as average, typical, physically and mentally healthy, statistically close to the mean in a population. Hence those associations summoned by its antithesis, pathological: unhealthy, deviant, dangerous”. (p.67). Through this conditioning, anyone who is different (by classifications of race, colour, ethnicity, language, or body shape and size) is automatically classed as deviant, because they have deviated from the average or mean, considered to be normal. For women from ethnic minorities, such thinking positions them as deviant because they are different from the norm, rendering the range of healthy bodies invisible. Further, Rose (2000) proposes that a new form of governmentality has come into play, which he terms “ethnopolitics”, that “works through the values, beliefs and sentiments thought to underpin the techniques of responsible self government and the management of one’s obligation to others.” (p. 1396). The “responsibilization”

(Rose, 2009, p. 70) of individuals is premised on their willingness to self-regulate and self-monitor their behaviour and consumption enabling them to belong to a community of similar individuals.

Muslim Women and “The Healthy Body”

It is important to emphasise that for most of the women I have identified in this study as “being Muslim”, being a ‘good’ woman, mother, or wife, in other words a good Muslim who fulfilled her religious duty toward God and her duty toward the family, featured first on the list of priorities. Being all of these things means having little leisure time, and hardly any time away from children or the home.

As Jannah put it:

The balance you know, I mean, if you put on the scales in terms of devotion to Islam that would outweigh, you know, looking after the body, being healthy because of the, the views that a lot of Muslims have on being physically active...But you know, you have to look at physical activity as basically a requirement to life, and for keeping your body healthy, it is not just luxury... you want to encourage your children as well to be active, yeah, and you want to be a role model for your children.

Jannah reflected on the dissonance between her wanting to adhere to Islamic principles closely, and not looking after the physical body, especially since Islam enjoins both men and women to be healthy. Jannah is aware of the importance of physical activity, and believes it is important to be physically active in order to set a good example for children. However, as discussed in Chapter Five, Jannah’s physical activity has decreased sharply since accepting Islam. Despite being aware of the benefits of physical activity, and its significance in maintaining a healthy weight, Jannah’s priority is following Islam as strictly as possible. She explains that although physical activity is important, being a good Muslim outweighs looking after her physical body.

However, being Muslim does not preclude women from assimilating some of the dominant discourses of mainstream non-Muslim society. Indeed the social and cultural heterogeneity of the Islamic subculture leads to “great variability among Muslims, in terms of practice and philosophy” (Nakamura, 2002, p. 26). One of the women in this study, M.A., migrated to New Zealand about ten years ago and identified as an Arab-English New Zealander. She described herself as a very devout Muslim, she took every

important decision according to Islam, and she wanted all of her “actions and words” to be pleasing to Allah. Having lived in a Western country during her childhood, she identified more with the local English culture and Islam had “taken a backseat”, but at the age of 11 she was enrolled in an Islamic school, where she was influenced by Islamic ideology and understood the significance of being “a good Muslim”. At the age of 15 she started wearing hijab and following an Islamic lifestyle. Unlike some of the other women in the study, she did not consider the hijab or being Muslim a hindrance to physical activity:

It [hijab] represents who I am as a Muslim, it kind of stands me out from the rest of the crowd. It puts a stop sign on what I can say and do. I don't see it as a restriction, but being in a western culture, that is how they view it, but that is their problem.

M.A. recognises the importance of being healthy and adheres to the current ideology that any excess fat is unhealthy. She talks of the weight she has gained on her face and stomach since she had children. She voices her opinion that:

There's always talk about health but the crux is you need to look good...but of course as Muslim women, well, we don't look good. I mean looking good is a good thing but it's not such a big deal for us because you can't actually see us, the bodies, in public.....we don't want to market ourselves and therefore we don't want to be in this philosophy of looking good. However it's a double edged sword because by not exercising you are going into other health risks you hadn't thought about, many people hadn't thought about.

Here M.A. makes several critical observations. She shows her awareness of contemporary health issues, but criticises an ideology which she believes hides the real motive, which is looking good. M.A.'s narrative shows that rather than simply accepting the dominant discourse of healthism, she can actively choose the identity she wants to inhabit, that of a Muslim woman, and take pride in it. This narrative also situates the female Muslim body as out of the public sphere, because M.A. believes Muslim women “aren't supposed to look good”. So by choosing to wear hijab, or other forms of Islamic clothing, Muslim women make the statement that they choose not to be in the ‘market’ to look good. Here the role of mainstream culture and its dominant discourse is challenged by the minority culture's alternative discourse; that women can

take pride in who they are by choosing a narrative with which they are more comfortable given their religious world-view.

M.A. makes an important distinction between being healthy and looking good, the two terms being commonly interchangeable within the discourse of healthism (Crawford, 1980, 1994). It is important however, to see them as exclusive and independent descriptors of bodily states, because a woman can aspire to one without necessarily wanting the other.

It is important to explore the popular understanding of a 'healthy body'. Having a lean or thin body has become synonymous with having a healthy body, and "the appearance of the fit body, rather than the reality of fitness, has become a critical determinant of social status and a factor that is self-policed by individuals as they negotiate social positions." (Dworkin & Wachs, 2009, p. 430). It follows then that any person whose body does not fit into the mould of the fit-looking body is stigmatised as unhealthy, immoral and deviant. A person either has the "right kind of body" or she does not. This dichotomy disregards the wide range of healthy bodies. The overweight body is "framed as a threat to the self and to the general populace...Maintaining a fit body is no longer viewed as a personal choice, but as an obligation to the public good and a requirement for good citizenry" (p. 35). The obligation however, does not end there. In order to fully pursue a 'healthy lifestyle', a body needs to be in a constant state of flux, desirous of more health and fitness which is never quite sated, so "the more we are exposed to health, the further it seems to get away from our reach. It is impossible to attain; there is always something else to be done, something else to worry about." (Cheek, 2008, p. 976).

Moreover, the way to acquiring a "healthy body", one which is a ticket to good citizenship, is paved with consumerism, and "health is enmeshed in conspicuous consumption." (Cheek, 2008, p. 975). Not all women can afford a gym membership or, if they have children, arrange childcare in order to attend one. That is of course if they aspire to cultivate a body which current ideology wants them to have. Healthism promotes a healthy lifestyle and fitness for all people, but its actual interest is in "maintaining the desire for its products and services" (p. 976). So the individual is repositioned as an "auditable commodity" (Ball, 2003, p. 225). Acquiring a "healthy" body by subjecting it to the vicissitudes of control, discipline, examination and

judgement (Foucault, 1977, in Cheek, 2008, pp. 976-977) is alien to traditional Muslim women who are documented as low media consumers (Mussap, 2009).

Even if a Muslim woman wishes to pursue health without the attendant cosmetic aspect, she experiences more barriers in a mainstream western country than a non-Muslim woman. M.A. explains this by reflecting that she can afford to attend a community gym, which charges only \$5 for a session of 'Zumba', a form of exercise she enjoys:

Zumba...I certainly love the Zumba... and yeah, there's something about being in a crowd, doing Zumba in a crowd, it's lovely, it's entertaining to get to dance, and who cares if you get to dance and there are no men?...There are community courses often for \$5 a session. I can afford that, but I can't go there because there are males there...There are also things you can order online like Pilates or Zumba, for those who can afford it or the exercise gyms in their own house, [but] that is not an option for me.

M.A. regards the affordable community exercise classes as unsuitable for her because of the presence of men. Because the classes are mixed, wearing full Islamic dress would be inappropriate. In addition, dancing in this mixed environment would not be permissible because moving the body in dance attracts the attention of men.

Unlike Jannah, who found the music played in gyms contrary to Islam's view on the use of music, M.A did not consider this to be a hindrance. Rather she found the moves and music of 'Zumba' very enjoyable, and stated that music motivated her to exercise more vigorously. The positive effect of appropriately chosen music to enhance the exercise experience is well documented (Crust & Clough, 2006; Hargreaves & North, 2008). Karageorghis, Terry, Lane, Bishop, & Priest . (2011, p. 1) state that music may promote an "ergogenic" or work-enhancing effect when used by exercise participants by "reducing perceptions of fatigue or increasing work capacity resulting in higher-than-expected levels of endurance, power, productivity or strength". Jannah's and M.A.'s quite different views again illustrate the diversity of Muslim women's understanding of the religion, and how different interpretations can lead to an increase, or decrease, in physical activity.

In this study, the women who "do Islam" were more likely to speak in the language of healthism, conceptualising their bodies as a project, an unfinished piece of work upon which they had to expend energy and time to bring it to par with generalised "other

women”. Tamsyn, who practises Islam sincerely and regularly as a recent convert, describes her activity level as:

I would say about five and a half to six hours per week. I probably exercise five days and do weight training and interval training, then my kick boxing, so it’s pretty hard and fast.

For Tamsyn, exercise needed to be goal orientated, and while she did not need to lose weight at the time of the interview, she was exercising to correct her muscle tone which she found lacking:

You know what you’re going for, you have a goal. You know what you want to achieve through exercising whether it’s just to maintain or get healthy. It’s just to keep those ideas really, that keeps you going....my friend who did exercise science designed my program for me. And he said to me, now, let’s have a look okay, you’ll look good with muscle on you. Let’s change the program to look like that, and I’m kind of okay, let’s do that. Yeah let’s fix this!

Tamsyn fits into the category of ‘the entrepreneurial self’ (Petersen & Lupton, 1996, p. 17) understood as “the person who actively, reflexively and responsibly works on their body as part of the new public health”. Tamsyn is also desirous of achieving a certain look that bespeaks fitness and health, a feminine but strong and muscular image. This brings to mind Cheek’s example of an “expensive and elite gym program designed not just to keep you fit but to enable you to create a body that is younger than its biological age.” (Cheek, 2010, p. 975).

Moral Worth

Muslim women’s sense of worth and moral ‘goodness’ is not dependent on the size and shape of their bodies, and recent international literature shows they are less likely to be dissatisfied with a larger body size (Odoms-Young, 2008, p. 2573). Rather than the size of the body, it is the external representation of the body that is deemed important. This is because the degree of ‘taqwa’ a woman observes can be extrapolated from her external appearance. Ahmed (2006, p. 1) explains taqwa as:

Literally, taqwa means to protect and could be that one protects himself or herself from the Wrath of Allah by protecting himself from indulging in things that Allah forbids. In the Shariah, taqwa as used in the Quran repeatedly, signifies the obedience to the rules

of Islam while avoiding Haraam, and additionally abstaining from unsuitable things in life.

As the Quranic decree for women is to cover themselves completely in public except for the face, hands and feet (The Quran, Chapter 33, Verse 59), religious Muslim women consider the covered body as an extension of their spiritual self. This is evident from the narratives of the more religious “being Muslim” women in this study. In fact, ‘not breaking the hijab’ takes precedence over other self-care rituals such as going for a run, attending the gym or even undergoing medical check-ups. Exposing those parts of the body which should be covered in public is seen as a sinful act, even if being sedentary leads to ill-health and overweight, the latter being the lesser of the two evils, a sin against the body instead of a sin against the soul. Body covering, instead of body size, helps express Islamic femininity and identity:

Yeah, well, of course my mother always goes on about how much weight I have put on because I weigh just over 90 kilos now, from that 68... but you know, they [family] don’t say anything about Islam. They mainly comment on my not being physically active any more rather than my religion.

This divergence of beliefs is highlighted in Jannah’s story above, where she observes that since she has become Muslim and put on considerable weight, her (non-Muslim) family has commented on how much weight she has gained, but do not emphasise, or discuss, the change in her religion. Her tone suggests that the body which has become overweight is in a sense dissociated from her sense of being, which is now firmly lodged in her ‘taqwa’. In a curious way, the physical body is one that others in her life are commenting on, finding it lacking in the health and vitality which it enjoyed earlier, but Jannah suggested that this did not matter to her so much, because she knows she is doing the right thing by following Islam as she believes she should.

In Jannah’s narrative, the body is externalised and labelled by her family members as a problem. However Jannah talked about her body as a means through which to express taqwa, a vehicle for bringing her closer to salvation. The body was viewed as a temporary residence for the ‘real’ self or soul, which is continuously progressing towards the ultimate goal of attaining paradise.

“Good Muslim Women” and Acceptable Physical Activity

Many “being Muslim” women experience peer pressure to conform to the norms and behaviour of their in-group. M.A. talked about her experience of Muslim women becoming physically active, and the social pressure exerted upon them when they belong to a sedentary group and try to become active:

And there is also that, you know, tapes in your ears, they come from all the women who say, look what she’s doing, and we are all guilty of that. You could be at a gathering and someone enters and they say behind her back, oh, she’s entered the gym, she’s got these many kids and what is she thinking about? She’s in her 40s and what’s she thinking about? They stop talking but the tape’s still going in your head and it doesn’t help...it’s a cultural frame [of mind], it’s quite big for us, we do gossip.

The ‘tapes’ M.A. is referring to, is the cultural conditioning which results from the comments of Muslim women in her in-group who criticise other women who attend the gym or who start to exercise. She feels that this negative criticism and gossip about women who are active acts as a deterrent to women who wish to exercise. She says this is because it is very important for women to “fit in” with their circle of friends, more important than being physically fit. Maintaining positive relationships within their community is very important for Muslim women in New Zealand, because “Muslim women in diasporic or minority populations may experience marginalisation and isolation....Faith and community tend to ameliorate the negative experiences for the women, as well as providing social networks and support.” (Dobson, 2009, pp. ii-iii).

M.A. does point out the dissonance between women gossiping and criticising other women, and Islam’s prohibition against backbiting, saying:

I wonder why that is. I don’t quite understand that although religion especially prohibits backbiting and yet there are lots of people who talk about other people and carries on and on.

M.A. believes that if “real” Islam were to be followed then people would not backbite or try to stop others from doing what feels right to them, because the Quran instructs people regarding this matter:

O you who have believed, let not a people ridicule [another] people; perhaps they may be better than them; not let women ridicule [other] women; perhaps

they may be better than them. And do not insult one another and do not call each other by [offensive] nicknames..... (The Quran, Chapter 49, Verse 12)

and

O you who have believed, avoid much [negative] assumption. Indeed some assumption is sin. And do not spy or backbite each other. Would one of you like to eat the flesh of his brother when dead? You would detest it.....(The Quran, Chapter 49, Verse 13).

These verses confirm the dissonance M.A. refers to between the actions and words of women who profess to follow the Islamic religion, and what the religion instructs them to do with regard to gossip and speaking negatively about others.

When discussing the time and space for exercise, Shabana and Nusrath said that the only physical activities they did were the ones the whole family could do, such as going for a walk together or taking the children to the park. Their husbands, who are brothers, and very keen soccer players, have regular matches with other men. The women rarely attend these ‘men’s events’. Such a separation between men’s activities and women’s activities is also understood as a requirement for a morally balanced society. Nusrath said:

We do that [play mixed-gender sport] but within family only, we don’t go outside and do it. It is really good because you try and compete with your husband so it makes you-um- closer. I mean, I am a very sporty person, I love sport, so we do that, compete, we do racing, tennis, badminton and netball. So we do all that which is really good, my opinion on [mixed] gender exercise is good but only within family.

It is evident that acceptable physical activity for Nusrath, is physical activity which is done within the family. Being competitive and participating in mixed-gender sport is acceptable with close male family members who are ‘mahram’ (see Chapter Three). She also believes involvement in sport with her husband makes their relationship stronger.

As they are both mothers, Shabana and Nusrath felt less obliged to conform to a certain body ideal, one which according to them, was a lot thinner than they were. Shabana felt that as mothers who worked outside the home, they had many demands on their time,

and exercising and losing weight were not high priorities for them. In any case, they explained that the moral worth of a good wife is reflected in how she manages the home and children, rather than in the size of her physical body. Nusrath reflected that married Muslim men were “supposed to be happy with their wives”:

As long as we have taqwa, that is what matters. Then he [husband] has to be good, being thin is not [the criteria]. The criteria's different, eh? How do we need to look for a man to be happy? No, just being a good Muslim, that is what matters...

Nusrath was referring to a well-known hadees of prophet Mohammed, which was recorded in the last sermon before his death. The recommendations to Muslim men in this hadees are (Kotb, 2004, p. 73):

fear Allah in respect of women;

the best of you are they who behave best to their wives;

a Muslim must not hate his wife, and if he be displeased with one bad quality in her, let him be pleased with one that is good, and,

the more civil and kind a Muslim is to his wife, the more perfect in faith he is.

The positive self-concept and perception of moral worth of married Muslim women is derived largely from fulfilling their role as good wives and mothers, as defined by Islamic guidelines described above. Nusrath explained that being a good mother meant being “available and with the children all the time when I’m not at work” (my translation). The Quran accords an especially high status to mothers, who are to be respected and obeyed even more than fathers:

And be heedful of the wombs that bore you: for Allah ever watches over you.

(The Quran, Chapter 4, Verse 1).

Further, the prophet is reported to have said, as recorded by one of his companions, Abu Hurayrah that “A woman is sought in marriage for four reasons: wealth, social status, beauty, and deen (piety), so seek the one with deen - may you then be successful” (Philipps, n.d. p. 3). This demonstrates that a “good’ Muslim woman is defined not just

by her looks, beauty or wealth but also by how religious she is and to what extent she follows the tenets of Islam. A related hadees deems that among the four greatest pleasures of the world, the foremost is a wife a man can trust and depend on, followed by a speedy and reliable ride, a comfortable home and a good neighbour (Philipps, n.d. p. 5).

This standard of desirability is radically different to Western notions of femininity. Muslim women are classed as “good” if they follow Islam rigorously. Moral goodness supersedes all other desirable qualities such as social status, wealth and physical attributes. I would suggest that for many religious Muslim women, the ones whose “being” is determined by Islam, their physical body is not subjected to the self-monitoring and critical examination familiar to other women. As a result many religious Muslim women may not feel that physical activity is required in order to live as satisfied individuals and as “good citizens”.

Summary

In order for Muslim women to be considered morally good they need to display ‘taqwa’ in their dress and behaviour. The religion is represented through the external manifestations of Islam, such as observing hijab and not interacting with the opposite sex. Some women believe that in order to be morally good and to be regarded as epitomising Islamic principles, they must be obedient to their husbands even if their husbands prevent them from exercising. The religious directive to Muslim men is that they be satisfied with their wives as long as their wives follow Islamic directives. These factors combine to create a criteria by which Muslim women judge their worth as good women. The ideology of healthism postulates that a responsible person worthy of citizenship is one who maintains his or her health and actively pursues the perfection of the physical body. Muslim women do not judge their moral worth by this yardstick and are therefore not motivated to engage in physical activity only to improve their physical appearance.

The following chapter presents the factors which facilitate physical activity as articulated by the narratives of the participants in this study.

Chapter Eight: “YES THAT WOULD WORK”

An Exploration of the Facilitators of Physical Activity

This chapter explores the facilitators of physical activity among the Muslim women who participated in this study. The narratives of these women have provided valuable insight into some of the obstacles Muslim women may experience with regard to exercise. The narratives have also voiced the underlying tensions between the women’s perception of New Zealand culture’s assumptions about exercise, and those of Muslim women. It must be noted that different women relate to both the facilitators and barriers to exercise differently. My analysis suggests that the more a Muslim woman identifies herself as less Muslim and more part of the mainstream New Zealand culture, it appears that the barriers to physical activity she experiences are considerably less. A strong adherence to Islam, or a strict interpretation of the religion appears to increase the barriers. This chapter presents the narratives of “being Muslim” and “doing Islam” women, and shows how these groups of women relate differently to exercise, and how the relationship with Islam enables particular kinds of physical activity while restricting others.

Interpreting Islam as a culture or a way of life has both negative and positive influences on the level of physical activity undertaken. From one perspective, for women like Jannah, following a strict interpretation of Islam may be seen to hinder their ability to exercise in public, at a gym and in team sports where males may be present as players, coaches or spectators. Accommodating these concerns is instrumental in increasing activity levels for these women. For others like Soraya, the space where a Muslim woman can exercise, without compromising her religious beliefs, is to be constantly negotiated and revised according to the social and cultural context in which the activity is taking place. Women like Farzana recognise that to fully participate in organised sport and to identify with the European, New Zealand ideal of fitness and health it is necessary to forsake ties with one’s ethnic and religious community.

What is Exercise?

The word ‘exercise’ means different things for different people. As discussed in Chapter Two, there is an abundance of definitions of exercise (Biddle & Mutrie, 2001; Casperson et al., 1985; SPARC, 2005). There is also wide variation in the meanings attached to the terms ‘physical activity’, ‘exercise’, ‘recreation’ and ‘leisure’, among

both researchers and in the wider population (Tudor-Locke et al., 2003, p. 194). The meaning of these terms is different again for non-Western persons for whom English is not their first language. In a research situation, there is an assumption “that all respondents should hold similar definitions and attach comparable meaning to terms” (Tudor-Locke et al., 2003, pp. 196-197).

Assuming similarity of meaning between myself as researcher and my participants was problematic because ‘exercise’ as an organised activity which is undertaken routinely, is a Western construct. My analysis suggests that this construct is drawn from Western literature and therefore it should be recognised that the words ‘physical activity’ and ‘exercise’ are not easily translated or used in the cultures to which the concept of exercise is still new.

Given the Western nature of these constructs, and English being the language in which ‘exercise’ and ‘physical activity’ are most commonly used, it was not unexpected to find that “being Muslim” and “doing Islam” women related to physical activity differently. As discussed in Chapter Two, maintaining optimum activity levels is necessary for preventing overweight and obesity as well as reducing chronic diseases related to low activity levels. Due to the difference in understanding the concepts of exercise and physical activity many Muslim women in this study did not relate increased physical activity to enhanced health outcomes.

Being Muslim

Two of the older “being Muslim” women, Saira and Saima, both considered themselves to be very active physically. However, they perceived ‘exercise’ as an activity done by younger people, mostly in Western society.

Explaining the nature of physical activity in her daily life, Saima talked about her experience of life in an extended family before immigrating to New Zealand:

I think women have so much to do at home that there were mostly joint families, like us, four brothers with the parents, the wives and the kids living in a compound with many rooms with many children yeah, so and the women of the house had to help each other in cooking or raising children or bathing them or feeding them or whatever it was in a very shared sort of way of doing the labour. So it would be quite unheard of that women just go for a walk or exercise, or they could leave their children or their families

and go out just for exercising, perhaps to visit a neighbour, that was reasonable, but just to go out for a walk or for exercising would be considered quite inappropriate. And of course there were no facilities as a gym because it is just unheard of that women go out to a gym to do exercises. I have not seen any women doing much exercise... and I suppose we had a lot to do because we didn't have too many gadgets to help in the housework, they take a lot of time and energy. We didn't have as many gadgets like washing machine or dishwasher....so from the time we rose in the morning till late in the day till we went to bed we were busy with housework. Taking care of the kids, taking care of the guests who came in or tending to the sick children or whatever, sending them off to school, receiving them, packing their lunches. So I think we did exercise, we all did, but in a different kind of way. The daily activities made us exercise because we had to do most of the work manually.

In this detailed description of communal life, Saima shows how housework and activities of daily living constituted an “expenditure of energy” (Casperson et al., 1985). This physical activity was not goal directed, but was an essential part of her function as a Muslim woman within the household. Thus, “It cannot be underemphasized that most women obtain their daily dose of physical activity within the context of their everyday activities.” (Belza & Warms, 2004, p. 183) and this is especially true for those “being Muslim” women who spend most of their time at home, involved in domestic duties.

For example, Dr. Ahmed related that the context in which exercise is used within religious families, gives it negative connotations:

I think Muslim women are so engrossed with their home and family and children that their own priority comes last. And then the concept of exercise to be healthy is not the concept that the majority of the people think about, they think it is about beautifying yourself, or doing exercise to be slim or to look good or to look beautiful and that concept is...when it is put in relationship to taking care of the needs of the family, for example if a woman leaves her children and husband behind for a couple of hours to go to the gym, an Indian family would not [understand]. I mean, her in-laws would not consider that a very good thing because they would think the girl or woman is quite preoccupied with her beauty and her staying slim, instead of taking care of the family and husband and they would consider her to be quite selfish.

There are several factors which have been highlighted through Dr. Ahmed's experience. There is an expectation that married Muslim women are occupied with childcare and

household activities, as well as caring for older family members. Added to this is the association of exercise with practices of body beautification, which is regarded as inherently selfish. As Dr. Ahmed explained, it is considered a moral virtue for women to show “that their own priority comes last”.

Working across national boundaries, Dr. Ahmed has observed that attitudes relating to exercise are not just religious, but are simultaneously cultural and religious:

I think it [not exercising] is a cultural thing I suppose because Indian women, most of them whether they are Hindu or Muslim I suppose do the same thing, and that goes for Arab women, their priorities are always for other members and their own needs are the last.

However, “being Muslim” does not predispose all women in this category to be involved in household duties while not participating in goal-directed physical activity. The study included narratives of other “being Muslim” women who were very physically active and involved in team sport. Tasneem, whose story is discussed in Chapter Five, plays netball and swims regularly, and her two teenage daughters are also physically active while observing the Islamic regulations of dress and sex segregation. Unlike Saima and Saira, Tasneem is a “being Muslim” woman who has worked for a number of years in New Zealand and has significant work and social affiliations in the wider New Zealand society. The factor underpinning participation in intentional physical activity seems to be the level of acculturation that Muslim women (both those “being Muslim” and “doing Islam”) have achieved in the New Zealand culture.

Doing Islam

Women who do not practise Islam as strictly as “being Muslim” women, identified readily with the idea of exercise as an activity that is done specifically for health benefits. As discussed in Chapter Six, women who “do Islam” have acculturated more into New Zealand mainstream society and are therefore familiar with the context in which ‘exercise’ and ‘sport’ are commonly used.

The meaning of exercise is articulated as an activity for recreation, leisure, fitness or competition. For example, Farzana, a young woman in her early 30s showed her enthusiasm for soccer, which she had been playing for several years:

I am quite addicted to playing soccer, so I play quite a bit, like in winter time I have a team on Saturday where I play 60 minutes and Sundays which is a competitive team, so I play Sundays. And Sunday night I play indoor and also have training one night a week and indoor on Wednesdays as well.

In addition to playing soccer, Fazana has been advised to undertake cross-training, which she has been considering:

Well I don't like gyms so I don't like going you know, like they do say you should do some more [cross] training so I have been thinking about taking up something like rock climbing and other things and I am starting to do Pilates to maybe strengthen the core. So that kind of stuff I do, I have an exercycle at home for my legs because my knees are not very good.

Farzana's description of her physical activity shows that she is committed to playing soccer, while working full-time and despite the risk of overtraining and injuries. She explained that her dislike of gyms was because she felt claustrophobic in that environment and she thought gyms were 'stuffy'. Unlike "being Muslim" women, Farzana's narrative did not include the presence of males or the requirement of Muslim dress as an obstacle to attending a gym. "Doing Islam" women also seemed less restricted by family obligations and found ways in which they could balance family and physical activity. Farzana is aware of her obligations towards her family, but says her lifestyle is "semi-European" because:

I also have the obligations of looking after my family, so my brothers and sisters who're here with me while my parents are not here. So that is as normal as it gets for me. But obviously it's not fully European because they don't really look after their families as much but it's not fully Indian because I'm way too independent.

Farzana implies that European people are more independent, and have less family commitments, enabling them to participate in sport more than Indian people, or people from the Indian sub-continent.

The above accounts of Muslim women suggest strongly that "being Muslim" and "doing Islam" facilitate different meanings of exercise, and enable different forms of physical activity. The meaning of exercise ascribed by "doing Islam" women is closely associated with Western notions of exercise. However, the meaning of exercise articulated by "being Muslim" women is quite contrary to the dominant discourse of

exercise as a publicly visible and goal-oriented activity because their physical activity takes place predominantly in the private sphere and in the context of domestic work.

Dress

Being Muslim

In all the stories in this study, dress is very important for Muslim women. The most religious women considered that their dress is as an extension of their inner spirituality. However, not all “being Muslim” women felt restricted from exercising due to Islamic dress requirements. This section describes the variability in dress that “being Muslim” may adopt in order to be physically active. Fatima reported that she felt very positive about wearing hijab while walking and jogging:

I even jog with my hijab. For me, I haven't had any problem, no. I wear my hijab wherever I go and come back. That is part of Islam. Yeah. I even push my pram, coming back or going out, you know, pushing the pram is exercise as well....I like to do it and I just do it. There is nothing stopping it or, you know, I feel comfortable doing it, so I do it.

Although she is a “being Muslim” woman, Fatima does not wear the abaya or niqab. She wears the ‘hijab’ and loose clothing like track pants and a sweatshirt for walking or jogging and relates that she had had no negative experiences, and she had found New Zealanders to be polite and “always smiling”. This is echoed by Dobson in her study of Muslim women in New Zealand, and she remarks, “For practising Muslims, New Zealand tends to provide a tolerant and *laissez-faire* environment, marred by isolated acts of prejudice. When asked about New Zealand's environment for Muslims the women tended to rate New Zealand as a fairly peaceful and tolerant place, where they felt relatively free to practice as Muslims.” (Dobson, 2009, p. 36).

The different experiences of these two “being Muslim” women suggest that the negative and stereotypical attitudes towards visibly Muslim women are not based on simply their Islamic dress. It appears to be the degree of Islam that they represent which may be responsible for negative public scrutiny. The covered face, rather than the covered head and body, seems to precipitate animosity and the “othering” of Muslim women in New Zealand. The uncovered face, then, is perhaps the real marker of identity in New Zealand. Covering the face by ‘niqab’ may elicit negative or threatening behaviour.

Dobson explores how media discourses have resulted in prejudice against Muslims in Western societies since 9/11, and notes “experiencing such forms of social prejudice can be highly upsetting and make Muslim women feel ‘at odds’ with their environment, significantly affecting women’s sense of belonging and of having a home here. Such discrimination and threatening behaviour can also result in Muslim women becoming more isolated due to fears of going out in public.” (Dobson, 2009, p. 52).

Doing Islam

Soraya’s daughter Nadi is a triathlete, and does not feel the same way about presenting her body in a particularly Islamic way. She thinks wearing either a wet suit, or a burqini, would strike the right balance between Muslim and European dress requirements for swimming:

Yes, the burqini is so clever I think. It’s quite smart and doesn’t make you signal your religion. You can do your thing and still be quite modest. But so does a wet suit. I wear a wet suit. The burqini is not in New Zealand, you have to order it from Australia, and it’s so expensive.

Nadi is highlighting that for her, religion is a private matter. She does not wear a hijab, and said that although she considers herself Muslim and prays regularly and observes all the rituals of the religion, the religion is a personal thing, between her and God, not something she displays. Having come to New Zealand as a child, she feels that “everybody does their own thing here”, and that the “Kiwi way of life” opens up many possibilities in terms of training for an event or a sport. Nadi “does Islam” and feels free of the more restrictive dress regulations her mother observes.

As the story of the mother and daughter unfolded, it was clear that even within two consecutive generations, there was a distinct change in the attitude toward dress in the context of religion. Rather than representing religion through dress, Nadi internalised her religion. By not wearing Islamic dress Nadi’s religion was private and invisible, not visible. This marks, I suggest, a departure from traditional collectivist thinking, in which people give more importance to maintaining group identity and ensuring the group’s needs are met above looking after their own interests (Griffen, 1995, pp. 417-420). As dress represents “the most immediate feature of the social self” (Arthur, 1999,

p. 5), Nadi is claiming a different social self that she wants to articulate her identity through, by dressing in a different way to “being Muslim” women.

Significance of Exercise

More than anything else, Fatima believes that it is the significance and meaning a woman attaches to exercise that will determine whether she exercises or not. Despite the initial difficulties when she first arrived in New Zealand, she says she maintained her activity because:

Physical exercise for me is very important, you know, we have to keep doing it as part of our life every day, daily activities to us. Yeah that’s what I would say. Fitness and health, I mean.

Different meanings are associated with exercise. Dr. Ahmed explains what exercise means for her:

Exercise means doing physical activity to keep yourself mentally and physically fit, and exercise could mean some monotonous sort of activity in a gym or it could be exercise when you do heavy household chores like mowing a lawn or mopping or sweeping or exercise could also mean that you do it in a pleasurable way if you enjoy something like jogging or cycling or swimming for example.

Dr. Ahmed’s explanation of the meaning of exercise shows that she considers gym activities “monotonous”, and gym attendance is likely to be unsustainable because she does not associate it with a pleasurable activity. She associated household chores and cycling, swimming and jogging as pleasurable activities. At the same time, Dr. Ahmed is creating a multiplicity of meaning in what is regarded as exercise, because household chores also result in an expenditure of energy. Her narrative highlights that alternative activities, those which are not usually recognised as exercise, can also be beneficial to health. She considered her level of activity average:

I would say average because I try to walk about one to one and a half hours at least on alternate days. I try my best to do it say five times a week but it is never completely possible for one reason or another and I think occasionally two hours of walking is what I am able to do as such but other than that I don’t think I do any other kind of exercise. Once in a while maybe in the swimming pool, just

flap around in the water, do some sort of what would you say hydrotherapy, or hydroexercise, which for a person of my age I think are quite appropriate.

Dr. Ahmed, a sixty year old, believes she is as active as possible for “someone her age”. This narration shows there is a belief about the appropriateness of decreasing activity levels corresponding to increasing age. Both “doing Islam” and “being Muslim” older women believed that they should become less active as they got older because that was “appropriate behaviour”.

In Dr. Ahmed’s case, however, she did not think there were any Islamic practices which hindered her from exercising more. Instead, it was her work life which was the main barrier:

Yes, certainly it [exercise] is important. I wish the working hours were shorter so that I could give adequate attention to exercise as well as do the other activities of daily living without having to struggle between the two.

Dr. Hussain, another “doing Islam” woman, agrees with Fatima’s contention that it is the significance a woman attaches to exercise which ensures continuity of physical activity. For her, education about the importance of exercise is the first step before minimum activity guidelines can be emphasised:

I think the best would be to continue to promote and educate about exercise, that it’s really important and I keep telling everyone that whatever days you have in your life you can only live those days. It is a matter of quality of life or being dependent on machines or other carers....and giving them the true picture has helped a great deal. And a lot of patients I find are more motivated at least to even eat the right food, cutting sugar, carbs and salt. And yes, a lot of them are saying they do walk a little bit. But a few of them, they feel quite shy, quite threatened, in going out of the home without someone else... just say that instead of you know, trying to shop and look at stuff just go and walk around in the mall. If it’s rainy weather go to the supermarket, just walk around five times. The markets are quite big so that would be a good amount of exercise... This is very common that some people bring Islam and they just pinpoint little things of Islam like you should serve the husband and heaven is under the husband’s feet and you cannot go to heaven unless your husband allows. And everything is around the husband and you are always inferior to the husband because he is the provider and all that. They don’t see the bigger picture that prophet Mohammed never asked his wives to do anything.

Dr. Hussain has made suggestions to her Muslim patients to help them reconceptualise what exercise means. Her narrative also illustrates the variety of ways exercise can be understood. Instead of the common perception that exercise can only be done outdoors or at the gym, she is trying to help incorporate incidental exercise into the daily lives of otherwise sedentary women. It is important to realise that for some of the women mentioned in Dr Hussain's story, exercise, or its importance in health and wellbeing, is a new concept. Some women from rural parts of the Indian sub-continent have been brought up under particular interpretations of Islamic gender roles. Dr. Hussain also finds it useful to remind Muslim women that prophet Mohammed, whose life is regarded as an exemplary one for Muslims, did not expect his wives to be in a servile position, and neither did he expect them to cater to his needs.

Likewise, Tasneem, the founder of the "Muslimah Sports Association", (as discussed in Chapter Five) has also found that dependence on the husband for transport, for permission to attend any social or sports events, and the expectation to look after extended family or to host family members was frequently a barrier to women attending sports events:

On Sunday morning I was just, you know, getting ready to leave [for women-only swimming] and someone rang and said they were coming, my husband was leaving for work, and they said we are coming to see you. And so I said I have to go, my husband had to go, my mother-in-law lives with us, so she was home....they have different expectations like I know my mother-in-law was uncomfortable about us not being there....I was quite comfortable saying I am going, I have to go, but I know other women will ring up and say, oh, last minute we were getting out but somebody came. That is our culture... I don't like this culture thing. It is not Islamic where people can just ring up and say I am coming. They haven't asked you if you are going anywhere, if you are free?

Among many Muslim families, it is acceptable to visit friends or relatives without prior arrangement and it is considered extremely rude if these guests are not accommodated or if they are made to feel unwelcome even if they arrive unexpectedly or at an inconvenient time. This is a barrier to forming a routine of exercise, and prevents many Muslim women from committing to a team sport. Tasneem stated that she has experienced this herself, but has taken a stand in order to maintain her commitment to her chosen sports, swimming and netball. However, the awkwardness women feel when

giving priority to their health and physical activity over their familial and social responsibilities is all very real. Tasneem has highlighted the cultural expectations which pose an additional barrier to physical activity for Muslim women. Getting out of the home at a specific time to get to a place of exercise or to play a team sport is not always easy or simple, but is fraught with conflicting role expectations, gender stereotyping and social obligations.

However, like Fatima and Dr Hussain, Tasneem too believes that it is time for women to place their health and exercise at the top of their priorities and to change women's sedentary lifestyle for the better. Through their stories, these women have identified that the reason so many Muslim women lead sedentary lives is not due to their religion but rather is the result of societal and cultural conditioning, which living in New Zealand will help change. As Tasneem put it, "We have a culture of people not getting out there and doing things...and that is really restrictive". She is also critical of social and cultural norms being transplanted from the country in which they were originally practised, expecting them to work in the New Zealand context.

Likewise, Tasneem articulates the need for negotiating expectations of the husband and wife in order to make space for routine physical activity which is incorporated into a family's daily life. This is necessary, she states, so women can have time out of the domestic sphere and become physically active:

It is men being educated as well. I am very fortunate to have a husband who has been supportive all the way. He doesn't expect me to fit things around him. Let's say I'm swimming Friday nights at 7. I finish [work] at 5.30 or 6, pick the kids up and head straight for swimming, so no one's going to do dinner... dinner's just, you know, out of the question...it's our traditional homes that are the problem.

Traditional role expectations hinder some women's ability to engage in physical activity but families which prioritise exercise make it possible for women to become, and remain, physically active.

Functional Interstices

"What can I say? Exercise has revolutionised my life. Absolutely love it!" (Soraya)

‘Functional interstices’ is a term I believe explains explain the spaces and opportunities which serve as mediators of physical activity for the Muslim women in this study. These functional interstices may explain the way in which women, who identify as Muslim, are able to increase their physical activity while maintaining their religious practices. The construct of functional interstices also enables an understanding of the similarities between Muslim and non-Muslim mediators of physical activity.

While it may seem that the requirements of Islamic dress are stringent, I believe that the practical application of the rules is less so. This is my experience from growing up in India where, like other countries of the Indian sub-continent such as India, Bangladesh and Sri Lanka, women commonly wear a sari, which is a long piece of cloth folded around the torso and hung over one shoulder. A blouse and petticoat are worn under the sari leaving the midriff, arms and back bare. While Islam requires the complete covering of women’s bodies except for the face, hands and feet in public, I suggest that Muslim women in these countries are accustomed to wearing saris because they are culturally conditioned to believe that a sari is symbolic of modesty, womanhood and femininity. It is only while observing religious rituals, like performing prayer, that the entire body and hair is covered for the duration of that activity. This suggests that while dress requirements for Muslim women have remained constant since the inception of Islam, the applicability of the rules has changed and adapted according to local customs and traditions.

This adaptation to local customs is evident from the story of Soraya explained in Chapter Five. Soraya recounted how she wanted to exercise with her daughter, and walk and run with her, but only if her daughter, Nadi, wore track pants rather than shorts.

Soraya’s story shows that once she herself had become physically active, after having led a sedentary life prior to coming to New Zealand, she wanted to encourage her children to also become active. Nonetheless she felt that she needed to show them where the boundaries of decency were for Muslim girls. Soraya believes exercise can be undertaken as long as in so doing a woman does not attract the gaze of men. It is important for Soraya that her daughter covers her legs in public. Religion does not prescribe the type of clothing her daughter must wear, as long as her entire body, including legs, are covered. Although she herself wears hijab and loose clothing both at work and while socialising, she did not require her daughter to also dress in this way.

Soraya's only stipulation was that if her daughter is to be seen with her in public, where she could be seen by men, then she must cover her legs, though not necessarily with Islamic clothes. This indicates a shift in Soraya's thinking. Soraya seems to accept that there is a difference between her strict Muslim upbringing, and the way she has raised her children in New Zealand. Although her expectations about appropriate dress have changed, Soraya has drawn a line as to when dress becomes inappropriate. While her concept of modesty has been modified, she draws the line at the exposure of legs in public. Soraya's daughter initially resisted this stipulation but the two have now reached a workable compromise. Within a few years of emigrating to New Zealand and becoming physically active, Soraya realised how exercise could improve her health and wellbeing, and has therefore accepted that a more relaxed application of the rules of Islamic dress will benefit her children. The importance of exercise has therefore also "revolutionised" or significantly changed, the way in which she views clothing required for exercise.

Where New Zealand society's expectations about dress coincide with Muslim expectations of dress the barrier to physical activity diminishes. Nadi pointed this out when she said:

When I go 'Slip Slop Slap' I am fully covered and that makes my mum happy, me happy and I am being a good Muslim...

Here Nadi was referring to the New Zealand Cancer Society's 'Sun Smart Rules' which include slipping on sun protective clothing such as long sleeved shirts, trousers or long-legged shorts, as well as a hat to protect the face, neck and ears.

These guidelines effectively mirror the Islamic dress requirement of completely covering the body, as well as providing the Ministry of Health's recommended sun protection. Exercising in public spaces in sun protective clothing will not breach Islam's religious rules of dress. Thus, by identifying some spaces, or 'functional interstices', which can be conceptualised as common to Western and Muslim perspectives on appropriate dress, Nadi has tried to bridge the gap between Western and Muslim standards of suitable clothing.

Finding this common ground between the Islamic dress requirement and Western expectations of dress offers new possibilities for physical activity. It is by

reconceptualising what is acceptable dress, especially for “being Muslim” women, that physical activity may become less problematic and less prone to social and religious prejudice. Exploring ‘functional interstices’ also leads to an examination of Western notions of appropriate dress. For example, athletes and competitive sports people in sports such as swimming and running are expected to wear speed-enhancing clothes. Shorts designed for competitive sport use fabric technology which supposedly offers many benefits, “Compression shorts inhibit muscle jiggling letting you spend more energy on other tasks, like jumping. The shorts may also improve proprioception- the mind’s ability to know what the body is doing.” (Stanten, 1997, p. 51). Likewise, the use of ‘Speedo’, a swimsuit designed for elite swimmers, offers “greater compression by area than any other lightweight suit, the suit also provides improved core stability during strokes and reduces energy loss through reduced muscle oscillation” (Women’s Wear Daily, 2007, p. 14). Specialised clothing for elite athletes enhances speed and is focused on the conservation of energy. However, the expectation that non-athletes, people who exercise for health benefits, must dress in a similar way, is misplaced. Assumptions about what ‘normal’ clothing for exercise by non-athletes is, need to be challenged.

Familial and Religious Support, for “being Muslim” Women

Family Support

Unlike in individualised Western societies, the Muslim culture centres around the family as the basic unit of society (Knop et al., 1996, p. 149), and community interests often take precedence over individual interests. The family is the unit of Muslim society. In the Quran, men and women are directed to live together in peace and harmony and establish the foundations of a healthy and productive family:

And it is He who created you from one soul and created from it its mate that he might dwell in security with her....(The Quran, Chapter 7, Verse 189),

and

And Allah has made for you from yourselves mates and has made for you from your mates sons and grandchildren and has provided for you from the good things.....(The Quran, Chapter 16, Verse 72)

Therefore, for the “being Muslim” women, family forms the centre of worldly existence and plays a pivotal role in almost all significant decisions, including decisions about healthcare and exercise.

From a religious point of view, therefore, it could be interpreted that it becomes incumbent on both spouses to support each other to enhance one another’s health and wellbeing and that of their family. This includes supporting the wife to start exercise or to increase exercise levels. Muslim women are often burdened with the care of children and elderly family members. Added to that is the expectation in many families that Muslim women should look after the needs of her husband, cook several dishes of food every day and primarily be home-bound. These expectations are highlighted by the narratives of the “being Muslim” women in this study, as discussed in Chapter Five.

The narrative of Jannah in Chapter Seven shows that rather than resenting the loss of her exercise and leisure time, she believes it is more important to be a good Muslim woman, defined by her spirituality, and function at home, than to be physically fit:

The balance you know, I mean, if you put on the scales in terms of, you know, devotion to Islam that would outweigh looking after the body being healthy because of the, you know, that views that a lot of Muslims have on being physically active.... So the balance, in terms of being healthy it outweighs the Muslim woman’s devotion to Islam...I know that because my husband is like that. He would much rather I am just focused on the home than going out and getting myself physically active and healthy.

Jannah is referring to the directive that Muslim women obey their husbands. The basis of this belief is taken to be the Quran’s verse:

So righteous women are devoutly obedient, guarding in [the husband’s absence] what Allah would have them guard. (The Quran, Chapter 4, Verse 34).

It should be noted that the verse does not specifically instruct Muslim women to be obedient to their husbands. It may be interpreted that the Quran is instructing women to be obedient to Allah, and to guard their husband’s property and their chastity (Saheeh International, p. 75).

In contrast, some women reportedly *want* to be more active, but feel that their familial responsibilities tie them down and do not leave much space for physical activity. Dr.

Hussain is of the opinion that while the reality of housework and childcare cannot be overlooked, some women use their husbands' displeasure as a reason to not participate in physical activity of any kind:

It may not be real but to some extent it can be real as well, like they will say I have to cook these many meals for my husband and I have to do this and doctor, where is the time? And some patients have told me that you [the doctor] don't have to cater to your husband's needs as long as you have cooked some food and your daughter can eat it that is it. So you can manage, we can't because our husbands are very focused and fixated on you know, these many items of food and all the extra work. I remember how much time consuming it was for me to cook all this food I used to cook when I was married, because I was married for six years and during those years there was a lot of work revolving around my husband's needs.

Dr. Hussain reflected that when she herself was married, she had to prioritise her husband's needs over her own, and that is the reality of many women's lives. However, she also thinks that sedentary behaviour is not religiously endorsed but culturally constructed:

Yes it is mostly a cultural trend, I don't think generally that being a Muslim puts us at a disadvantage because being Muslim you know, I see these Muslim women wearing burqa going to supermarkets all the time and in the shopping malls. So if they have the money and the time to go there it shows they have the money to go to the gym or at least go for a walk.

Conversely Fatima has found her husband's support invaluable in maintaining her activity levels while mothering two young children:

People are becoming more supportive of their spouses. I mean, moreover we are coming [to New Zealand] as single [nuclear] families, and you know, we have to stand up for each other. Otherwise it's very very hard.

Here, Fatima is referring to being in a nuclear family where there are no other relatives on whom they can rely for help. Before emigrating to New Zealand, Fatima and her husband lived in a large extended family, where there were other family members such as grandparents who could look after children to accommodate the parents' work and leisure time. Coming to New Zealand meant a loss of these family support and social networks. The cost of childcare was prohibitive and meant that Fatima remained at

home to look after the children instead of resuming paid work. However, Fatima found her husband's support an enabler of her physical activity, and she referred to the Islamic duty of spouses to help each other:

The Quran, it says we should be like clothes for each other. That's close and giving comfort. And like, it [clothing] hides the body or any weak points.

Critically, Fatima, who is a "being Muslim" woman, is referring to a Quranic verse (Chapter 2, Verse 187) which describes the relationship of a husband and wife like clothing is to the body, close, comforting, and covering the body's nudity as well as deficiencies. Fatima believes that it is necessary for Muslim couples to abide by this Quranic principle for marital harmony. Fatima's husband is instrumental in helping her maintain activity levels. Fatima reflected on her husband's intervention in sourcing a personal trainer who would come to their home and do a home-based programme for her. She talked enthusiastically about her personal trainer, who was a European woman:

It's just that we enjoy it here, doing it, any exercise. And what facilitates it? You have so many facilities here, you know, like I have a personal trainer, she is very friendly, she does my programs. The way she expresses it, and the changes, it's done so easily. That is really good. She encourages it, that- umm- activity, a lot. [She says] you can do it. Sometimes I feel I am being pushed, but then she is like, she is really good, she does it really well...She will have a routine, you know, once in a month or three months, we have a change of program sometimes.

It was evident from Fatima's story that she found her husband's help invaluable. She reported feeling that she did not feel the need to go out to a gym to exercise as she had the equipment at home for resistance training, and she could go for a run outside.

When exercising outside of the home, Fatima wears a hijab as well as loose trackpants and a long sleeved sweatshirt, which she believes fulfil the Islamic dress requirements. She is not averse to joining a woman-only gym, in which she says she would be "most comfortable", but her home-based programme suits her for the time-being because "for my situation with kids and everything, you know, this is absolutely fine for me now". Apart from spousal support, Fatima believes that a woman's circle of friends influences her ability to exercise greatly. Importantly, Fatima's friends are also Muslim women who attend the same mosque where they meet regularly for prayer.

The circle which I have, they are quite active and yeah, even in the holidays we take our kids somewhere by train rides or bus rides. We take them for a ride or to play, we take them to parks and play together. They enjoy it!

Here, Fatima's friends are roughly the same age as her and also have young children. She says they are "active women", meaning that they socialise and do things outside the home. Fatima feels that she is beginning to build social supports in New Zealand, albeit only with other Muslim women.

Interpretation of Islam as Facilitator of Physical Activity

The way Islam is interpreted and practised influences a Muslim woman's ability to exercise. This phenomenon was highlighted (in Chapter Five) when comparing the stories of Jannah and Tamsyn.

While the stories of these two women were very different, the common theme between them was that both women had recently accepted Islam. Jannah's interpretation of the religion was strict and prescriptive, and in her story she alluded to Islam as if it were an unchanging, solid body shaping her life. Tamsyn's interpretation was more flexible and she talked about Islam in a way that suggested she is at peace when she prays, and that she feels spiritually at ease when following the main tenets of the religion, but she also feels she is an individual who can decide what is best for her health and that religion and activity are not opposed to each other.

The stories of these two women suggest that a strict and unbending interpretation of Islam may inhibit physical activity levels and that a more flexible approach to the religion may not restrict physical activity, although activity levels may decrease by adopting the religion. The interpretation of Islam can be understood as a continuum, from strict and unchanging to flexible and adaptable. Physical activity levels seem to increase with the adaptability and flexibility of the religion's interpretation.

"Being Muslim" women like M.A. through their knowledge of Islam, are able to overcome socially and culturally constructed barriers to activity. By using the Quran and hadees to facilitate an uptake of physical activity, they are able to use religion as an enabler of exercise.

Finding Enablers in Space and Segregation

Tasneem found that modesty was the main concern to Muslim girls and women participating in team sport. When tournaments were organised at open-air venues where men could be present, many women would be conscious of their 'awra' and they could not play or participate fully:

Yes, we've had some tournaments organised but there was some visibility from the houses so some women didn't come because it wasn't appropriate for them. So that was my main reason for approaching X college [a private Muslim school] for their venue. We even wanted to play netball at the mosque. We have a big front car park, but then there were buildings and people could see...and sometimes I think it's a bit much, I mean some women even think awra means voice.

One of the trustees at the private girls' school Tasneem talked about, believed that a woman's voice is also part of her awra and she would not speak in the presence of men, making it difficult to interact with her when there were men present at meetings:

I don't know how to connect with her, I even met up with her recently, but yeah, so it's like this making people aware there are these needs, you know, and then trying to be a little bit more flexible, but sometimes people just take it out of context you know, so it's been hard.

Tasneem is herself a "being Muslim" woman, but her interpretation of Islam allows her to participate in community life and to play sport. She is at odds with the other Muslim women whose extreme interpretation of 'awra' is restrictive and, according to Tasneem, counter-productive.

It is evident from Tasneem's story that at times she found a strict and unbending interpretation of Islam contrary to the religion she understands as accommodating and progressive for women. Her story illustrates the tensions and complexities inherent among Muslim women themselves, as each woman differs from the other in her life experiences, her socio-cultural situation and her interpretation and application of the religion.

There are differing opinions among Muslim scholars about whether a woman's voice is included in awra, but the most commonly held belief is that it is not, since women have been reported to have spoken directly to prophet Mohammed to solve disputes or to

clarify religious matters (Al-Munajjid, 2009). Aisha, the wife of prophet Mohammed was a well-known Muslim scholar who addressed mixed-gender gatherings, and disseminated hadees after the prophet's death (Al-Munajjid, 2009; Rasheed, 2009). Some other Muslim scholars (Yasin, 2009) believe that the entire body of a woman including her voice is awra and that she should not be heard by men who are not mahram. If she does need to speak to non-mahram men then her voice should not be soft or alluring but direct so it does not encourage men to speak further with her.

An enabler of physical activity for Muslim women is a more flexible understanding of the rules of awra and the recommended conduct for women. Tasneem believes that working within the framework of Islam, it is possible to enable women to exercise more, and to improve their health status. She gives an example of a strictly religious Muslim woman who is also very progressive:

I worked really closely with the school principal last year and she came here and started wearing niqab and everything much later, and she says she is very modern, but she also takes a very strong Muslim view. But she is also very progressive in the sense, you know, she wants to make these things available for women within the confines of what Islam says, which is exactly what we are trying to do. But sometimes you can't do it without some give and take, it's about how you interpret things.

Like Nadi, who found a common ground between Islamic dress and the "Sunsmart" clothing recommendations, Tasneem has also identified some barriers and enablers common to Muslim women and women from other cultures and religions. For example, she stated that in the women's only swimming times she has organised at the local community pool, it is not just Muslim women who attend the sessions:

You know the European lady, who is here today, she comes to the Monday swimming sessions because she says she feels a lot more comfortable.... And someone once said to me the main reason Pacific Island women go to the beach is because it's a lot more relaxed there. They don't go to the pools because, you know, there's restrictions around what you can wear so I feel there are more opportunities here for Pacific Island women too....it's more women only things we need to organise.

It is evident that some of the barriers to exercise that Muslim women experience are not unique to them, but also extend to other women from other races, cultures and religions. Like the European woman in Tasneem's story who felt more comfortable in a women-

only swimming environment, many Pacific Island cultures also place importance on women's modesty and restrict the exposure of women's bodies in public. Some of the beliefs around how women who have transitioned into motherhood should lead a more sedentary life, mainly looking after children and the household, are not just the domain of Muslim women. A recent study commissioned by the Australian Sports Commission (2011, p. 32) shows that "In Tonga, when a woman finishes school or becomes a mother she normally stops playing sport and generally being active". The reasons cited are a lack of opportunities for participation, and the community's perception that "playing games is something only young girls at school do".

By adopting a more inclusive approach to the problem of providing women-focused sports facilities, it is possible to enhance health outcomes not just for Muslim women, but for other women who also feel the need to exercise away from a "male gaze". Identifying these non-Muslim women will increase the opportunities to develop women-friendly facilities within the community.

Another barrier to exercise identified by a "being Muslim" woman, is the use of music in gymnasia. In her story, Jannah shows that she has read the Quran and its related commentaries or 'tafaseer' by Islamic scholars, and tends to agree with the stricter interpretation of Islamic rules. This includes restrictions on listening to, and the use of, music. She talks about the kinds of things that would be permissible Islamically, and how she would love to do some aerobic classes and the 'Zumba':

And also, just have like an aerobics class without the music, and you can just use sounds. I am sure you could use nasheeds....yeah, and what they do I think use verses from the Quran, so they are not just singing, they are reciting something Islamic.

Jannah is talking about using 'nasheeds' or songs with Islamic lyrics or verses from the Quran, set to music using natural sounds such as rainfall, or the beats of a tambourine, the only percussion instrument allowed in Islam (Sahih Al Bukhari, n.d., hadiths 987 & 5590 in Naik, 2010).

This view may seem at odds with the story of M.A. discussed earlier, another "being Muslim" woman, who found the music at gymnasia, especially in 'Zumba' classes made her feel very excited and enthusiastic about exercise. Muslims who do not believe that music is 'haram' or impermissible usually come to this conclusion as there is no

direct stipulation in the Quran against music. The verse that is interpreted as being against music is:

And of the people is he who buys the amusement of speech to mislead others from the way of Allah without knowledge and who takes it [i.e. Allah's way] in ridicule. Those will have a humiliating punishment. (The Quran, Chapter 31, Verse 6).

Saheeh International, an organisation which is recognised as the standard in the English translation of the Quran, explains 'speech' in this verse as "that which has no benefit". Described by different Sahabah (companions of the prophet Mohammed) as shirk (association with Allah), misleading stories, frivolous songs, or music but includes all which distracts or diverts one from the Quran and remembrance of Allah." (2009, p. 400).

Using space in mosques was identified as an appropriate venue for improving physical activity levels for Muslim women. Jannah talked enthusiastically about the possibility of having areas in mosques in which women could exercise:

I know it would be ideal for us to have like some space for the females to come and exercise and get physically active, but I feel what it really comes down to, is changing the notion, you know, that a lot of sisters especially the manuhiri [Maori for 'visitor', in this case, immigrants], that being physically active is healthy for you and it [is also] good to have a role in your home...you have to have a venue, even somewhere that is attached to the Masjid [mosque] on the female side. You could have netball, squash, [aerobic] classes, swimming pool - no, well, of course you have to start off small...really small, like a small space and something, you know, just big enough for the sisters to run, to do some jogs...it has to be open for more than school hours, because you have working sisters as well.

Jannah has voiced how using the 'female side' of the mosque for women's physical activity would be ideal for Muslim women. Symbolically, a mosque is regarded as "Allah's house on earth" and a "place that has been permanently dedicated to Allah for prayer, recitation and His remembrance" (Mangera, 2004, p. 1). Jannah believes that looking after the physical body is a Muslim's responsibility. Therefore, improving health by exercising in a mosque space, for Jannah, represents an action sanctioned by religion. Using the "female side" of the mosque automatically ensures seclusion for women, away from the "male gaze". She explains how land surrounding mosques could

be utilised for squash courts, or a place in which women could run or jog, and even to construct swimming pools if funding allows. Jannah added that exercise facilities in mosques would work well because religious women (“being Muslim”) frequent their local mosque for congregational prayers, and even women who work could combine their prayers and exercise, if the exercise facilities were accessible for extended times.

The stories of these women reinforce the inherent differences in the interpretation of Islam even among religious Muslim women, and how a more flexible approach toward the religion facilitates an increase in physical activity.

As the stories discussed here show, there are many and varied opinions about the role of women in the family and community, what their awra consists of, whether using music to exercise is acceptable, their familial responsibilities and the space they can occupy in the public sphere. The interpretation of the Quran and hadees with regard to these issues differs among the ulema or Muslim scholars. In order to facilitate an uptake of physical activity among Muslim women, it would be useful to remember that a flexible and practical approach to Islam is what the Quran itself encourages Muslims to follow:

We did not send down the Quran to make you miserable but only as a reminder for those who have fear. (The Quran, Chapter 20, Verses 2 & 3),

And Allah wants to lighten for you (your difficulties); and mankind was created weak. (The Quran, Chapter 4, Verse 28)

And

Allah desires ease for you, He does not desire difficulty for you. (The Quran, Chapter 2, Verse 185).

Summary

In this chapter I have explored the mediators of physical activity for Muslim women. A crucial facilitator of engagement in physical activity is highlighted as a flexible interpretation of Quranic verses. Examples are given from narratives of “being Muslim” women elucidating that physical activity may be included in Muslim women’s everyday lives as long as the rules of dress and segregation are followed. Verses of the Quran are

explained showing that male authority which has been misused to curtail Muslim women's physical activity, does not have a basis in the original Quranic scriptures.

The following chapter discusses the findings of this study and presents a tentative model aimed at increasing physical activity for Muslim women in New Zealand.

Chapter Nine: DISCUSSION

Introduction

Analysis of the women's narratives showed that a Muslim woman's relationship with physical activity is shaped by her relationship with Islam. Two main 'metathemes' (Clandinin, 2007, p. 593), "being Muslim" and "doing Islam", were the main ways in which women related to the religion of Islam, and this relationship mediated their level of physical activity, and their beliefs about exercise.

This chapter discusses the findings of the study and offers a "culturally safe" model of increasing physical activity among Muslim women in New Zealand. It raises issues for health practitioners to consider when attempting to increase the uptake of exercise among Muslim women, especially the "being Muslim" women who, in the course of this study, have been identified as less physically active than the "doing Islam" women.

Descriptive Study of Religious Identity and Physical Activity

A postpositivist paradigm qualitative descriptive study was most suitable for describing the experience of Muslim women in New Zealand with regard to physical activity. This study sought to answer the question: "What meanings do Muslim women give to physical activity?" The purpose of the study was to explore and describe the different meanings of Islam which the Muslim women adhered to, and how these influenced their physical activity choices. The descriptions of everyday living as Muslim women provided in-depth accounts in the women's own words. The multiple roles the women occupied, such as wife, mother, worker or sportswoman were embedded in their stories. Studying a phenomenon through the narrative method opened many meanings and possibilities.

As noted in Chapter Four, the narratives were viewed as co-constructions of meaning between myself and the narrators, although the intended audience were also healthcare professionals who work with Muslim women, academics and the wider New Zealand

Muslim community. During the interview process, I was aware of the meanings intended for audiences which were not present, such as some of the women's narrations regarding male authority figures who were an impediment to their physical activity, or the wider ethnic community's ostracism of women participating on mixed-gender sport.

Although all women identified as being Muslim, the meanings they associated with living as Muslim women varied greatly. Gergen and Gergen note that narrations of experience depend on understanding of the self in relation to others and to the society, and that narrations are "continuously unfolding stories in which plot and characters may change as situation and needs dictate" (Gergen & Gergen, 1987, p. 124). The narrators' stories showed the changing, and changeable, relationship of religion with their everyday activities. For some women, religion had been constantly significant or central to their belief system, while others showed varying and selective degrees of the acceptance of Islam. In both type of narrations, it was clear that the conceptualisation of Islam had an impact on involvement in physical activity. The relationship between religion and meaning is aptly summarised by Clark (1958, p. 419) as "The most pervading reason for the eternal appeal of religion seems to be that religion more than any other human function satisfies the need for meaning in life".

For some of the women Islam determined their everyday roles. For other women, the religion was not so significant, and did not determine their everyday activities. The narratives of the women emphasised their identities, whether Islamic ("being Muslim") or comparatively secular ("doing Islam"). Both groups of women, however, identified as Muslim. For the former group, Islam formed their primary identity through which their other roles, identities and relationships were articulated. For the latter, Islam was one of their identities, and did not occupy a very significant position in determining their roles and relationships.

Walseth and Fasting (2003) explain that the way in which Islam is interpreted has implications for the way in which Muslim women conceptualise sport and participate in it. The interpretation of Islam may be secular, fundamental, traditional or modern:

Secularism looks at religion as a private matter while fundamentalists are of the opinion that Islam is a way of governing society..... Traditionalists want to look at tradition and how Islamic scholars have interpreted Islam during past centuries.

Modernists believe that society's laws should be inspired by Islamic values and principles (pp. 46-47).

Walseth and Fasting (2003, p. 50) found that women who used only hijab (head scarves) or no hijab, were found to have a more tolerant view of female sport participation, while women using niqab (face veil) and krimar (long head scarf also covering body to the waist) had a more traditional opinion about Muslim women in sport.

In this study, most of the “being Muslim” women adhered to a traditional or fundamentalist interpretation of Islam, and most of the “doing Islam” women articulated a modern or secular view of Islam. Walseth and Fasting's (2003) group of hijab or no hijab women corresponds to the “doing Islam” women, and the latter category to “being Muslim” women. Identification as Muslim did not denote the same meanings and significance for these two groups of women. This highlighted Bruner's contention that “participants in a performance do not necessarily share a common experience or meaning; what they share is only their common participation” (1986, p. 11). An experience does not exist autonomously but is made meaningful by the person who is experiencing it. In the narrative process, the experience of a certain event or a sequence of events has been shaped and given meaning according to the narrator's culturally determined interpretation. The possibility of alternative identities is made possible in a secular country like New Zealand, where different meanings for health, exercise and being female are offered.

This study further highlighted that the relationship of a Muslim woman with her body has significant implications for her physical activity. The way in which the physical body is conceptualised within a religious framework determines how it is treated and “maintained”.

Religion, Culture and Regulation of Physical Activity

Most Muslim women who identified with the New Zealand culture more than their ethnic culture were more inclined towards physical activity. These “doing Islam” women were more likely to have social and cultural affiliations outside of the religious circle, creating the spaces for them to be physically active with their non-Muslim peers.

The “being Muslim” women were more inactive than the “doing Islam” women. However, the “being Muslim” women who did engage in physical activity consistently were the ones who had assimilated into the New Zealand culture, and also maintained their Islamic identity. They identified that their spouses’ support enabled them to engage in physical activity.

For the “being Muslim” women who did not engage in physical activity, familial responsibilities and their spouses’ objection to their exercise were the reasons given for not engaging in physical activity.

The need to be covered was less rigid for those women who observed Islam’s principles, rather than a complete adherence to *all* regulation at *all* times. Women who “do Islam” showed a greater tendency to take on mainstream New Zealand values such as being part of a non-Muslim social circle, undertaking paid work and being involved in sport or leisure activities.

Participation in sport for some Muslim women represented a break from the moral and cultural values of Islam, especially if other Muslim women playing a particular sport are not regarded as “good Muslim women”. As discussed in Chapter Seven, “being Muslim” women spoke about feeling vulnerable to criticism for not being ‘a good Muslim’. This discourse within the Muslim community has a pervasive influence on the behaviour of these women. This is because, “Here in New Zealand in particular, with the Muslim community being so multi-ethnic, emphasising Islamic identity may create a much stronger, bonded social scene among Muslims (Dobson, 2009, p. 121). Being perceived as a good Muslim ensures inclusion into the “social sisterhood” (Zuhur, 1992, p. 76) which the common bond of Islam extends to its female followers.

Religion regulates the physical activity of different Muslim women in different ways and to different degrees (Kahan, 2003; Lawton et al., 2006; Moaveni, 2009; Nakamura, 2002; Palmer, 2008). As found in this study, participation in sport and physical activity is mediated not just by a woman’s religious affiliation but also by the expectation of her family members. Role expectations determine the care of children and the elderly within the family, the organisation of the home, the observation of modest dress in public spaces, the completion of religious rituals like the five daily prayers and fasting during the month of Ramadan. Muslim women’s cultural roles are “very much defined by domestic responsibilities as carers and nurturers.” (Palmer, 2009, p. 32).

The degree of acculturation into mainstream New Zealand culture corresponds with more cultural and social affiliation, resulting in increased participation in physical activity. Recent research by Kahan (2003, p. 423) also shows that less acculturated persons “were 63% less likely than highly acculturated persons to participate in sport”. With regard to Muslim women in America, Kahan’s research showed that the variables corresponding to a higher uptake of physical activity for recreation or fitness were “no children, living in an attractive neighbourhood, and not engaged in occupational physical activity.” (Kahan, 2003, p. 422). These findings were especially true for highly acculturated people who had lived most of their lives in the United States and identified as American rather than by their ethnic origin or religion.

With regard to Muslim families’ acculturation and physical activity in America, research shows that Arab Muslim boys in America are likely to assimilate into the dominant American society through engagement in sport. However, Muslim identity is reinforced in girls, who are restricted from sport and are instead, encouraged to engage in different social activities (Ajrouch, 1999, p. 138). The different expectations placed on girls within migrant families is not exclusive to Muslims, but has been reported even in Pasifika families in New Zealand. Men and boys reported having more freedom to participate in sport and recreation compared to girls and women (Gordon, Sauni, Tuagalu, & Hodis, 2010, p. 27).

An Australian study of refugee women illustrates the reinforcement of gender-specific practices while participating in sport. Young Somali Muslim women who played soccer in a female-only team in Adelaide hesitated in using movements which were considered too masculine or which drew attention to the female body such as ‘chesting’ the ball (Palmer, 2009). There was a need for players to use ‘non-sexualised’ movements with which the players and their families would be comfortable. Other players were not hesitant to use more seemingly masculine movements, and these players saw their modest team mates as lagging behind and not using their abilities fully.

In relation to this study, it is likely that the women who wanted to play soccer within the framework of what they understood as Islam, were “being Muslim”, whereas their other team mates were “doing Islam” women who had put soccer and religion in different categories. As discussed in Chapter Three, the breasts are part of the ‘awra’ for Muslim women, a part of the body which should not be exposed. Drawing attention to breasts by

movements such as ‘chesting’ the ball would therefore not be acceptable for “being Muslim” women. This resonates with Palmer’s (2009) findings in the same study, that for the less religious women religion played a comparatively minor role in relation to engagement in sport.

In light of these findings, Hargreaves (2000, p. 47) aptly observes with regard to Muslim women and their involvement in sport, that “For Muslims across the world there is a conflict in the way in which they live their lives between the Islamic tradition and the pervasive influence of Western culture. Since sport insinuates Westernisation, it presents women with particular bodily and cultural uncertainties”.

The Problem of Definition and Perception

Discourses on health, fitness or disease prevention assume a common understanding of the terms used. They emphasise the significance of exercise, increasing physical activity, changing sedentary behaviour and modifying dietary intake to achieve optimum health. However not all languages have synonymous words for health, fitness, exercise, recreation, or leisure. My analysis suggests that there is a difference in perception about health, and what it might mean in different cultures. There are significant health implications of using Western words to explain Western discourses to non-Western participants, or attempting to explain inherently “foreign” concepts, borrowed from the host culture, to women for whom the context of these words or discourses does not exist. The stories of the women in this study showed that terms taken for granted in New Zealand, presuming a shared understanding, are actually contextual, temporal and culture-specific. Words such as ‘exercise’, ‘health’ and ‘weight’ have multiple meanings. The way we think of these shapes the way in which they ‘become alive’ for us. Therefore, the value given to these constructs may make them real and meaningful, or insignificant, unimportant and even foreign.

The first encounter with the problem of defining physical activity or exercise arose even before this research began. In order to recruit Muslim women who did or did not engage in physical activity and who spoke English, Hindi or Urdu, it was obvious that the study’s advertisement needed to be in these languages. Neither Hindi nor Urdu have words for exercise. After referring to dictionaries in both languages and consulting fluent speakers of Hindi and Urdu, I established that a word or words for exercise did not exist, and the closest translations were awkward and did not carry the exact meaning

attributed to exercise in New Zealand. The word for sport did not exist either and explaining sport was even more problematic as it straight away represented a male activity like cricket, a popular sport in the Indian sub-continent. The closest word for exercise in Hindi is 'kasrath' and in Urdu it is 'varzish'. 'Kasrath' also means 'to struggle' or do something with difficulty, or with a lot of effort or strain. 'Varzish' is an Urdu word which is not commonly used in everyday language, and refers mainly to the type of bodybuilding activities done by traditional male bodybuilders. Neither of these words readily represents the routine of daily exercise which is commonly understood in the New Zealand context.

Other researchers have also struggled with this definitional problem. Khanam and Costarelli (2008) investigated attitudes towards exercise among Bangladeshi women in England. The most common language spoken in Bangladesh is Sylheti, and the authors note: "It is extraordinary that there is no expression in the Sylheti language for 'exercise'." (p. 29). The closest word they found for exercise was 'beyam' which carried the negative connotation of illness or 'no comfort'. It is obvious that here too, exercise is understood as something negative, to be avoided and not a natural state of the body. Most people in Bangladesh are Muslim, and it is significant that their language has no corresponding word for exercise. This highlights that: a) Muslims do not interpret the term 'exercise' in the same way as non-Muslim or Western people do, and b) the relationship between language and activity is significant as both simultaneously shape, and are shaped, by the other. Only the "doing Islam" women from this study could relate to exercise, sport or physical activity as the words are commonly used in New Zealand. Only one "being Muslim" woman from the group of eight had a similar understanding of these terms, and she explained that she had researched the benefits of exercise and had started to become physically active after her marriage broke down. Otherwise, she had had "no clue about exercise" (my translation).

The "doing Islam" women shared the meanings commonly understood in the New Zealand context. Of course, these women also share a commonality with New Zealanders because they are more acculturated into mainstream society and have affiliations with New Zealanders through work or socially.

Exercise was also perceived to be an activity which was suitable for young women, especially those who were unmarried and had no children. The norm among older

Muslim women was that the older they got, the less physically active they should become as their health would suffer with too much activity. Physical deterioration and weakness were deemed acceptable for the “being Muslim” women as they got older. This finding is echoed in Greenhalgh et al.’s (1998) study of Bangladeshi participants in England, for whom “Youth and health were usually viewed as virtually synonymous, and physical degeneration and weakness as an inevitable consequence of aging.” (p. 980). This belief was voiced even by those women who had been strongly advised by their doctor that they must exercise to prevent recurrences of cardiac arrest and to keep their diabetes under control. As I have shown in Chapter Five, these health beliefs were underpinned in the older “being Muslim” women by the Islamic value placed on the omnipotence of God and belief in predestiny, which is an important tenet of the Islamic faith.

Predestination was reported as a factor for inactivity by two of the “being Muslim” women, as well as the belief that rest, rather than activity was better for their health. Similar findings were reported by Lawton et al. (2006, p. 49) in their study of British South Asians with regard to the high preponderance of Type 2 diabetes in this population group. Both men and women were physically inactive, especially when they found out that they had diabetes. The belief that exercise would make their medical condition worse created a ‘self-fulfilling prophecy’ as they exercised even less after the diagnosis of diabetes, thus creating further medical complications.

The concept of healthy weight and overweight did not have the same meaning for many of the women interviewed. In the Indian sub-continent, one way to describe an affluent person who is leading a life of ease and comfort, is by using the term “khat-e-pite ghar ke”. This term is used in both Hindi and Urdu (both languages are very similar when spoken, but have different written scripts). Literally, this means someone looks like they are from a household that eats and drinks, meaning that they have the money to eat well. A similar term is “mota taaza” which literally means “fat, fresh”, used to describe someone who is deemed healthy and full of vitality. These terms are used to describe people who, by Western standards, would be considered overweight. Greenhalgh et al. (1998, p. 980) found, in their study of predominantly Muslim Bangladeshi participants in England, that “Large body size was generally viewed as an indicator of “more health” and thinness with “less health”, but many also perceived that “too much health” (that is, too large a body size) was undesirable”. In New Zealand, as in most Western societies,

being overweight or obese is stigmatised (Ludwig et al., 2011, p. 1845; Monaghan et al., 2010, pp. 39-41; Moore, 2010, pp. 108-9). But in countries which are predominantly Muslim, being overweight has positive connotations of health, wealth, comfort and affluence. In fact, one word to describe healthy in Urdu, 'sehatmand' is used synonymously, in a polite manner, to also mean fat or overweight, showing that the boundary between healthy and overweight is very blurred.

Cohen (2001, p. 29) explains that words are "Rooted in a certain cultural soil", and once uprooted, they cannot convey the same meanings as they conveyed in their original language and context. This study, too, illustrates that words have the power to create the meanings which become "the reality" for the people using them. Even when translated, the meaning given within the New Zealand context differs from the meaning given by those not accustomed to the New Zealand way of life. As Smythe (2007, p. 400) reminds us, even if a language is learnt by a non-native speaker, unless the context and the nuances are grasped, the true meaning of the spoken word, as it is meant by a native speaker, will be interpreted differently.

Connecting with the Quran, and implications for physical activity

It was evident from the women's stories, that "being Muslim" women related to the Quran in different ways, and the meaning they gave to Quranic verses underpinned their relationship with their husbands. Many of the "being Muslim" women, who did not engage in physical activity, cited their husbands' objections to exercise as the reason for their inactivity. These women felt obliged to obey their husbands because they believed that the Quran had ordained a superior position to men, and challenging this position would be un-Islamic. If the husbands objected to their engagement in physical activity, the women considered it more important to be obedient to their husbands, rather than exercising against their husbands' wishes. Women who accepted that Allah, through the Quran, had divinely ordained women to be subordinate to men felt unable to engage in physical activity against their husband's will because they believed they needed to be obedient in order to be considered "good Muslim women".

Other "being Muslim" women, who did not interpret the Quran as legitimating an inferior position of women, actively participated in physical activity and team sport (see Chapter Five), while conforming to rules of Islamic dress and exercising in women-only spaces. These women articulated a spousal relationship based on equity and support.

They derived their interpretation of this relationship from the Quran and expected their husbands to be supportive of their physical activity, because they understood Islam requires husbands and wives to be supportive of each other.

From the narratives in this study, it was identified that familial relationships underpinned most of the women's behaviour, including their participation in physical activity. As Ludwig et al. (2011, p. 1845) suggest, "Family life is essential and sacred within Islamic society. Women are assigned the 'duty' of looking after the household and act as 'culture-bearers'". For many "being Muslim" women, the duties of wife, mother and home-maker have a religious primacy and are a means of fulfilling the role Allah has ordained for "believing women".

The side-effects of ill-health, obesity and the risk of other diseases related to a sedentary lifestyle were obvious to most of the women in the study because of their knowledge about health matters or due to their familiarity with the contemporary New Zealand discourses about being active and healthy. This was especially true for the women who had been acculturated into New Zealand society and those who were born here. However, translating the knowledge they had about health issues into action was problematic. For example, Jannah was not willing to transgress the rule of being a "devoutly obedient" woman (The Quran, Chapter 4, Verse 134) by going out of the house to exercise when her husband preferred her to maintain the home instead.

There were also stories told by the women in the study, about other women they knew who were expected to cater to their husbands' needs and whims, cook several dishes of food every day, and were left with little or no leisure time, leisure time which could perhaps be used for exercise. Because Muslim women belong to a collective culture (Dobson, 2009) where 'face-saving' is very important in social interactions (see Chapter Six), it was unclear if the women were in fact speaking about themselves when they referred to other women who were supposedly home-bound and predominantly occupied in domestic chores and childrearing. Asking if this was the case would breach the rules of face-saving, as it would be insulting to the women and their husbands if an outsider, a researcher, were to probe so directly.

Reading across the stories of the women in this study, a patriarchal interpretation of the Quran affected physical activity levels of "being Muslim" women.

Translation, Interpretation and Implications for Physical Activity

The Quran was revealed in Arabic some 1433 years ago to Islam's last prophet, prophet Mohammed, through angel Gabriel. Not all Muslim women can understand Arabic, although learning to read Arabic text is considered very important among Muslims. However, most Muslims rely on translated versions of the Quran to understand the original text. Muslims also rely on 'imams', or religious leaders, for their understanding of the Quran. This has the potential to create a gap between the 'true' meaning of the Quran, and its interpretation.

Zahraa (2003, p. 219) distinguishes between 'true Islam' and 'Muslim practices', and explains that practices which stem from Muslims' perception of Islam may be different to what Islam actually teaches. Zahraa also cautions researchers studying Muslim communities to be aware of the possible discrepancies between practised Islam and the intended meanings of Islamic law. Thus, what may seem as a valid justification for a husband to determine his wife's participation in physical activity, is not based on 'true Islam', but on a culturally constructed interpretation of Islam.

The translation and interpretation of the Quran has been undertaken by "male scholarly elite who claim to speak authoritatively in God's name" (Barlas in Hammer, 2008, p. 451). This being the case, Barlas argues, it "seems reasonable that if we can read the Quran in translation, we can also interpret it in translation." (p. 452). By reinterpreting the Quran in a way that gives centrality to women it is possible to appreciate the value the Quran places on the equality of the sexes. McDonald (2008, p. 351) explains the stance of a Muslim feminist, Haleh Afshar, by whose interpretation of the Quran the differences between men and women are viewed positively and in a complementary sense. Through veiling, women are freed from the beauty myth as well as the male gaze. Similarly, Hammer (2008, p. 448), explains that a "gender just" reinterpretation of the Quran offers possibilities for traditional gender roles to adapt according to Western modernity.

It is important to differentiate between the Quranic rulings regarding the position of women vis-à-vis men, and the position of women as interpreted by men. This is not to satisfy an academic concern, but to legitimate the stand women can take with regard to male authority while not transgressing the Quran (unmediated by patriarchal interpretation). The problem currently, I propose, seems to be that many women have,

under a misunderstanding, given the male figures in their lives (usually husbands) an inviolable and superior status, believing that status to be divinely sanctioned. Separating the blurred boundary between religion and socio-cultural practices gives women the ability to question and reconfigure the dynamics of gender relations within their families. Such a rethinking and renegotiation of the place a woman occupies in her family and in the public sphere is only possible when the inequality between gender roles is recognised as socially constructed, instead of divinely sanctioned.

For example, the requirement that Muslim women cover their bodies completely is based on several verses of the Quran, and the one most used as authority is:

And tell the believing women to reduce [some] of their vision and guard their private parts and not expose their adornment except that which [necessarily] appears thereof and to wrap a portion of their head covers over their chests and not expose their adornment [beauty] except to their husbands, their fathers..... (The Quran, Chapter 24, Verse 31). (Parentheses in translated text).

In my experience, when this verse is quoted as the authority for hijab and gender segregation, the preceding verse which is directed at men is often, and perhaps conveniently, ignored:

Tell the believing men to reduce [some] of their vision and guard their private parts. And that is purer for them. Indeed Allah is acquainted with what they do. (The Quran, Chapter 24, Verse 30). (Parentheses in translated text).

When Verse 31 is cited out of context it can easily be seen as directing women to be solely responsible for modesty, decent behaviour and for preserving their chastity. When both verses are read together they accord an equity between men and women, which is the essence of the relationships between men and women in Islam.

This is an issue which has not escaped the critical voices within Islamic feminism. Muslim feminists such as Asma Barlas (2002), and non-Muslim feminists such as Mary Fay (2010) have addressed the propensity within commentaries on the Quran to stress women's requirement for modesty while silencing the Quran's injunction upon men to follow the same social and religious norms, and for both to "avert their gazes" from the opposite sex.

Being familiar with the Quran empowers Muslim women to occupy a position of equity with men, rather than being subservient to a male interpretation of their roles and obligations.

I suggest that the women who spend most of their time indoors, occupied in cooking, housekeeping and raising children at the risk of being overweight or obese and developing hypokinetic diseases (Lawton et al., 2006) need to be made aware that the subservient position of women is culturally constructed rather than ordained by God. This awareness in turn could create the possibility of challenging the spaces Muslim women occupy to reshape, reconstruct and renegotiate their identities. The sedentary lifestyle of many Muslim women can be changed if the “will of God” is no longer construed as synonymous with the “will of the husband”. Many “being Muslim” women in this study accept an hierarchical relationship between themselves and their husbands, the latter being in the superior position. It is the “being Muslim women” who need to be reminded of the Quranic verses which accord a relationship of equality, affection and peaceful co-existence between men and women:

And of His signs is that He created for you from yourselves mates that you may find tranquillity in them; and He placed between you affection and mercy. Indeed in that are signs for a people who give thought. (The Quran, Chapter 30, Verse 21)

and

Indeed, the Muslim men and Muslim women, the believing men and believing women, the obedient men and obedient women, the truthful men and truthful women, the patient men and patient women, the humble men and humble women, the charitable men and the charitable women, the fasting men and fasting women, the men who guard their private parts and the women who do so, and the men who remember Allah often and the women who do so - for them Allah has prepared forgiveness and a great reward. (The Quran Chapter 33, Verse 35)

Moreover, the Quran (Chapter 42, Verse 11) asserts that “There is nothing like unto Him [Allah]”. Allah has “dissociated Himself from the limitations of human attributes or human imagination” (commentary on the Quran by ‘Saheeh International’, 2009, p.

4). This being the case, categories of gender, race and class, which have been created by humans, cannot be applied to Allah. Referring to Allah as a male (evidenced by the use of the male pronoun) is due to the grammatical limitations of Arabic, the language in which the Quran was revealed (McDonald, 2008, p. 353). This linguistic construct should not be used to conceptualise Allah as a male entity. Doing so blurs the boundary between God and male; in this ideology, challenging male authority becomes not just difficult but blasphemous.

Wadud (2008, pp. 435-438) offers a useful reconceptualisation of the relationship between God, men and women in Islam. She suggests a model of “horizontal reciprocity” in which God is at the apex of an imaginary triangle, and the base of the triangle is occupied by men and women, so “we move from domination to partnership...It consists of knowing and of supporting the other person”. The “tawhidic” paradigm is employed to support the reciprocal relationship between men and women. Similarly, Barazangi (in Hammer, 2008, p. 98) asserts that education is the medium for changing oppressive practices against women, “education, specifically education in religious issues, which in turn would empower Muslim women and men to change their societies”. Thus Islamic feminists are beginning to provide the platform “for improving the diversity of women’s lives and viewpoints” (p. 352), and challenge “those Muslims who ignore or uphold injustice by using the authority of Islam itself....where the beliefs and behaviours of *people*, not faith, must be changed”.

As shown in Chapters Five and Eight, “being Muslim” women like Fatima and Tasneem have engaged directly with the Quran and have drawn from it their meanings regarding their role in the family and their status as wives and mothers. In doing so, they have realised its emancipatory potential for their lives. These women have been able to achieve the partnership and harmonious balance with their husbands, which the Quran endorses. In terms of physical activity, they have both been able to pursue the level of activity they desired and have gained health benefits, while exercising within an Islamic framework and supported by their spouses. Tasneem has even gone a step further, having founded an organisation to help other Muslim women to become and remain physically active. Their potential as women, organisers, and fit and healthy individuals has been realised with the support of their husbands, which is premised on the Quran’s verse (Chapter 2, Verse 187) endorsing closeness, intimacy and protection

spouses need to have for each other, “*They are clothing for you and you are clothing for them*”.

It is only by making the Quran the basis for academic, feminist and woman-centred reinterpretation that Muslim women can achieve an understanding of their religion which is relevant to the time and context in which they are living. Elevating Muslim women’s health requires a change from within, a change that allows women to re-engage with the egalitarian essence of the Quran, and apply it in their everyday lives, and finally (and, perhaps, therefore) assert their need to achieve better health outcomes and increased physical activity.

Role of Imam and Mosque in Physical Activity

The role of religion and spirituality in mental and physical health, health behaviour, coping mechanisms and attitudes toward disease and sickness is well documented (Koenig, 2009; Larson, Larson, & Koenig., 2002). Religious values are also linked to cultural and social practices and influence healthcare-seeking strategies, medical decision-making and the doctor-patient relationship (Padela, Killawi, Heisler, Demonner, & Feters., 2011). Muslims are not a culturally or ethnically homogenous group; the unifying factor for them is the religion of Islam. In New Zealand, there are more than 40 ethnic communities who identify as Muslims (Shah & Culbertson, 2011, p. 87). As such, it is difficult to generalise about the health behaviour of all Muslim people and the underlying causes. However, what is known is that religious leaders or ‘imams’ have a strong influence on their congregation’s beliefs regarding healthcare, the attitudes regarding disease prevention and the permissibility of certain treatments (Padela et al., 2011, p. 360). Imams are regarded as ‘spiritual gatekeepers’ and are entrusted with the responsibility of filtering religiously important issues or contemporary social issues which are significant to the (local or global) Muslim community, and disseminating relevant information to the congregation. As “clerical leaders, imams are key members of Muslim communities, and they provide spiritual guidance and advice to Muslims resident in New Zealand including an increasingly diverse immigrant population.” (Shah & Culbertson, 2011, p. 87).

Given the centrality of imams within Muslim communities, they are in the most suitable position to endorse the message of increasing physical activity among Muslim women. Overseas research shows that imams have successfully educated Muslim segments in

Bangladesh about tuberculosis, about family planning in Afghanistan, and about cardiovascular disease in Austria (Padela et al., 2011, p. 369). In America, the role of imams in promoting Muslims' health has also been identified (p. 368).

The role of imams in helping Muslim families to access mental health services has been documented by Shah and Culbertson (2011). They highlight the type of mental health issues Muslim refugee and immigrant people face in New Zealand, and the barriers to accessing health services, and especially mental health services due to the stigma attached to mental illness in many countries from which the migrant populations come. For many Muslim immigrants and refugees, the mosque-based network is initially their only source of information about New Zealand and the healthcare available here. Therefore, they rely heavily on the imam for information and guidance. However, most imams in Auckland are themselves immigrants, unlike imams in countries like the USA, where Muslims have been present for several generations and have a much larger population. When an imam is an immigrant, he is less likely to know about mental health services in the community and would not be as effective in educating about access to appropriate healthcare (Shah & Culbertson, 2011, p. 91).

Lee et al. (2008) suggest that with increasing age, people may restrict their activity levels due to misconceptions regarding the benefits and ill-effects of exercise. Physical activity is also influenced by a person's beliefs about his or her 'self-efficacy'. People, especially older people, are more likely to participate in a physical activity in which they perceive themselves to be efficient. The story of Saira, in Chapter Four, shows that she perceives exercise as an activity suitable for younger people, although she is aware of the benefits of physical activity for older adults. Participation in a physical activity can be encouraged by increasing the confidence and skill level of the participants. Older people can be encouraged to exercise more by increasing their self-efficacy using "performance accomplishments, vicarious learning, verbal encouragement and physiological and affective states" (Lee et al., 2008, p. 42). Imams may be instrumental in encouraging older congregants to become, or remain, physically active.

The link between mental illness and obesity has been well researched (Fabricatore & Wadden, 2006; Pomerantz, 2009; Taylor & McIntyre, 2012). It is established that being overweight or obese predisposes individuals to become depressed or to develop other mental illnesses. Imams have been identified as key persons who can mediate the

treatment of mental illness within their congregations in New Zealand (Shah & Culbertson, 2011). Likewise, they could be instrumental in educating Muslim women about the significance of physical activity for their mental and physical health. An imam can help situate the importance of exercise within a religious framework, placing the responsibility of achieving optimum health upon Muslims (both men and women), using hadith and the Quran. This ideological shift is more suited to Muslims' worldview, than 'healthism'. By presenting physical health as a religious responsibility, it is more likely that Muslims will be involved in the decision-making about how best to become physically active, and will then participate in activities they might have previously considered trivial, mundane or having no implications for the hereafter.

Identifying a spiritual or religious aspect to physical activity has been regarded as an enabler of activity in research done within Pasifika communities. The church "as an institution was identified as both a strong promoter of sport and recreation but also a factor that could work to limit involvement." (Gordon et al., 2010, p. 28).

Similarly, many "being Muslim" women in Chapter Eight identified the mosque as a suitable venue for exercise. Most mosques have enough space which could be used for netball, tennis courts and even a space where women could run or jog. Mosques almost always have a separate hall where women come to pray in congregation and to socialise with other women. These are spaces which are already screened from the "male gaze", making them ideal places for aerobic or other fitness classes. This segregated space is also suitable for lectures or workshops to educate Muslim women about the significance of physical activity for optimum health.

Using mosque space for exercise has practical as well as symbolic connotations. As mosques are considered inherently Islamic, the centre of social and religious exchange for Muslim congregants, any activity taking place there cannot be considered un-Islamic. There is no evidence in the literature reviewed, or in the Quran or sunnah, which restricts mosques from being used for a social, or health-related functions. Hence, using mosques (outside of prayer times), for fitness classes or talks about health-enhancing activities should not present a conflict between the sacred and the profane. Further, Muslim theology stresses that women should not be restricted from going to the mosque (Sahih Bukhari, n.d., Volume 1, Chapter 62, hadith 832, in Naik, 2011).

In 2007, the first conference of New Zealand imams took place, which endorsed various government initiatives aimed at building a more inclusive society. Among other aims, there was a pledge to “Organise more workshops and “hui” in the future in order to continue their dialogues with stakeholders and to build capacities to serve the community and New Zealand better” (FIANZ News, 2007, p. 3). The same conference also resolved to improve access for women to mosques and to facilities for women in the community. This is an ideal platform to gather support from imams, and to educate them about the need for Muslim women to become more physically active. The imams’ conference reflects a type of movement in contemporary Islam whereby influential religious leaders are realising the need to work collaboratively both within their communities, and in partnership with mainstream societies to realise common goals, using an “Islamic theology of religious pluralism.....whereby different communities can work together to achieve social justice by identifying shared ethical goals.” (Calderini, 2008, p. 335).

However, the problem of female exercise, inactivity or obesity has not yet been brought to the attention of imams or Muslim congregations in New Zealand. This problem is compounded by the lack of information and statistics about female Muslim health. Adding to the problem is the complete absence of female imams in New Zealand. It is commonly believed within (patriarchal) Islam, that a woman cannot be an imam. The word ‘imam’ can hold multiple meanings, such as sermon-giver, prayer leader, spiritual guide, an expert in Islamic law or the director of a mosque (Padela et al., 2011, p. 362). There are no verses in the Quran that prohibit a woman from fulfilling any of the roles of an imam. However, patriarchal applications of Islam are so entrenched that when an American Muslim feminist, Amina Wadud, publicly led a mixed-gender congregation in prayer in 2005 in New York, she faced wide-spread criticism from the global Muslim community and triggered debate about the role of women in modern Muslim communities (Calderini, 2008, p. 325). A less contentious and commonly accepted view is that Muslim women can lead the prayer of other Muslim women and act in the (unofficial) capacity of an imam for women.

Another related issue is that of the insider/outsider. If there are no female imams, can male imams be familiar with issues relating to women’s physical activity and challenges to health? Can a male imam effectively advocate for women’s health? In order to effect change for women is it necessary to be a woman or a feminist? Does the female/male

dichotomy underpin our understanding of gender-related health matters? And, above all, do the stories that Muslim women tell find resonance within the paradigm of the Muslim males' world-view?

These were particularly relevant for me when confronted with the task of recruiting a cultural advisor from within the New Zealand Muslim community. The idea behind this was that a cultural advisor would act as a guide and advisor with regard to Islamic matters and provide an insider's knowledge of the themes that came out of the study. I understood the cultural advisor to be a sounding board of sorts, and someone with whom I could discuss the study's findings, "Muslim to Muslim". At the beginning of the study, I had not thought it necessary for the cultural advisor to be a woman. In any case, I knew no one within my local Muslim community who was a woman, was well-versed in the Quran and could also have an academic's understanding of the study. I did find a willing cultural advisor in a family friend, a New Zealand born Fiji Indian male who had a good grounding in Quranic exegesis and had recently organised the Quran to be translated into Maori. He was not formally an imam, but he was involved heavily in mosque activities. Having been raised in New Zealand and having attended university here, he was also familiar with the academic standards expected at tertiary level. Importantly, he was fluent in Urdu, Hindi and English which meant he was able to understand the recorded interviews and the nuances of the languages.

However, once the interviews had been completed and transcribed, I realised that as a researcher, I felt privileged to have been part of the women's stories. With each reading, deeper meanings unfolded. There was a journey in every story which spoke about the women's lives, their difficulties, doubts, the way in which they related to their bodies and the world outside of their bodies and outside of their homes. The meaning they gave to being Muslim shaped their activities, the choices they made about childcare, paid work, leisure, recreation, involvement in the community, the relationship with their husbands, responsibility for the elderly, and their beliefs about how they would fare in the "life to come". I felt that the stories had been told to me, as a Muslim woman, by other Muslim women, and that in the raw form, without the catalytic transformation of *my* interpretation, I could not share these stories with a man who, by virtue of being a man and hence, for me, symbolic of Islamic patriarchy, was an outsider. After much introspection I realised that I believed a (Muslim) man would not be able to grasp the intricacies of the lived experiences of (Muslim) women. Perhaps this was a prejudice

that I had held all along, while upholding the banner of being “gender just”, and only through the process of this research was my prejudice revealed.

Inclusion or Exclusion?

This study raises important questions about New Zealand’s willingness and ability to include racially, ethnically, culturally and religiously diverse communities in its vision of including everyone in sport and recreation.

SPARC’s vision is: Everyone. Every day. Enjoying and excelling through sport and recreation. New Zealand is regarded as a country where participation in sport and recreation is a common expectation for adults and young people alike, and “Sport and recreation are highly valued in New Zealand. Individuals and communities invest considerable amounts of time and money in sport and recreation.” (SPARC, 2011, p. 7). SPARC has gone to great lengths to demonstrate an inclusive agenda for sport participation for people from diverse communities. It has commissioned a report, “Connecting with diversity: Auckland Sports Toolkit”, which provides detailed information about the increasingly diverse religious, ethnic and linguistic communities which have begun to call Auckland their home since the mid-1990s. This toolkit gives an overview of religions such as Islam, Hinduism and Buddhism, and explains some social and religious norms that influence participation in sport for people of these communities. While well-meaning, the toolkit gives some confusing information about Muslim women’s participation in sport (and any kind of physical activity). “There is a strict religious requirement for males and females (girls from the age of nine) not to play sport together” (p. 13). From a religious point of view, girls are not allowed to mix freely with boys or play with them from the time of puberty. However, the toolkit quotes a Muslim woman saying that as long as women are fully covered, they are able to play sport and exercise in women-only settings. A Muslim male leader is also quoted encouraging women and girls to play sport for their health and confidence (p. 24). This document appears to recommend physical activity for Muslim women without understanding the reasons for their inactivity, which is what this study has attempted to uncover.

Research reports commissioned and published by SPARC, such as ‘*Obstacles to action*’ (2003) and ‘*Connecting with diversity*’ (n.d.) point to an inclusive approach to facilitating physical activity for all New Zealanders, by the New Zealand government.

Funding for segregated sports teams (like the Muslimah Sports Association) to buy equipment (The Aucklander, 12 August 2010) through one of Auckland's city councils suggests tolerance, and even encouragement of, diversity and difference among people who want to be physically active.

The ideological basis for physical activity for everyone is that health promotion is one of the fundamental obligations of the state towards its citizens. The current model of health promotion is understood as:

A form of government which...produces modern subjects: it defines empirically what it is to be healthy (in ever expanding ways) and it 'supervises' the proper routes to health through a discipline which establishes for us a *rappport de soi*, or 'ethics'. (Coveney, 1998, p. 462).

Citizenry is thus achieved by a healthy-looking body whereas anybody that does not fit into the narrow band of healthiness is alienated. I believe this alienation is more pronounced, and indeed more likely, for people of a different race, ethnicity, culture or religion, whose bodies are more divergent from the homogenised Western body ideal.

As evidenced by SPARC ('*Connecting with diversity*', n.d.), while there is government support for Muslim women's initiatives for sport and recreation, it is premised on the ideology that every individual is responsible for maintaining his or her health. This study highlights that Muslim women may not know how to maintain their health, or the connections between obesity, exercise and nutrition. Even if they are aware of these issues, many are restricted from accessing appropriate facilities where they are able to exercise as many migrant and refugee women experience a loss of their social networks in New Zealand, and communication is a significant barrier to accessing health services (DeSouza & Garrett, 2005).

Disregarding the reasons underpinning negative health behaviour serves two main purposes. One is to diminish the responsibility the state has to provide appropriate health care which can be accessible by marginalised ethnic communities. The other is to maintain the cultural imperialism which legitimates the use of 'health' as a signifier of moral worth. Those who do not conform to the normative descriptors of health are further distanced from mainstream citizenry. Here the ideology of health is used

pervasively to influence the behaviour of people in order to make them compliant with Western notions of what it means to be active and healthy (Cheek, 2008; Rose, 2006).

The decision to challenge the dominant ideology of ‘apparent health equals worth’ depends on the position Muslim women take with regard to their health. Physical activity will increase if Muslim women believe that exercise has tangible benefits for them, and the way in which they can be physically active fits with the stories they tell about themselves. The women’s narratives must be able to include exercise as an everyday healthful activity, in order to be sustained in their lifestyle. That is to say, physical activity must seem “narratively rational” (Fisher, 1989, p. 66) to Muslim women. If, however, physical activity does not sit comfortably in the narrative of Muslim women, or if it is not “narratively coherent” (p. 24), then there will be little uptake of physical activity. One way of making physical activity narratively rational, is to situate exercise and its resultant health within an Islamic paradigm.

Implications for Health Practitioners

New Zealand is officially a bicultural country, as determined by the Treaty of Waitangi signed in 1840 between European settlers and Maori, the indigenous people of Aotearoa. However, its increasingly multicultural population needs to be recognised by health professionals in order to deliver “culturally competent care” (DeSouza, 2008; Whiteford & Wilcock, 2000; Woods, 2010). Cultural competence has been defined and used in different contexts. Dana, Behn and Gonwal (1992) explain, “cultural competence includes an ability to provide services that are perceived as legitimate for problems experienced by culturally diverse problems.” (p. 221).

The concept of “cultural safety” originated within the sphere of nursing:

In response to the poor health status of Maori, the indigenous people of New Zealand, and their insistence that service delivery change profoundly, nursing has begun a process of self examination and change in nursing education, prompted by Maori nurses. (Papps & Ramsden, 1996, p. 491).

In 1992, training in cultural safety became a requirement for nursing and midwifery education (p. 491). Ramsden, who first coined the term “cultural safety”, explains:

Cultural safety is in many ways the opposite of transcultural nursing in that its concerns are with the life chances of people rather than their lifestyles. It is focused on the nurse or midwife, their attitudes and their power, and seeks the human commonalities which lead to trust. Transcultural nursing... seeks to define and understand the exotic about people's "cultures" and assumes that the culture of nurses is normal. (O'Brien & Ramsden, 2000, p. 4).

Ramsden (1990, p. 3), notes that "As long as Maori people perceive the health service as alien and not meeting our needs in service, treatment, or attitude, it is culturally unsafe. A dangerous place to be". Cultural safety, then, is premised on challenging assumptions about the normalcy of health care by health professionals. Its aim is to develop trust between the recipients and providers of health care to maximise health benefits. This construct is both critical and useful, when transferred into the field of ethnic minority health.

Another related concept is person-centred practice, which recognises that each person experiences illness and disease in different ways (Lapum et al., 2012, p. 277), and that each person is unique, and an "experiencing individual" (Mead & Bowe, 2000, p. 1089). The individual experiences of people are given meaning through their own world views, and are shaped by their social realities. In order for healthcare to be effective, the recipients of the healthcare should be able to situate it within their meaning system, otherwise it will be rendered ineffective.

Similarly, as discussed in Chapter Eight, the discourse of healthism and physical activity is alien to most Muslim women, especially to most "being Muslim" women. To increase physical activity in this minority group, it is necessary to develop a culturally safe approach appropriate for Muslim women.

From providing culturally appropriate nursing care for Maori in New Zealand this ethos has expanded into the language of other health professionals. Cultural safety is widely understood as a "framework for engagement with patients so that patients can assert power and control over their own health and wellbeing." (Nguyen, 2008, p. 991). Nguyen (pp. 990-991) regards cultural awareness and cultural sensitivity as precursors to developing cultural safety. All three are practised at the individual level, in the interaction between a patient and the health professional. Cultural competence, however, is evidenced at the structural level. The Australian National Health and

Medical Research Council (NHRMC) defines cultural competence as “a set of behaviour, attitudes and policies that come together in a system, agency or among health professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.” (NHRMC, 2006, p. 22). Cultural competence is therefore necessary to deal effectively with minority groups, such as Muslim women, to enhance their health status.

Christiansen (1992) emphasises that to work in diverse cultural settings, “to work effectively with families from diverse cultures it is important to have awareness, knowledge and skills relative to a multitude of cultural issues.” (p. 53). In order to develop cultural competence health professionals must have in-depth knowledge of the culture with which they are dealing. However, as discussed in Chapter One, Islam is a global religion, rather than a single cultural identity. This task is not a simple one. Muslim people represent a multitude of social, cultural, ethnic and national practices which differ from one Muslim group to another (Shah & Culberston, 2011, p. 87). For example, Fiji Indian Muslims who migrated to Fiji from India some 200 years ago, would have very different social practices to Indian Muslim people who have migrated to New Zealand directly and recently. The manner in which Islam is practised in the two countries also varies significantly, because of the different Muslim sects in the two countries, the experience of colonisation, the experience of being a religious minority, and the way traditional religious rites have been passed down inter-generationally. Muslim Indian people whether from Fiji or India, would be even more culturally different to Arab Muslim people from the Middle Eastern countries.

Cultural competence requires a robust and ongoing negotiation between the providers of health care and its recipients, to arrive at the level of cultural awareness which will deliver the best possible outcome for Muslim women’s health. Currently, I suggest, the main barrier to developing cultural competence with regard to Muslim women is the absence of insider perspectives which are crucial to articulate the needs of Muslim women. But the problem is also two-fold: there is a lack of education about physical activity among Muslim women and there is a lack of understanding about Muslim women’s needs by health practitioners. It is by remedying these gaps in the knowledge, among both Muslim women and health practitioners, that physical activity levels in Muslim women will likely increase.

During the course of this research, I was invited to speak to a group of midwives (October 2007) and a group of occupational therapists (September 2010), who had previously worked with Muslim women, and who wanted to raise their cultural awareness of this group of women. It was obvious in both of these presentations that health practitioners in New Zealand are willing to embrace cultural diversity, and are keen to develop cultural competence with respect to Muslim women. The common theme among both midwives and occupational therapists was that Muslim women from various ethnicities had different beliefs about physical activity. Most of the Muslim women these practitioners had encountered believed that rest, not activity, was most beneficial to them after childbirth, after an injury or after any kind of surgery. These women believed mobilising should be delayed for as long as possible. Husbands and other extended family members shared in this different understanding.

There is no anecdotal or research-based evidence to suggest that traditionally Muslim women are encouraged to resume or adopt an active lifestyle even after the postnatal, or post-injury period. Saira's and Saima's narratives suggest that continuing a sedentary lifestyle remains the norm, especially among older Muslim mothers. The health misconceptions undoubtedly put Muslim women at further risk of developing obesity and its attendant complications.

As Fulop (2012, p. 579) notes, "clinicians, and especially doctors, are recognised as being central to the successful implementation of reform initiatives". Therefore, the role of both Muslim and non-Muslim health practitioners and doctors who treat Muslim women must be considered crucial to improving physical activity in this group. Muslim health professionals interviewed in the study, like Dr. Hussain and Dr. Ahmed, have encountered this same behaviour among their female Muslim patients. Using their insider knowledge of Islam, and their position as health practitioners, they are encouraging women to overcome social and (seemingly) religious pressures to become physically active. Non-Muslim health practitioners are without the insider knowledge of social norms common within Muslim society. Therefore they may be hesitant about breaching invisible cultural boundaries and thus reluctant to advise Muslim women to engage in more physical activity. In this sense, cultural relativism (Griffen, 1994, p. 95) - the notion that every culture has values and behaviour which are compatible with their own world view and that judging those from a different cultural viewpoint, especially a European one, is inherently ethnocentric - poses a challenge to non-Muslim health

practitioners who want to encourage Muslim women to become physically active. But in the absence of a theoretical model which centralises Muslim women, their health and physical activity are likely to remain problematic and health professionals will need to draw on their own personal experiences to develop a workable model.

Towards a Conceptual Model of Increasing Physical Activity

Several research papers and theoretical models have been put forward relating to mental health concerns of migrant and refugee Muslim communities, both in New Zealand and overseas (Abdullah, 2009; Maynard, 2008; Shah & Culbertson, 2011). These discussions deal mainly with counselling Muslim patients in a Western country, and emphasise the need to engage with the Islamic paradigm of health and wellbeing, which, as has been discussed earlier, is more holistic than the Western one. The mind-body-spirit interface is considered significant in an Islamic counselling model (Ricardo, 2011, p. 3). Other models recognise the difference between faith-based counselling and psychotherapy approaches, and Western approaches which are often regarded as devoid of religion and based on a concept of humankind which is predominantly materialistic. Yet others call for an integration of the merits of Western and Islamic approaches, with the “overarching intent of helping clients attain positive change in their lives” (Abdullah, 2009, p. 2). There are very few theoretical constructs offered for improving physical health among Muslim women. Such a model is desirable.

One of the earliest and most influential Western health models, the Health Belief Model (Lizewski, 2010; Tanner-Smith, 2010), is based on the assumption that a person will seek health-enhancing behaviour if he or she believes there is potential harm by not seeking that behaviour, and where the benefits of pursuing that behaviour outweigh the costs. However, I suggest this model is not workable for Muslim women living within an Islamic paradigm. A threat to health or potential harm from a health condition does not translate directly into health-seeking behaviour for most Muslims. As discussed in Chapter Three, illness, disease or any other misfortune are regarded as tests from Allah which need to be borne with patience and fortitude, and trying to find a ‘cure’ to the condition may represent disagreement with the predestined test from Allah, because Allah states in the Quran, “*Indeed, all things We created with predestination*” (The Quran, Chapter 54, Verse 49).

The Health Belief Model constructs the individual as a singular entity, free to choose his or her actions rationally from a range of available choices. However, prioritising one's health needs over the family's expectations is considered selfish within Muslim families for both women (Ludwig et al., 2011, p. 1846) and also for men (Lawton et al., 2006, p. 47). This is also reflected in the women's stories when they spoke about their health coming last on their list of priorities, and that being a "good Muslim" outweighed being healthy. Seeking health-enhancing behaviour is premised on the knowledge of these activities, as well as their availability for Muslim women. It was evident that few women in this study had both knowledge of the benefits of physical activity and access to facilities which did not compromise their religious beliefs. The women who were most physically active were the women who "do Islam", for whom exercise is a discrete entity to religion. For these women, women and exercise can co-exist, and therefore undertaking exercise or sport as understood from a Western perspective, was not problematic. The "being Muslim" women who cannot separate religion from other aspects of their lives, are most at risk of developing obesity and related hypokinetic diseases and it is for these women that a model of physical activity is vital.

Ludwig, Cox and Ellahi (2011, p. 1846-7) propose a "Health Action Transition Model" which is based on their research on Pakistani Muslim women in England. The suggested model "implies a continuous progression (with a positive health-related outcome) from awareness through to initiation and maintenance of action." (p. 1848). This model is a valuable starting point as it distinguishes between Muslim and Western understandings of nutritious diet, social and familial role expectations influencing health behaviour and causative factors for diabetes and obesity. It offers a useful insight into the disparities between Western and Muslim health beliefs. However, in order to adopt a lifestyle that enhances health, the model suggests a linear progression of first generation Pakistani migrants towards getting more educated about diet, exercise and preventing obesity. By receiving relevant information, these previously (presumably) "unaware and uneducated" persons will become "motivated and aware", and will "learn to plan for health", setting "realistic goals for family" (p. 1846). The problem with this type of intervention, while well-meaning, is that it does not engage with the deep and entrenched relationship between the religion of Islam and its implications for the health and physical activity of Muslim women. Such an approach may also be regarded as ethnocentric because it presumes the Western standard of activity and fitness is the ideal

to which all others must conform. As the narratives of the women in this study show, being aware of the health risks of a sedentary lifestyle, and the positive effect of physical activity, is not sufficient to make Muslim women exercise to any significant degree. Furthermore the model brackets certain Islamic tenets, such as predestination, as a barrier to exercise but does not attempt to counter the barrier from within an Islamic paradigm.

Ludwig, Cox and Ellahi's model uses predestiny to explain barriers to health-seeking behaviour among Muslim women, and classes this tenet as outside a Muslim woman's control. As discussed in Chapter Three this notion needs to be challenged from within the Islamic paradigm. Although many narratives in this study also referred to predestiny as a barrier to explain ill-health which was both a precursor to inactivity and resulted in decreased activity, I propose that Islam holds men and women responsible for the maintenance of their physical body. The sunnah of prophet Mohammed illustrates the importance he placed on being fit and active:

Any action without the remembrance of God is either a diversion or heedlessness excepting four acts: walking from target to target (during archery practice), training a horse, playing with one's family, and learning to swim (At Tabararani, n.d. in Stacey, 2008, p. 1)

The expectation that Muslim women will increase their physical activity levels and take on the mantle of conveying health-seeking behaviour to their families and communities is grounded in a Western and individualised concept of selfhood. "Being Muslim" women in this study have described feeling peer pressure to conform to their in-group's behaviour, discussed in Chapter Seven. Peer pressure can be both positive and negative, either positively encouraging physical activity, if this is the group's norm, or discouraging it, if it is not. The needs and goals of the group take precedence over an individual's needs and goals and, "a person's behaviour is controlled by the norms of the group" (Griffen, 1994, p. 217). If the group to which a Muslim woman belongs is not orientated towards physical activity, then she is likely to face pressure to conform to the group's normative behaviour. If she is, or becomes, physically active, she is likely to face social censure aimed at bringing her behaviour back in line with the group's behaviour. Change therefore needs to start at the group's level, not the individual's.

A workable model of physical activity for Muslim women needs to challenge two existing health beliefs. One is the Western belief that Muslim women are autonomous entities who will become physically active, even if exercise is outside of their frame of reference, as long as they are educated about the health benefits of exercise. The other is the cultural pattern of normative behaviour which holds Muslim women in a sedentary lifestyle in the guise of religious requirement. A sustainable model of physical activity will situate Muslim women within an Islamic paradigm and facilitate education about the religious requirement to maintain physical health, as well as provide the knowledge and skills to enhance health. A new model is needed to question existing health beliefs based on socio-cultural practices and traditions among Muslim women, by using the “real” Islamic religion underpinned by the Quran and sunnah.

The proposed “Physical Activity Model for Muslim Women” is represented in diagrammatic form below. Its salient features are:

- It places Muslim women at the centre of the theoretical construct. Their role expectations, duty toward family members, familial responsibilities of childcare, housekeeping, cooking and, for some, paid work are articulated within the sphere of the Muslim woman. In doing so, the invisibility of Muslim women’s domestic work is given credence; a significant barrier to many women’s ability to exercise.
- The concentric circle around the Muslim woman represents the Muslim community in New Zealand. At present, there is little evidence suggesting that physical activity has been promoted to Muslim women for its health benefits. As discussed above, the problem lies both within the Muslim subculture regarding women’s ability to exercise within a religious framework, and the lack of awareness about Muslim women’s needs in the wider community. Education within the Muslim community about the Islamic need to maintain good health is necessary to bring about an attitudinal change regarding exercise. The relationship between physical activity and the sunnah of prophet Mohammed and Muslims’ duty to maintain their health needs to be emphasised. This message could be most effectively conveyed by imams to their congregations. The biggest congregations are those held on Friday afternoons which are

obligatory for men and which many women also attend. Congregants can attend physical health workshops before or after these meetings.

- Health professionals who can encourage women to exercise more, such as general practitioners, need to be educated about the specific religious norms within which Muslim women can exercise. This will translate to practical solutions, like “Green Prescriptions” (see Chapters Two and Three) written to women only gymnasias.
- An understanding of ‘awra’, the prohibitions regarding exposure of body parts, as well as the need to exercise in gender-segregated spaces, will enable health practitioners to make feasible recommendations to Muslim women.
- Many women felt that exercise facilities at the mosque would solve access issues, and would also ensure that they are exercising within an Islamic framework as mosques already have separate buildings or halls for men and women. Equipment such as exercycles and treadmills, or even locations such as tennis and basketball courts, have been cited as viable options.
- The outermost concentric circle represents New Zealand society at the mainstream community level, and includes changes at the macro level which will facilitate physical activity for Muslim women.
- Partnerships between government organisations such as Sport New Zealand (SPARC) and mosques, the New Zealand Imams Association, as well as Muslim sports groups will help integrate Muslim women’s physical activity into the mainstream activity guidelines.
- Education of primary health organisations, general practitioners, and allied health professionals such as physiotherapists, public health nutritionists, community gymnasium instructors and midwives about the roles of Muslim women, and the religious restrictions on exposing the body (awra) and contact with males (mahram and non-mahram) which affect their participation in physical activity.

- Education of health professionals about the importance of Muslim women making family-based decisions regarding physical activity, and impact on the sustainability of health-seeking behaviour.
- Funding to develop sport and exercise facilities on mosque premises, in line with Sport New Zealand (SPARC)'s strategy to "increase regional levels of physical activity" (SPARC, n.d.) and its commitment to include diverse communities in its sport and recreation plan.
- Increased and flexible availability of women-only sessions at community swimming pools and gymnasia.

Physical Activity Model for Muslim Women

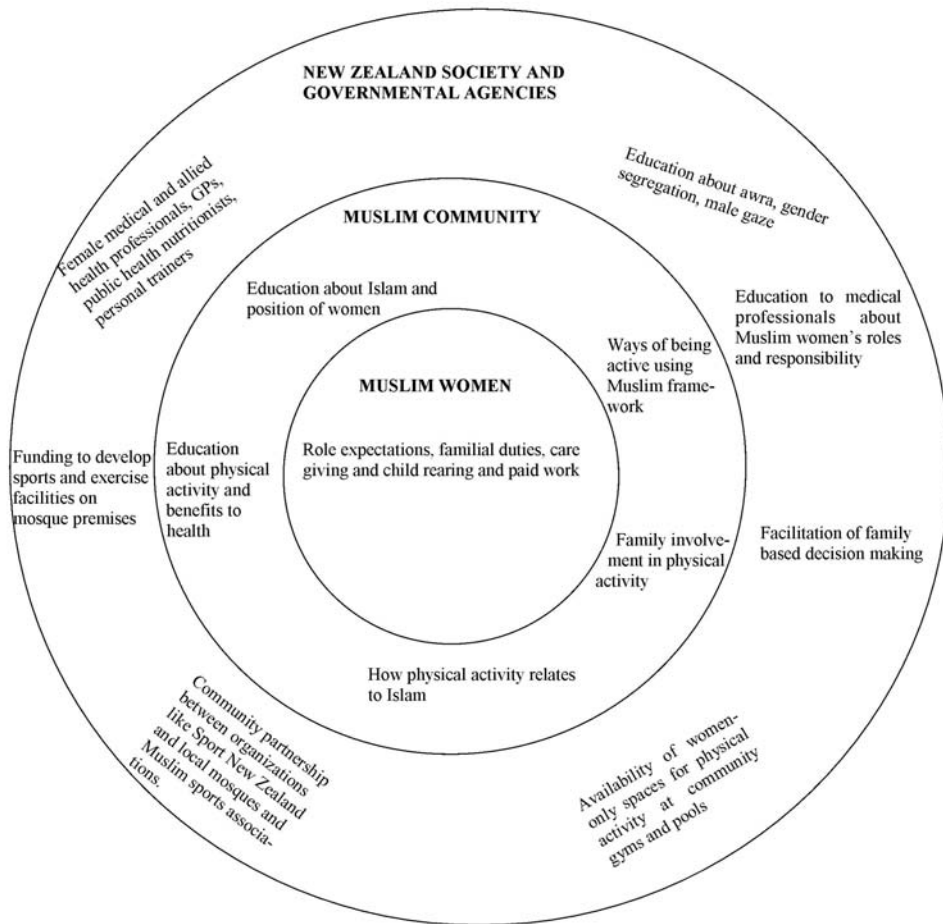


Figure 1: Physical Activity Model for Muslim Women

“The growing significance of the modern and contemporary Islamic world to the global community requires that we understand not only the broad continuities and commonalities but also the new elements and local particulars of Muslim experience.” (Voll, 1994, p. ix). I have shown from the narratives of the Muslim women in this study that many traditional health beliefs are followed by “being Muslim” women, some of which are dissonant with the goal of being physically active. A number of the beliefs are grounded in Islam, such as not exposing the body in public places, and others have a cultural basis, such as women being restricted to the domestic sphere. A change in the health behaviour of these women needs to integrate the continuity of Islamic beliefs while intervening in, and changing, negative health behaviour.

Conclusion

The narratives of the women in this study have yielded useful insights into not just the barriers to exercise, but the enablers of exercise as well. By focusing on enablers, it is possible for Muslim women to increase their physical activity, for health practitioners to be aware of religiously safe and appropriate interventions to increase an uptake of physical activity and for policy makers to design religiously competent and inclusive policies for improving health outcomes for Muslim women.

Increasing physical activity among Muslim women requires a change at their community level rather than at the individual level. Health promotion within a community focuses on “building community capacities to mount and manage many different kinds of health promotion programs or to improve the basic foundations for a thriving community...” (Bracht, 1999, p. 5). The 1986 WHO Ottawa Charter for Health Promotion defines health promotion as “the process for enabling people to increase control over, and to improve their health” (Glossary of Key Terms, n.d. p. 1). Within the context of health promotion, the Charter extends the definition of health to mean “less an abstract state and more a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities.” (p. 1). Participation of people in decision-making is considered central to the success of a health promotion programme. The Ottawa Charter emphasised key areas for fostering health within communities (WHO Glossary of Key Terms, n.d. p. 2)

which are: building healthy public policy, creating supportive environments for health, strengthening community action for health, developing personal skills and re-orienting health services. Matheson et al. (2009) found that in the New Zealand context, successful implementation of community-based health interventions are dependent on the “existence and capacity of local organisations and their relationships with government agencies”. (p. 221).

Health services need to be accessible to ethnic minorities such as Muslims in New Zealand. To be accessible, the services must be appropriate for the group’s cultural or religious practice. At present there is little evidence to suggest that the Muslim community has recognised that the low level of physical activity in Muslim women is an issue.

In order to highlight an issue for a community, it is necessary that the community:

a) becomes aware of a condition or problem that exists within a community, b) identifies that condition as a priority of community action, c) institutes steps to change the condition, and d) establishes structures to implement and maintain program solutions. Community activation requires not only the creation or presence of an issue, but also the identification and activation of community groups and individuals to deal with the issue. (Bracht, 1999, p. 85)

For health promotion strategies to successfully cater for Muslim women they need to be designed in such a way that they recognise Muslim women’s religious beliefs. Such health initiatives must involve stakeholders, relevant population groups in the design and implementation to prevent a hierarchical, or ‘top-down’ approach to increasing physical activity.

These health promotion initiatives and education are more likely to be successful and sustainable when a) they are based on a sound knowledge about the culture, beliefs, lifestyle and the world view of the group of people at whom the policies are aimed, b) they employ culturally acceptable and relevant health practices and c) they take into account and respect the traditions and practices of particular groups of people while being vigilant about Western policies’ propensity to eurocentrism.

Building healthy public policy for Muslim people in New Zealand requires a robust dialogue between policy makers and significant members of the Muslim community in

order to identify the diseases prevalent in this population segment. Due to the patriarchal practices within Muslim communities, it is necessary to include significant women in the Muslim community to establish women's important role in disease identification, prevention and management.

Taking a "community development approach" (Bracht, 1999, p. 19), identification of diseases related to inactivity will then be integrated with the Muslim framework of health. As Wartburton (1998, p. 35) states, for effective social development, "one way forward is through new forms of collective action which are based less on the shared characteristics of specific groups and more on coalition building, networks and alliances between different groups who recognise a common cause".

Creating a supportive environment for health for Muslim women requires a mediation between acceptable physical activity behaviour for Muslim women, and the expected norms in the wider New Zealand society. Strengthening community action for health would require that the Muslim community: gathers momentum for participation by its members; is motivated to make collective and family-based decisions to commit towards increasing women's physical activity; and is empowered to make sustainable choices. In this way, Muslim women and families will be involved in the health choices affecting their lives.

Summary

This chapter has discussed the findings of the study. Muslim women's identity has been classified as either "being Muslim" or "doing Islam". Both these identities embrace different meanings of physical activity. The meaning given to physical activity in turn determines the significance attached to it. The dissonance between Quranic verses regarding the role of women, and the patriarchal interpretation of those verses has been highlighted. An awareness of "real" Islam and "traditional" Islam is important for women to become aware of their roles and responsibilities and the independence they are able to exercise while remaining within an Islamic framework.

The role of imams is explained because overseas imams have been instrumental in the health education of their congregants, and may potentially be used in New Zealand to bring about an awareness of the importance of physical activity for Muslim women.

A model to increase the physical activity of Muslim women has been suggested and recommendations made to health professionals who work with Muslim women to engage them in physical activity in a sustainable manner congruent with their religious beliefs.

Chapter Ten: CONCLUSION

This research has sought to bring together the voices of a cross-section of Muslim women in New Zealand about their physical activity. Muslim women have been historically stereotyped as oppressed by their male family members, as well as the wider social structure of the countries where Islam is the dominant religion (Dobson, 2009, pp. 149-154). Diasporic Muslim communities are being formed in predominantly European nations like New Zealand, and consist of several diverse ethnicities (Shah & Culbertson, 2011; Shepard, 2006). These communities are bonded by a shared Muslim identity, and are underpinned by an enhanced understanding of Islam and the appreciation of culture being different from, but interwoven, with religion.

Contemporary research articulates the integration of Muslims into New Zealand society as a positive process. Pratt (2010, p. 405) remarks:

Muslims in New Zealand, for the most part, are adapting and integrating socially and culturally, retaining a faith dimension to their identity, but not being so totally dominated by it as to be incapable of adjustment. They are, perhaps, on their way to forging an Antipodean Islam. Muslims in New Zealand typically support and understand multicultural diversity within the bicultural context that sets New Zealand apart from other Western nations, including its nearest neighbour, Australia.

Islam and Muslims are regarded as a small, but accepted part of New Zealand society despite global media popularising the notion of Muslims as terrorists (Dobson, 2009; Pratt, 2010). However, emerging research from within the Muslim Somali community in Auckland shows that some women feel marginalised and treated differentially because of their religion and the colour of their skin (Jelle et al., 2006). Pratt (2010, p. 402) observes that New Zealanders on the whole are accepting of Muslim women's dress codes, but it is the full facial coverings (niqab) which are "regarded as vain and unnecessary, and often viewed by the wider public as in some sense threatening and implying an attitude of superiority on the part of the wearer". This corresponds with the findings in this study where one participant wearing a full facial veil was threatened while walking on the street, whereas participants who wore a head scarf (hijab), but no niqab, reported positive experiences while out walking or running in public. Muslim women's need to observe modesty and exercise away from a "male gaze" is also largely accommodated, for example the government's funding of a three-year partnership

programme, Connect2Sport, to include youth from diverse ethnicities into sports like swimming, netball, badminton and football in Auckland. There is also a promising uptake of netball, swimming, football and badminton in the women-only organisation Muslimah Sports Association (partly funded by a local council), showing that Muslim women are willing to participate in sport and engage in physical activity if they are able to do so within an Islamic framework, without breaching religious tenets.

Many Muslim women in New Zealand are beginning to engage in a hermeneutic quest to understand the Quran and Islam directly (Dobson, 2009, pp. 182-183), rather than relying on a traditionally patriarchal process of translation from Arabic into other languages, followed by dissemination to Muslim congregants, usually from male imams or religious leaders. This need to engage directly with Islam is reflected globally among Muslim academics (Barlas, 2002; Wadud, 2000), who are undertaking “ijtihad (independent investigation of the religious sources) and *tafsir* (interpretation of the Quran) as their basic methodology to establish a new gender sensitive hermeneutics” (Bahi, 2011, p. 146). Women in this study who were both religious (“being Muslim”) and physically active showed greater understanding of their position within Islam. They spoke of “gender equity” as the basis of their relationships within the family which enabled them to be physically active. A greater engagement with Islam is proving beneficial in improving Muslim women’s understanding of their roles within families and in the wider society, and Muslim women (who were born Muslim or who have reverted to Islam), are finding their religious identity empowering and liberating.

Women who “do Islam” showed more assimilation into New Zealand society. Most of them were younger women who had emigrated to New Zealand as children or adolescents. They reported that the majority of their social and support networks were derived from the friends they had made at school, university or at work. These women were more physically active than the “being Muslim” women. The women who “do Islam” reported less restrictions on their leisure activities due to their adoption of a more flexible, almost secular, interpretation of Islam. In addition this group had fewer familial responsibilities.

It may be said that in the context of physical activity, the “being Muslim” women derived their *raison d’etre* from the Quran’s statement which stresses that humans are created solely for the worship of Allah (The Quran, Chapter 51, Verse 56). Thus these

women undertook physical activity only when it did not conflict with their practice of Islam. The “being Muslim” women considered worldly pursuits trivial, and that success on Earth was temporary compared to the life after resurrection (The Quran, Chapter 57, Verse 60). For them physical fitness was not a goal in itself, as it may have been for non-Muslims or even “doing Islam” women. Predestination was a predisposing factor in the belief that human action was not effective in bringing about a change in one’s physical health because health and wellbeing are a divine gift. References in the hadees which instruct Muslims to look after physical health (Qaradawy, 1992, pp. 293-296) were either not widely known or not followed.

The least active women in this study were those who had adopted a cultural view of Islam; an understanding of the religion through a cultural lens which seemingly ignored or relegated the gender equity and “gender just” (Bahi, 2011) spirit of Islam. When cultural practices (such as women being restricted to the domestic sphere of child rearing and housekeeping) were conflated with articulations of the “good Muslim woman”, the result was an extremely sedentary lifestyle.

The categories of “being Muslim” and “doing Islam”, however, were not strictly analogous to being sedentary or being active respectively.

The narratives in this study have highlighted the complex, interwoven and sometimes contradictory trajectories of religion, culture, acculturation and assimilation, which may lead to women being either physically active or inactive. There were also perceptual differences in the meaning of “exercise” in New Zealanders’ everyday life, and the meaning ascribed to it in the different ethnicities which form the Muslim diaspora. Some Muslim groups eschew “sport” or “exercise” in that it represents moral laxity or may seem to contradict their religious values, such as gender segregation.

This study suggests that many Muslim women in New Zealand must transcend the parallel limitations of being immigrants to this country and also finding spaces which allow them to remain sincere to their faith while being physically active. The model suggested in Chapter Eight centralises the Muslim woman within the contexts which are meaningful for her, such as being a religious Muslim woman, being a wife or mother with domestic roles and responsibilities. It is possible to develop a person-centred model by which physical activity may be increased, and health outcomes enhanced while accommodating rules specific to Muslim women. Family-based decision making

as well as the involvement of family in sport and physical activity are two important factors which affect the sustainability of an exercise programme for Muslim women. The Muslim community needs to be more aware of the significance of physical activity so that it can negotiate an appropriate level of activity for Muslims in New Zealand, and especially for Muslim women who are more sedentary than their male counterparts. Whether changes are made from within the Muslim community to include physical activity as an acceptable sphere of daily life, or the wider New Zealand community makes this possible by facilitating opportunities for Muslim women to participate in physical activity, it is clear that a 'one size fits all' approach to health services and physical activity promotion is outdated and unworkable.

Limitations of the Study

This study has provided an in-depth understanding of the lives of Muslim women and their relation to physical activity. However, it has not provided information that could be used to understand other population groups' activity trends, such as those of non-Muslim migrants to New Zealand. Narratives of the participants in this study can by no means be considered representative of all Muslim women's experiences with regard to exercise.

As the sample size was 15, it is likely that there were other voices and differing experiences which were not included in the study. The inclusion criteria requiring that the participants be aged 20 years or more excluded younger women who may have had different experiences or emigrated to New Zealand as children, or been born in the country. Interviewing only women who could communicate in English, Urdu or Hindi meant that other Muslim women who do not speak these languages, such as Arab and African Muslim women, who also form a visible religious minority in New Zealand, could not be included in the study. Further, all the participants were recruited from one urban setting which has the largest population of Muslims in New Zealand. If participants had been recruited from other parts of New Zealand they may have contributed different perspectives to the findings.

Having come to the end of this study it is important to realise the potential for future research.

Future Research

More input from Muslim women is needed to explore their perceptions about a workable model of physical activity. Research also needs to focus on the role and effectiveness of imams in educating Muslim congregants about physical activity. The absence of female imams means future studies will need to identify and use significant Muslim women in New Zealand's Muslim community to inform them about the development of sport and physical activity for this ethno-religious group.

It is hoped that this study has shaped the way forward for narrative to be used as a trustworthy methodology for research about Muslim women in New Zealand. The aim of the study was to explore the way in which narratives shape the way in which physical activity is conceptualised by Muslim women. Awareness of Muslim women's relationship with Islam is critical to understanding how religion has a deep and pervasive influence on the ability, or willingness, of Muslim women to be physically active.

Future studies may be conducted to compare the physical activity levels of Muslim women who have emigrated to New Zealand to those Muslim women who were born in New Zealand and who have been acculturated into New Zealand through school and employment. It is very likely that differing trends of physical activity will emerge from the narratives of women with different acculturation backgrounds.

References

- Abdullah, S. (2009). *Islamic counselling & psychotherapy trends in theory development*. Retrieved March 10, 2012, from Crescentlife.com (article ref: CF0906-3865).
- AbdulRazak, M., Omar-Fauzee, M., & Abd-Latif, R. (2010). The perspective of Arabic Muslim women toward sport participation. *Journal of Asia Pacific Studies* 1(2), 364-377. Retrieved from <http://www.japss.org/upload/13.maesam.pdf>
- Abercrombie, N., Hill, S. & Turner, B. (1994). *Dictionary of sociology*. London, UK: Penguin Books.
- Abu-Saud, M (n.d.). The role of the Muslim doctor. In S. Athar (Ed.), *Islamic medicine*. Retrieved from <http://islam-usa.com/im5.html>.
- Ahmed, A. & Donnan, G. (Eds.). (1994). *Islam, globalisation and postmodernity*. London, UK: Routledge.
- Ahmed (2006). *Explanation of Taqwa*. Retrieved January 13, 2012 from <http://www.haqislam.org/taqwa/>
- Ahmed, L. (1982). Feminism and feminist movements in the Middle East, a preliminary exploration: Turkey, Egypt, Algeria, People's democratic republic of Yemen. *Women's Studies International Forum*, 5(2), 153-168.
- Ahmed, L. (2011). Veil of ignorance. *Foreign Policy*, 10, 40-43.
- Ajrouch, K. (1999). Family and ethnic identity in an Arab American community. In M. Suleiman (Ed.), *Arabs in America: Building a new future*. Philadelphia, PA: Temple University Press.
- Al Gharaibeh, F. (2011). Women's empowerment in Bahrain. *Journal of International Women's Studies*, 12(3), 96-113. Retrieved from <http://search.proquest.com.ezproxy.aut.ac.nz/docview/867414416>
- Al-Akili, M. (1993). *Natural healing with the medicine of the Prophet*. Philadelphia, PA: Pearl Publishing House.

- Ali, Y. (1938) (Trans.). *The meaning of the glorious Quran*. Beirut: Dar Al-Arabia.
- Allali, F., Khazani, H., Benyahhia, B., Saoud, B., Kabbaj, S., Bahiri, R., Abouqal, R. & Hajjaj-Hassouni, N. (2009). High prevalence of hypovitaminosis D in Morocco: Relationship to lifestyle, physical performance, bone markers and bone mineral density. *Arthritis and Rheumatology*, 38, 444-451.
- Allan, J., Mayo, K. & Michel, Y. (1993). Body size values of white and black women. *Research in Nursing & Health*, 16, 323-333.
- Allen, D. (1997). The nursing/medical boundary: A negotiated order? *Sociology of Health and Illness*, 19(4), 498-520.
- Alvi, S., Hoodfar, H. & McDonough, S. (2003). *The Muslim veil in North America*. Toronto, Canada: Women's Press.
- Annandale, E. & Clark, J. (1996). What is gender? Feminist theory and the sociology of human reproduction. *Sociology of Health and Illness*, 18(1), 17-44
- Arab-Moghaddam, N.; Henderson, K. & Sheikholesalmi, R. (2007). Women's Leisure and Constraints to Participation: Iranian Perspectives. *Journal of Leisure Research*, 39 (1).
- Ard, J. (2006). *Fruits and vegetable consumption linked to cultural preferences*. Retrieved April 1, 2009, from www.medicalnews today.com
- Armstrong, D. (1983). *The political anatomy of the body*. Cambridge, UK: Cambridge University Press.
- Arthur, L. (1999). *Religion, dress and the body*. Oxford, UK: Oxford University Press.
- Ashwood, J., Catellier, D., Cohen, D., Evenson, K., McKenzie, T. & Overton, A. (2006). Public parks and physical activity among adolescent girls. *Pediatrics*, 118(5) 1381-1389.
- Atkinson, R. (1998). *The life story interview* (Qualitative Research Methods Series, 44). Thousand Oaks, CA: Sage.

- Australian Sports Commission. (2011). *Netball a pathway to healthier Tongan mums*. Retrieved from http://www.ausport.gov.au/news/asc_news/story467506 on 12/2/2012.
- Babbie, E. (1998). *The practice of social research*. New York, NY: Wadsworth Publishing Company.
- Bagby, I., Perl, P. & Frochle, P. (2001). *The mosque in America: A national portrait. A report from the Mosque Study Project*. Retrieved from http://www.cair-net.org/mosquereport/Masjid_Study_Project_Report.pdf
- Bahi, R. (2011). Islamic and secular feminisms: Two discourses mobilized for gender justice. *Contemporary Readings in Law and Social Justice*, 3(2), 138-158. Retrieved from <http://proquest.umi.com.ezproxy.aut.ac.nz/pqdlink?did=2611242801&Fmt=2&rq=309>
- Baker, M. & Tippin, D. (1999). *Poverty, social assistance and the employability of mothers*. Toronto, Canada: University of Toronto Press.
- Bakhtin, M. (1986). *Speech genres and other late essays* (V.W. McGee, Trans.). Austin, TX: University of Texas Press.
- Ball, S. (2003). The teacher's soul and the terrors of performativity. *Journal of Education Policy*, 18(2), 215-226.
- Banks-Wallace, J. (1999). Storytelling as a tool for providing holistic care to women. *Maternal Child Nursing* 24(1), 20-24.
- Barker-Benfield, J. (1975). Sexual surgery in late nineteenth century America. *International Journal of Health Services*, 5, 267-287.
- Barlas, A. (2001). The Quran and hermeneutics: Reading the Quran's opposition to patriarchy. *Journal of Quranic Studies*, 3(2), 15-38. Retrieved from <http://www.jstor.org/stable/25728036>
- Barlas, A. (2002). *"Believing women" in Islam: Unreading patriarchal interpretations of the Quran*. Austin, TX: University of Texas Press.

- Barlas, A. (2006). Quranic hermeneutics and sexual politics. *HeinOnline Cardozo Law Review*, 28, 143-152. Retrieved from <http://www.heinonline.org.ezproxy.aut.ac.nz/HOL/Index?index=journals/cdozo&collection=usjournals>
- Bateson, M. (1984). *With a daughter's eye: A memoir of Margaret Mead and Gregory Bateson*. New York, NY: W. Morrow.
- Bateson, M. (1994). *Peripheral visions: Learning along the way*. New York, NY: Harper Collins.
- Beanland, C., Schneider, Z., Lobindo-Wood, G. & Haber, J. (1999). *Nursing research methods: Critical appraisal and utilization*. Sydney, Australia: Mosby Publishers.
- Beishon, S., Modood, T. & Virdee, S. (1998). *Ethnic minority families*. London, UK: Policy Studies Institute.
- Belenki, M., Bond, L. & Weinstock, J. (1997). *A tradition that has no name*. New York, NY: Basic Books.
- Belza, B. & Warm, C. (2004). Physical activity and exercise in women's health. *The Nursing Clinics of North America*, 39, 181-193.
- Benn, T. (1996). Muslim women and physical education in initial teacher training. *Sport, Education and Society*, 1, 5-21.
- Benn, T., Pfister, G. & Jawad, H. (Eds.). (2011). *Muslim women and sport*. London, UK: Routledge.
- Berger, G. & Pearson, A. (2009). Giving young Emirati women a voice: Participatory action research on physical activity. *Health & Place*, 15(1), 117-124.
- Berger, J. (1977). *Ways of seeing*. London, UK: Penguin Books.
- Berridge, V. (1999). *Health and society in Britain since 1939*. Cambridge, UK: Cambridge University Press.
- Bhaba, H.K. (1994). *The location of culture*. London, UK: Routledge.

- Biddle, S. & Mutrie, N. (2001). *Psychology of physical activity*. London, UK: Routledge.
- Bittman, M. & Wajcman, J. (2000). The rush hour: The character of leisure time and gender equity. *Social Forces*, 79(1), 165-89.
- Blane, D. (1985). An assessment of the Black Report's "explanations of health inequalities". *Sociology of Health and Illness*, 7(3), 423-445.
- Bogdan, R. & Biklen, S. (1982). *Qualitative research for education: An introduction to theory and methods*. Boston, MA: Allyn and Bacon.
- Borland, J. (1990). Postpositivist inquiry: Implications of the "New Philosophy of Science" for the field of the education of the gifted. *Gifted Child Quarterly*, 34, 161-167.
- Bouchard, C., Blair, S. & Haskell, W. (Eds.). (2007). *Physical activity and health*. Champaign, IL: Human Kinetics.
- Bouchard, C., Malina, R. & Perusse, L. (1997). *Genetics of fitness and physical performance*. Ann Arbor, MI: Braun-Brumfield.
- Bracht, N. (1999). *Health promotion at the community level*. Thousand Oaks, CA: Sage.
- Brown, R., Kral, B., Yanek, L., Vaidya, D., Nyquist, P., Levine, D., Moy, T., Becker, L. & Becker, D. (2012). Ethnic-specific determinants of exercise capacity in a healthy high-risk population. *Medicine & Science in Sports & Exercise*, 44(6), 1150. Retrieved from <http://graphics.tx.ovid.com.ezproxy.aut.ac.nz/ovftpdfs/FPDDNCJCGFNLHD00/fs046/ovft/live/gv023/00005768/00005768-201206000-00023.pdf>
- Bruner, E. (1986). Experience and its expressions. In V. Turner & E. Bruner (Eds.). *The anthropology of experience*. Urbana-Champaign, IL: University of Illinois Press.
- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Burns, N. & Grove, S. (1995). *Understanding nursing research*. Philadelphia, PA: WB Saunders Company.

- Burr, J. & Nicolson, P. (Eds.). (2005). *Researching health care consumers*. New York, NY: Palgrave Macmillan.
- Byng, M. (2010). Symbolically Muslim: Media, hijab and the west. *Critical Sociology*, 36. Retrieved from <http://crs.sagepub.com.ezproxy.aut.ac.nz/content/36/1/109.full.pdf>
- Calderini, S. (2008). Islam and diversity: Alternative voices within contemporary Islam. *The Dominican Council*, 324-336. Oxford, UK: Blackwell Publishing.
- Cameron, E., Mathers, J. & Parry, J. (2006). 'Health and well-being': Questioning the use of health concepts in public health policy and practice. *Critical Public Health*, 16(4), 347-354.
- Cancer Society of New Zealand. *How to be sunsmart*. Retrieved February 14, 2012 from <http://www.cancernz.org.nz/reducing-your-cancer-risk/sunsmart/how-to-be-sunsmart/>
- Caperchione, C., Kolt, G. & Mummery, W. (2009). Physical activity in culturally and linguistically diverse migrant groups to Western society. *Sports Medicine*, 39(3), 167-177.
- Caputo, J. (2000). *More radical hermeneutics*. Bloomington, IN: Indiana University Press.
- Carpiano, R. & Daley, D. (2006). A guide and glossary on postpositivist theory building for population health. *Journal of Epidemiology and Community Health*, 60(7), 564-570.
- Carroll, R., Ali, N. & Azam, N. (2002). Promoting physical activity in South Asian Muslim women through exercise on prescription. *Health Technology Assessment* 6(8), 1.
- Carter, D.J. & Rashidi, A. (2004). East meets west: Integrating psychotherapy approaches for Muslim women. *Holistic Nursing Practice*, 18(3), 152-159.

- Casey, M., Eime, R., Payne, W. & Harvey, J. (2009). Using a sociological approach to examine participation in sport and physical activity among rural adolescent girls. *Qualitative Health Research*, 19(7), 881-893.
- Caspersen, C., Powell, K. & Christenson, G. (1985). Physical activity, exercise, and physical fitness: Definitions and distinctions for health-related research. *Public Health Reports*, 100(2). 126-131.
- Celio, A., Zabinsky, M. & Wilfley, D. (2002). African-American body images. In T. Cash & T. Pruzinsky (Eds.), *Body images: A handbook of theory, research and clinical practice*. New York, NY: Guildford Press.
- Cheek, J. (2008). Healthism: A new conservatism? *Qualitative Health Research*, 18(7), 974-982. Retrieved from <http://qhr.sagepub.com>
- Christiansen, M. (1992). Multicultural competencies in early intervention: Training professionals for a pluralistic society. *Infants and young children*, 4(3), 49-63.
- Christopher, C., Steele, C. & Steele, R. (2011). Establishing and maintaining physical exercise In J. Luiselli & D. Reed (Eds.), *Behavioural sport psychology*. Retrieved from <http://www.springerlink.com.ezproxy.aut.ac.nz/content/p10711p30358384r/>
- Clandinin, D. & Connelly, F. (1988). Studying teachers' knowledge of classrooms: Collaborative research, ethics, and the negotiation of narrative. *Journal of Educational Thought*, 22, 269-282.
- Clandinin, D. (2006). Narrative inquiry: A methodology for studying lived experience. *Research Studies in Music Education*, 27(1), 44-54.
- Clark, W. (1958). *The psychology of religion*. New York, NY: Macmillan.
- Cohen, G. (Ed.). (1993). *Women in sport: Issues and controversies*. Newbury Park, CA: Sage.
- Cohen, R. (1991). *Negotiating across cultures: Communication obstacles in international diplomacy*. Washington, DC: United States Institute of Peace

Press. (Also consulted Book Summary written by Tanya Glaser on 5/3/2012.
Retrieved from www.colorado.edu/conflict/peace/example/cohe7517.htm).

Cohen, R. (2001a). Living and teaching across cultures. *International Studies Perspectives*, 2, 151-160.

Cohen, R. (2001b). Language and conflict resolution: The limits of English. *International Studies Association*, 3(1), 25-51.

Connect2Sport. Retrieved April 18, 2012 from
<http://www.aucklandcouncil.govt.nz/en/services/communityfacilitiesupport/workingwithyourcommunity/pages/connectingwithdiversity.aspx>

Connelly, F. & Clandinin, D. (2006). Narrative inquiry. In J.L. Green., G. Camilli. & P. Elmore (Eds.), *Handbook of complementary methods in education research* (3rd ed.). New Jersey: Lawrence Erlbaum.

Cortis, N., Sawrikar, P. & Muir, K. (2007). *Participation in sport and recreation by culturally and linguistically diverse women*. University of New South Wales, Australia: Social Policy Research Centre.

Coveney, J. (1998). The government and ethics of health promotion: The importance of Michel Foucault. *Health Education Research*, 13(3), 459-468.

Crawford, R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services*, 10, 365-388.

Crawford, R. (1994). The boundaries of the self and the unhealthy other. *Social Science and Medicine*, 38(10), 1347-1365.

Crotty, M. (1998). *The foundations of social research*. London, UK: Sage.

Crust, L. & Clough, P. (2006). The influence of rhythm and personality in the endurance response. *Journal of Sport Sciences*, 24, 187-195.

Cushing, C. & Steele, R. (2011). Establishing and maintaining physical exercise. In J. Luissli & D. Reed (Eds.), *Behavioral sport psychology*. Heidelberg, Germany: Springer Science and Business Media.

- Dagkas, S. & Benn, T. (2006). Young Muslim women's experiences of Islam and physical education in Greece and Britain: A comparative study. *Sports, Education and Society*, 11(1), 21-38.
- Dalziel, K., Segal, L. & Elley, C. (2007). Cost utility analysis of physical activity counselling in general practice. *Australian and New Zealand Journal of Public Health*, 30(1), 57-63.
- Damhorst, M., Miller, K. & Michelman, S. (1999). *The meanings of dress*. New York, NY: Fairchild Publications.
- Dana, R., Behn, J., & Gonwal, T. (1992). A checklist for examination of cultural competence in social service agencies. *Research on Social Work Practice*, 2, 220-233.
- Darul Ihsan. (n.d.) Retrieved February 3, 2012, from CentralMosque.com
<http://www.central-mosque.com/fiqh/khalwa.htm>
- Davis, P. & Dew, K. (Eds). (1999). *Health and society in New Zealand*. Auckland, New Zealand: Oxford University Press.
- Denzin, N. & Lincoln, Y. (2000). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Desikachar, T. (2000). *The meaning of Om*. Retrieved May 20, 2012, from
<http://www.earthways.co.uk/om.html>
- DeSouza, R. & Garrett, N. (2005). *Access issues for Chinese people in New Zealand*. Auckland, New Zealand: Auckland University of Technology and Accident Compensation Corporation.
- DeSouza, R. (2006). *New spaces and possibilities: The adjustment to parenthood for new migrant mothers*. Auckland, New Zealand: Auckland University of Technology.
- DeVito, J. (1992). *The interpersonal communication book*. New York, NY: Harper Collins Publishers.

- Dijkstra, B. (1986). *Idols of perversity: Fantasies of feminine evil*. Oxford, UK: Oxford University Press.
- Dishman, R. (1994). Prescribing exercise intensity for healthy adults using perceived exertion. *Medicine and Science in Sports*, 26, 1087-1094.
- Dobson, S. (2009). *Faithful living: Muslim women in New Zealand and the articulation of Islam* (Doctoral thesis). Dunedin, New Zealand: University of Otago.
- Dubbert, P. (2002) Physical activity and exercise: Recent advances and current challenges. *Journal of Consulting and Clinical Psychology*, 70(3), 526-536.
- Dunbar, C., Rodriguez, D., & Parker, L. (2002). Race, subjectivity and the interview process. In J. Gubrium, & J. Holstein (Eds.), *Handbook of interview research: Context & method*. Thousand Oaks, CA: Sage.
- Dupois, S. (1999). Naked truths: Toward a reflexive methodology in leisure research. *Leisure Sciences*, 21, 43-64.
- Durie, M. (1994). *Whiora: Māori health development*. Auckland, New Zealand: Oxford University Press.
- Dworkin, S. & Wachs, F. (2009). *Body panic*. New York, NY: New York University Press.
- Ehrenreich, B. & English, D. (1978). *For her own good: 150 years of expert advice to women*. London, UK: Pluto Press.
- Eide, P. & Allen, C. (2005). Recruiting transcultural qualitative research participants: A conceptual model. *International Journal of Qualitative Methods*, 4(2). Article 4. Retrieved from http://www.ualberta.ca/~ijqm/backissues/4_2/pdf/eide.pdf
- Ekkekakis, P. (2009). Let them roam free? *Sports Medicine*, 39(10), 857-888.
- Elley, C. (2003). *The effectiveness and cost-effectiveness of the Green Prescription physical activity intervention: a cluster randomized controlled trial in primary health care* (PhD thesis). Auckland, New Zealand: University of Auckland.
- Ellin, A. (2009, September 10). Fitness tailored to a hijab. *The New York Times*.

- Elliott, J. (2005). *Using narrative in social research*. London, UK: Sage.
- Esposito, J. & Voll, J. (2001). *Makers of contemporary Islam*. Oxford, UK: Oxford University Press.
- Evans, B. (2006). 'I'd feel ashamed': Girls' bodies and sports participation. *Gender, Place and Culture*, 13, 547-561.
- Fabricatore, A. & Wadden, T. (2006). Obesity. *Annual Review of Clinical Psychology*, 2, 357-377.
- Farroq, S. & Parker, A. (2009). Sport, physical education and Islam: Muslim independent schooling and the social construction of masculinities. *Sociology of Sport Journal*, 26(2), 277-295.
- Fay, M. (2010). "...And say to the believing women that they should lower their gaze and guard their modesty". *Journal of Women's History*, 22(2), 136-140.
- Featherstone, M., Hepworth, M. & Turner, B. (Eds.). (1991). *The body: Social process and cultural theory*. London, UK: Sage.
- FIANZ News (2007). Retrieved February 20, 2012, from http://www.fianz.co.nz/download/december_newsletter.pdf
- Fisher, W. (1989). *Human communication as narration: Toward a philosophy of reason, value, and action*. Columbia, SC: University of South Carolina Press.
- Fitzgerald, F. (1994). The tyranny of health. *New England Journal of Medicine*, 331(3), 196-198.
- Flintoff, A. & Scraton, S. (2011). Stepping into active leisure? Young women's perceptions of active lifestyles and their experiences of school physical education. *Sport, Education and Society*, 6, 5-21.
- Flood, G. (1999). *Beyond phenomenology - Rethinking the study of religion*. New York, NY: Cassell.
- Foucault, M. (1988). Practising criticism. In L. Kritzman (Ed.), *Politics, philosophy, culture and other writings 1977-1984* (pp. 152-156). New York, NY: Routledge.

- Fulop, L. (2012). Leadership, clinician managers and a thing called “hybridity”. *Journal of Health Organization and Management*, 26 (5), 578-604.
- Gao, Z., Lodewyk., K., Sheng, H. & Xiang, P. (2011). Examining adolescent girls’ exercise motivation and physical activity participation. *Research Quarterly for Exercise and Sport*, 82 (1). Retrieved from <http://go.galegroup.com.ezproxy.aut.ac.nz/ps/i.do>
- Gay, P. (Ed.). (1995). *The Freud reader*. New York, NY: W.W. Norton.
- Gerberding, J. & Marks, J. (2004). Editorial: Making America fit and trim- steps big and small. *American Journal of Public Health*, 94(9). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448476/pdf/0941478.pdf>
- Gergen, K. & Gergen, M. (1987). The self in temporal perspective. In R. Ables (Ed.), *Life span perspectives and social psychology*. Hillsdale, NJ: Lawrence Erlbaum.
- Giddings, L. (1997). *In/visibility in nursing: Stories from the margins* (Doctoral dissertation). Colorado, CA: University of Colorado: Bell & Howell Information Company.
- Gluck, S.B. & Patai, D. (Eds.). (1991). *Women’s words: The feminist practice of oral history*. New York, NY: Routledge.
- Gordon, B., Sauni, P., Tuagalu, C. & Hodis, F. (2010). *Sport and recreation in New Zealand Pasifika communities: Sport means “family and church”*. Wellington, New Zealand: Jessie Hetehrington Centre for Educational Research, Victoria University of Wellington.
- Grant, B. & Giddings, L. (2002). Making sense of methodologies: A paradigm framework for the novice researcher. *Contemporary Nurse*, 13, 10-28.
- Grant, J. (1993). *Fundamental feminism*. New York, NY: Routledge.
- Green, L. & Kreuter, M. (1991). *Health promotion planning*. Mountain View, CA: Mayfield.
- Greene, M. (1978). *Landscapes of learning*. New York, NY: Teachers College Press.

- Greenlagh, T., Helman, C. Chowdhury, A. 1998. Health beliefs and folk models of diabetes in British Bangladeshis: A qualitative study. *BMJ*, 316: 978. Retrieved from www.bmj.com 316:978
- Griffin, E. (1995). *A first look at communication theory*. New York, NY: McGraw-Hill Inc.
- Guba, E. & Lincoln, Y. (1989). *Fourth generation evaluation*. Thousand Oaks, CA: Sage.
- Guba, E. (1990). The alternative paradigm dialog. In E.G. Guba (Ed.), *The paradigm dialog* (pp 17-30). Newbury Park, CA: Sage.
- Gubrium, J. & Holstein, J. (1998). Narrative practice and the coherence of personal stories. *Sociological Quarterly*, 39, 163-187.
- Guerin, P., Elmi, F., & Corrigan, C. (2007). Body composition and cardiorespiratory fitness among refugee Somali women living in New Zealand. *Journal of Minority Health*, 9, 191-196. Retrieved from <http://www.springerlink.com.ezproxy.aut.ac.nz/content/3574x47744117237/fulltext.pdf>
- Haddad, Y. & Esposito, J. (Eds.) (1998). *Islam, gender and social change*. New York, NY: Oxford University Press.
- Haddad, Y., Smith, J. & Moore, K. (2006). *Muslim women in America: The challenge of Islamic identity today*. New York, NY: Oxford University Press.
- Hall, E. (1990). *Understanding cultural differences: Keys to success in West Germany, France and the United States*. Boston, MA: Intercultural Press.
- Hall, K. & McAuley, E. (2010). Individual, social environmental and physical environmental barriers to achieving 10 000 steps per day among older women. *Health Education Research*, 25(3), 478-488. Retrieved from <http://her.oxfordjournals.org.ezproxy.aut.ac.nz/content/25/3/478>
- Hammer, J. (2008). Identity, authority, and activism: American Muslim women approach the Quran. *The Muslim World*, 98(4), 443-464.

- Hargreaves, D. & North, A. (2008). *The social and applied psychology of music*. Oxford, UK: Oxford University Press.
- Hargreaves, J. (2000). *Heroines of sport: The politics of difference and identity*. London, UK: Routledge.
- Hatem, M. (1993). Towards the development of post-Islamist and post-nationalist feminist discourses in the Middle East. In J. Tucker (Ed.), *Arab woman: Old boundaries, new frontiers*. Bloomington, IN: Indiana University Press.
- Haw, K. (1998). *Educating Muslim girls*. Buckingham, UK: Open University Press.
- Hawkins, M., Storti, K., Richardson, C., King, W., Strath, S., Holleman, R. & Kriska, A. (2009). Objectively measured physical activity of U.S. adults by sex, age, and racial/ethnic groups: Cross-sectional study. *International Journal of Behavioural Nutrition and Physical Activity*, 6, 31.
- Heinberg, L. & Thompson, J. (1995). Body image and televised images of thinness and attractiveness. *Journal of Social and Clinical Psychology*, 14, 1-14.
- Henderson, K. (2011). Post-positivism and the pragmatics of leisure research. *Leisure Sciences: An Interdisciplinary Journal*, 33 (4), 341-346.
- Hinchman, L. & Hinchman, S. (1997). Introduction. In L. Hinchman & S. Hinchman (Eds.), *Memory, identity, community: The idea of narrative in human sciences*. New York, NY: State University of New York.
- Hofstede, G. & Hofstede, G. (2005). *Cultures and organizations: Software of the mind*. New York, NY: McGraw Hill.
- Holt, C. & McClure, S. (2006). Perceptions of the religion-health connections among African-American church members. *Qualitative Health Research*, 16(2), 268-281.
- Hoodfar, H. (1997). *Between marriage and the market*. Berkeley, CA: University of California Press.
- Hussain, M. 1989. *Understanding Islam and Muslims*. Washington, DC: Islamic Affairs Department, Embassy of Saudi Arabia.

- Ibrahim, M. (2008). Lose weight, gain health. *Azizah*, 5(1), 69-74.
- Ibrahim, N. & Abdalla, M. (2010). A critical examination of Quran 4:34 and its relevance to intimate partner violence in Muslim families. *Journal of Muslim Mental Health*, 5, 327-349.
- IOU (Islamic Online University). (2001). *Moral foundations of Islamic culture*. Retrieved March-December, 2009, from <http://islamiconlineuniversity.com/>
- Jelle, H., Guerin, P. & Dyer, S. (2006). Somali women's experiences in paid employment in New Zealand. *New Zealand Journal of Employment Relations*, 31(2), 61-70. Retrieved from <http://search.proquest.com.ezproxy.aut.ac.nz/docview/233249537>
- Johnson M., Wadsworth, J., Wellings K., & Field, J. (1994). *Sexual attitudes and lifestyles*. Oxford, UK: Blackwell Science.
- Kahan, D. (2003). Islam and physical activity: Implications for American sport and physical educators. *Journal of Physical Education, Recreation & Dance*, 74(3). Retrieved from <http://search.proquest.com.ezproxy.aut.ac.nz/docview/748283227/abstract?accountid=8440>
- Kahan, D. (2009). Quantity, type, and correlates of physical activity among American Middle Eastern university students. *Research Quarterly for Exercise and Sport*, 80(3), 412-424.
- Kahn, E., Ramsey, L., Brownson R., Heath, G., Howze, E., Powell, K., Stone, E., Rajab, M. & Corso, P. (2002). The effectiveness of interventions to increase physical activity. *American Journal of Preventive Medicine*, 22, 73-107.
- Kane, M.J. (2011). *Sex sells sex not women's sports*. Retrieved August 8, 2011, from www.caaws.ca
- Karageorghis, C., Terry, P., Lane, A., Bishop, D. & Priest, D. (2011). The BASES expert statement on the use of music in exercise. *Sport and Exercise Scientist*, 28. Retrieved from www.bases.org.uk on 30/1/2012.

- Kay, T. (2006). Daughters of Islam: Family influences on Muslim young women's participation in sport. *International Review for the Sociology of Sport*, 41. Retrieved from <http://irs.sagepub.com.ezproxy.aut.ac.nz/content/41/3-4/357>
- Kazarian, S. & Evans, D. (Eds.). (2001). *Handbook of cultural health psychology*. San Diego, CA: Academic Press.
- Kearns, R. & Barnett, J. (1997). Consumerist ideology and the symbolic landscapes of private medicine. *Health and Place*, 3, 171- 180. Retrieved from <http://www.sciencedirect.com.ezproxy.aut.ac.nz/science/article/pii/S1353829297000117>
- Khan, M. (1980). *Sahih Al Bukhari*. Beirut: Dar Al-Arabia.
- Khan, M. (1990). *Sahih Al Bukhari*. Beirut: Dar Al-Arabia.
- Khanam, S. & Costarelli, V. (2008). Attitude towards health and exercise of overweight women. *The Journal of the Royal Society for the Promotion of Health*, 128(1), 26-30. Retrieved from <http://www.sagepub.com/content/128/1/26>
- Knop, P., Theeboom, M., Wittcock, H. & de Marteleir, K. (1996). Implications of Islam on Muslim girls' sport participation in Western Europe. *Sport, Education and Society*, 1(2), 147-164.
- Koca, C., Henderson, K., Asci, F. & Bulgu, N. (2009). Constraints to leisure-time physical activity and negotiation strategies in Turkish Women. *Journal of Leisure Research*, 41(2), 225-251.
- Koenig, H. (2009). Research on religion, spirituality, and mental health: A Review. *Canadian Journal of Psychiatry* 54(5), 283-291.
- Koenig, H., McCulloch, M. & Larson, D. (2001). *Handbook of religion and health*. New York, NY: Oxford University Press.
- Kohler Riessman, C. & Speedy, J. (2006). Narrative inquiry in social work, counseling and psychotherapy: A critical review. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology*. Thousand Oaks, CA: Sage.

- Kotb, H. (2004). *Sexuality in Islam* (PhD dissertation). Ontario, Canada: Maimonides University.
- Kulakac, O.; Buldukoglu, K.; Yilmaz, M. & Alkan, S. (2006). An analysis of the motherhood concept in employed women in South Turkey. *Social Behavior and Personality: an international journal*, 34 (7) p. 837
- Laird, L.D., Amer, M.M., Barnett, E.D. & Barnes, L.L. (2007). Muslim patients and health disparities in the UK and the US. *Archives of Disease in Childhood*, 92, 922-926.
- Lapum, J., Fredricks, S., Beanlands, H., Mckay, E., Schwind, J. & Romaniuk, D. (2012). A cyborg ontology in healthcare: Traversing into the luminal space between technology and person-centred practice. *Nursing Philosophy*, 13, 276-288.
- Larson, D., Larson, S. & Koenig, H. (2002). Mortality and religion/spirituality: A brief review of the research. *The Annals of Pharmacotherapy*, 36(6), 1090-1098.
- Larsson, S. & Sjoblom, Y. (2010). Perspectives on narrative methods in social work research. *International Journal of Social Welfare*, 19, 272-280.
- Lawton, J., Ahmad, N., Hanna, L., Douglas, M. & Hallowell, N. (2006). 'I can't do any serious exercise': Barriers to physical activity amongst people of Pakistani and Indian origin with Type 2 diabetes. *Health Education Research Theory & Practice*, 21(1), 43-54.
- Lee, L.L., Arthur, A. & Avis, M. (2008). Using self-efficacy theory to develop interventions that help older people overcome psychological barriers to physical activity: A discussion paper. *International Journal of Nursing Studies*, 45(11), 1690-99.
- Liamputtong, P. (Ed.). (2008). *Doing cross-cultural research*. Victoria, Australia: Springer Science and Business Media.
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis and interpretation*. London, UK: Sage.

- Liggett, L., Gray, A., Parnell, W., McGee, R. & McKenzie, Y. (2012). Validation and reliability of the new lifestyles NL-1000 accelerometer in New Zealand preschoolers. *Journal of Physical Activity and Health*, 9(1), 295-3000. Retrieved from <http://web.ebscohost.com.ezproxy.aut.ac.nz/ehost/detail?sid=d1d87fda-9085-4731-9496->
- Lincoln, Y. & Guba, E. (1985). *Naturalistic inquiry*. Beverley Hills, USA: Sage.
- Lincoln, Y. & Guba, E. (2000). Paradigmatic controversies, contradictions, and emerging confluences. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 163-188). Thousand Oaks, CA: Sage.
- Lippincott, Williams & Wilkins. 2006 . *ACSM's Guidelines for Exercise Testing and Prescription*. 7th Ed. Philadelphia.
- Livo, N., & Rietz, S. (1986). *Storytelling: Process of practice*. Englewood, CO: Libraries Unlimited.
- Lizewski, L. (2010). *The Health Belief Model*. Michigan, MI: Wayne State University.
- Lorber, J. (1997). *Gender and the social construction of illness*. Thousand Oaks, CA: Sage.
- Lowry, F. (2010). New guidelines for exercise in type 2 diabetes. Medscape Medical News. This article summarized guidelines from *Medicine and Science Sports Exercise*, 42, 2282-2303.
- Ludwig, A., Cox, P. & Ellahi, B. (2011). Social and cultural construction of obesity among Pakistani Muslim women in North West England. *Public Health Nutrition*. 14(10), 1842-1850.
- Lupton, D. (1995) & (2003). *Medicine as culture*. London, UK: Sage.
- Lupton, D. (1995). *The imperative of health*. London, UK: Sage.
- Ma'Aitah, R., Haddad, L. & Umlauf, M. (1999). Health promoting behaviors of Jordanian women. *Health Care for Women International*, 20(6), 533-546.

- Mangera, A. (2004). *The meaning of Masjid*. Retrieved May 27, 2012, from <http://www.albalagh.net/general/0074.shtml>
- Martin, S. (2009). Healthcare seeking behaviors of older Iranian immigrants: Healthcare definitions and perceptions. *Journal of Evidence-based Social Work*, 6(1), 58-78. Retrieved from <http://web.ebscohost.com.ezproxy.aut.ac.nz/ehost/pdfviewer/pdfviewer?sid=6f33e216-5197-4e83-867b-01e6a45aa760%40sessionmgr12&vid=2&hid=111>
- Matheson, A., Dew, K. & Cumming, J. (2009). Complexity, evaluation and the effectiveness of community-based interventions to reduce health inequalities. *Health Promotion Journal of Australia*, 20(3). Retrieved from <http://web.ebscohost.com.ezproxy.aut.ac.nz/ehost/pdfviewer/pdfviewer?sid=1954da3d-6786-4e80-be7e-b51cc877514f%40sessionmgr112&vid=2&hid=13>
- Maynard, S. (2008). *Muslim mental health: The final report*. Retrieved March 10, 2012, from <http://www.signposts.org.uk/Assets/downloads/bme/Muslim%20Mental%20Health%20-%20Stephen%20Maynard.pdf>
- McDonald, L. (2008). *Islamic feminism: Haleh Afshar, Islam and Feminisms: An Iranian Case-Study*. Basingstoke, UK: Macmillan. Retrieved from <http://fty.sagepub.com/>
- McDonald, L. (2009). Islamic feminism: Haleh Afshar, Islam and Feminisms. *Feminist Theory*, 9, 347-354.
- McKay, J. (1991). *No pain no gain?* New Jersey, NJ: Prentice Hall.
- McKay, L., Schofield, G. & Schluter, P. (2007). Validation of self-report measures of physical activity: A case study using the New Zealand Physical Activity Questionnaire. *Research Quarterly for Exercise and Sport*, 78(3), 189. Retrieved from <http://proquest.umi.com.ezproxy.aut.ac.nz/>
- McKendry, C., Howard, P. & Carryer, B. (1994). *New Zealand hospital sector performance 1983-92*. Wellington, New Zealand: Ministry of Health.

- McLeod, J. & Lynch, G. (2000). This is our life: Strong evaluation in psychotherapy narrative. *European Journal of Psychotherapy, Counselling and Health*, 3(3), 389-407.
- McNamara, P. (2009). Feminist ethnography: Storytelling that makes a difference. *Qualitative Social Work*, 8, 161-177. Retrieved from <http://qsw.sagepub.com/content/8/2/161>
- McPhail, D. (2010). *Canada weighs in: Gender, Race and the making of "Obesity" 1945-1970*. Toronto, Canada: York University.
- Mean, N. & Bower, P. (2000). Patient-centredness: A conceptual framework and review of the empirical literature. *Social Science & Medicine*, 51(7), 1087-1110.
- Messner, M. & Sabo, D. (Eds.). (1990). *Sport, men and the gender order* Champaign, IL: Human Kinetics.
- Mernissi, F. (1975). *Beyond the veil: Male-female dynamics in a modern Muslim society*. Cambridge, MA: Shenkman.
- Mernissi, F. (1982). Virginity and patriarchy. *Women's Studies International Forum*, 5(2), 183-191.
- Ministry of Health (1997). *Making a Pacific difference: Strategic initiatives for the health of Pacific people in New Zealand*. Wellington, New Zealand: Ministry of Health.
- Ministry of Health (1999). *Our health, our future: The health of New Zealanders*. Wellington, New Zealand: Ministry of Health.
- Ministry of Health (2003). *Healthy eating- healthy action: Oranga Kai- Oranga Pumau: A strategic framework*. Wellington, New Zealand: Ministry of Health.
- Ministry of Health (2004). *Healthy eating- healthy action: Oranga Kai- Oranga Pumau: Implementation plan: 2004-2010*. Wellington, New Zealand: Ministry of Health.

- Ministry of Health (2008). *Healthy eating- healthy action Oranga Kai- Oranga Pumau: Progress on implementing the HEHA strategy 2008*. Wellington, New Zealand: Ministry of Health.
- Mishler, E. (1986). *Research interviewing: Context and narrative*. Cambridge, MA: Harvard University Press.
- Moaveni, A. (2009, September 28). Working out while Muslim. *Time*, pp. 59-61.
- Moghadam, V. (2004). Patriarchy in transition: Women and the changing family in the Middle East. *Journal of Comparative Family Studies*, 35(2), 137-162.
- Monaghan, L., Hollands, R. & Pritchard, G. (2010). Obesity epidemic entrepreneurs: *Types, Practices and Interests*, 16(2), 37-71. Retrieved from <http://www.sagepublications.com/content/16/2/37>
- Morgan, O. (2004). Approaches to increase physical activity: reviewing the evidence for exercise-referral schemes. *Public Health*, 119(5), 361-370
- Mosca, L., Benjamin, E., Berra, K. (2011). Effectiveness-based guidelines for the prevention of cardiovascular disease in women- 2011 update: A guideline from the American Heart Association. *Circulation*, 123, 1243-1262.
- Munajjid, M. (7 March 2009). Is a woman's voice awrah? Retrieved December 10, 2010, from <http://islamqa.com/en/ref26304>
- Munhall, P.L. (1989). Philosophical ponderings on qualitative research methods in nursing. *Nursing Science Quarterly*, 2(1), 20-28.
- Muslim, S. (Date not recorded as Hadees are orally recorded). Quote sourced from Islamic Online University www.iou.com). Volume 4, p 1397002. Website consulted November 2011.
- Muslim, S. <http://haqaonline.com>. Website consulted January 2012.
- Mussap, A. (2009). Acculturation, body image, and eating behaviours in Muslim-Australian women. *Health & Place*, 15(2), 532-539.

- Naik, Z. (16 April 2011). Dr Zakir Naik: “*Are women allowed in mosques?*” Speech in Urdu. Retrieved February 12, 2012, from www.youtube.com/watch
- Naik, Z. (18 November 2010). Dr. Zakir Naik about listening to music. Retrieved on February 12, 2012 from www.youtube.com/watch
- Naik, Z. (30 April 2011). *The meaning of the “Islam”* by Dr Zakir Naik. Retrieved from <http://www.youtube.com/watch?v=wZJz-WrOf7I>
- Nakamura, Y. (2002). Beyond the hijab: Female Muslims and physical activity. *Women in Sport & Physical Activity Journal*, 11(2), 21-33.
- National Institute for Health and Clinical Excellence (2006). *Modelling the cost-effectiveness of physical activity interventions*. London, UK.
- Nazroo, J., Edwards, A., & Brown, G. (1998). Gender differences in the prevalence of depression. *Sociology of Health and Illness*, 20(3), 312-330
- Netball Australia (2007). *Motivations and barriers to women participating in sport and netball Research Report*. New York, NY: AC Neilson.
- Nettleton, S. (1996). Women and the new paradigm of health and medicine. *Critical Social Policy*, 16(48), 33-53.
- Neuberger, J. (1994). *Caring for dying patients of different faiths*. London, UK: Mosby.
- Nguyen, H. (2008). Patient centered care: Cultural safety in indigenous health. *Australian Family Physician*, 37(12), 990.
- NHRMC. (National Health and Medical Research Council) (2006). *Cultural competency in health*. Retrieved April 2, 2012, from http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/hp19.pdf?q=publications/synopses/_files/hp19.pdf
- Nishtar, S. (2002). Prevention of coronary heart disease in South Asia. *Lancet*, 360, 1015-1018.
- Niven, A., Fawkner, S., Knowles, A., Henretty, J. & Stephenson, C. (2009). Social physique anxiety and physical activity in early adolescent girls: The influence of

maturation and physical activity motives. *Journal of Sports Sciences*, 27(3), 299-305.

O'Brien, L. & Ramsden, I. (2000). Defining cultural safety and transcultural nursing. *Kai Tiaki: Nursing New Zealand*, 6.

O'Neill, D. (n.d.). *Presentation on SPARC's Pathways Team: An active journey through life*. Retrieved May 17, 2012 from http://ac.els-cdn.com/S1440244007703730/1-s2.0-S1440244007703730-main.pdf?_tid=6e0dcabff21194246677bc708ca81aa6&acdnat=1337303365_8d971ecd4754b8ac2952bea58e0e2e8d

Odeh Yosef, A. (2008). Health beliefs, practice, and priorities for health care of Arab Muslims in the United States: Implications for nursing care. *Journal of Transcultural Nursing*, 19(3), 284-291. Retrieved from <http://ovidsp.tx.ovid.com.ezproxy.aut.ac.nz/sp-3.5.1a/ovidweb.cgi?QS2=434f4e1a73d37e8c67df314988268116e989d0ead9d276a9f3a8db89d753c374e935d2f350bd5322a8099cab2df3fe684db6ce2893f0d82d5c0b1b94bba65c>

Oliver, M. (2008). *Physical activity in New Zealand preschoolers: Amount, associations, and accounts* (Doctoral thesis). Auckland, New Zealand: AUT University. Retrieved from <http://aut.researchgateway.ac.nz/handle/10292/433>

Osman, M. (1997). *Muslim women: The family and the society*. Saudi Arabia: Omar Ibn Al Khattab Foundation.

Oswald, D. L. (2005). Understanding anti-Arab reactions post-9/11: The role of threats, social categories, and personal ideologies. *Journal of Applied Social Psychology*, 35, 1775–1799.

Padela, A., Killawi, A., Heisler, M., Demonner, S. & Feters, M. (2011). The role of Imams in American Muslim health: Perspectives of Muslim community leaders in Southeast Michigan. *Journal of Religion & Health*, 50(2), 359-373.

- Paffenbarger, R. (2000). Physical exercise to reduce cardiovascular disease risk. *Proceedings of the Nutrition Society*, 59, 421-422. Retrieved from <http://journals.cambridge.org.ezproxy.aut.ac.nz>
- Palmer, C. (2009). Soccer and the politics of identity for young Muslim refugee women in South Australia. *Soccer and Society*, 10(1), 27-38.
- Papps, E. & Ramsden, I. (1996). Cultural safety in nursing: The New Zealand experience. *International Journal for Quality in Health Care*, 8(5) 491-497.
- Parsons, T. (1951). *The social system*. Glencoe, IL: Free Press.
- Paul, C. (1993). Inequalities in health and redefining values. *New Zealand Medical Journal*, 106, 12-13.
- Pedwell, C. (2007). *Tracing 'the anorexic' and 'the veiled woman': Towards a relational approach*. Available online from <http://lse.ac.uk/collections/genderInstitute/20Pedwell.pdf> retrieved 1/9/2009
- Pe-Pua, R. (1989). Pagtatanong-Tanong: A cross-cultural research method. *International Journal of Intercultural Relations*, 13(2), 147-163. Retrieved from <http://www.sciencedirect.com.ezproxy.aut.ac.nz/science/article/pii/0147176789900035>
- Petersen, A. & Bunton, R. (Eds.). (1997). *Foucault, health and medicine*. London, UK: Routledge.
- Peterson, A. & Lupton, D. (1996). *The new public health: Health and self in the age of risk*. St. Leonards, Australia: Allen & Unwin.
- Philips, B. 1a. *Judgement day*. Retrieved February 8, 2012, from www.islamiconlineuniversity.com
- Philips, B. 1b. Sourced on November 30, 2009 from www.islamiconlineuniversity.com
- Phillips, M. (1989). *Understanding Islam and Muslims*. Washington, DC: Islamic Affairs Department, Embassy of Saudi Arabia.

- Pinnegar, S. & Daynes, J. (2007). Locating narrative inquiry historically. In J. Clandinin (Ed.), *Handbook of narrative inquiry*. Thousand Oaks, CA: Sage.
- Polkinghorne, D. (1983). *Methodology for the human sciences*. Albany, NY: State University of New York Press.
- Polkinghorne, D. (1988). *Narrative knowing and the human sciences*. Albany, NY: State University of New York Press.
- Polkinghorne, D. (2007). Validity issues in narrative research. *Qualitative Inquiry*, 13(4), 471-486.
- Pomerantz, J. (2009). Examining the link between obesity and mental illness. *Drug Benefit Trends*, 21(2), 65.
- Ponterotto, J. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126-136.
- Potter, W. (1996). *An analysis of thinking and research about qualitative methods*. New Jersey, NJ: Lawrence Erlbaum.
- Pratt, D. (2010). Antipodean angst: Encountering Islam in New Zealand. *Islam and Christian-Muslim Relations*, 21(4), 397-407. Retrieved from <http://dx.doi.org/10.1080/09596410.2010.527107>
- Pringle, R. (1998). *Sex and medicine: Gender, power and authority in the medical profession*. Cambridge, MA: Cambridge University Press.
- Purnell, L. & Paulanka (Eds.). (2003). *Transcultural health care*. Philadelphia, PA: Davis Company.
- Qaradawy, Y. (1992). *The status of women in Islam*. Cairo, Egypt: Islamic Home Publishing & Distribution.
- Ramanathan, S. & Crocker, P. (2009). The influence of family and culture on physical activity among female adolescents from the Indian diaspora. *Qualitative Health Research*, 19(4), 492-503.

- Ramsden, I. (1990). *Kawa Whakaruruhau: Cultural Safety in Nursing Education in Aotearoa*. Ngati Kahungunu. Wellington, New Zealand: Ministry of Education.
- Rasheed, A. (7 March 2009). *Is a woman's voice awrah?* Retrieved December 10, 2010 from <http://qasunnipath.com>
- Reed, K. (2008). *Resituating the meaning of occupation in the context of living* (Doctoral thesis). Auckland, New Zealand: AUT University.
- Reza, M.F., Urakami, Y. & Mano, Y. (2002). Evaluation of a new physical exercise taken from Salat (prayer) as a short-duration and frequent physical activity in the rehabilitation of geriatric and disabled patients. *Annals of Saudi Medicine*, 22(1), 177-80.
- Ricardo, A. (2011). *Toward a concept of Islamic personality*. Retrieved March 12, 2012 from www.islamic-world.net
- Riessman, C. (1993). *Narrative analysis*. London, UK: Sage.
- Riessman, C. (2002). Analysis of personal narratives. In J. Gubrium Holstein (Ed), *Handbook of interview research*. London, UK: Sage.
- Riessman, C. (2008). *Narrative methods for the human sciences*. London, UK: Sage.
- Riley, S., Burns, M., Frith, H., Wiggins, S. & Markula, P. (Eds.). (2008). *Critical bodies: Representations, identities and practices of weight and body management*. New York, NY: Palgrave MacMillan.
- Roberts, K. & Taylor, B. (1998). *Nursing research processes: An Australian perspective*. Melbourne, Australia: Nelson.
- Rose, N. (2000). Community, citizenship and the third way. *The American Behavioral Scientist*. 43(9), 1395-1411.
- Rose, N. (2006). *The politics of life itself: Biomedicine, power and subjectivity in the twenty-first century*. New Jersey, NJ: Princeton University Press.
- Rose, N. (2009). Normality and pathology in a biomedical age. *Sociological Review*, 57, 66-83.

- Rosenstock, I. (1974). Historical origins of the Health Belief Model. *Health Education*, 2.
- Rossem, L., Vogel, I., Moll, H., Jaddoe, A., Hofman, A., Mackenbach, J. & Raat, H. (2012). An observational study on socio-economic and ethnic differences in indicators of sedentary behaviour and physical activity in preschool children. *Preventive Medicine*, 54(1), 55-60.
- Roux, L., Pratt, M. & Tengs, T. (2008). Cost-effectiveness of community-based physical activity interventions. *American Journal of Preventive Medicine*, 35, 578-588.
- Rowan, J. & Cooper, M. (Eds.). (1999). *The plural self*. London, UK: Sage.
- Rumi, J. (1898). *Masnavi, Ma'anavi*. Translator E.H. Whinfield. Retrieved July 1, 2007 from <http://muslim-canada.org/sufi/book0rumi.html>
- Runnymede Trust. (1997). *Islamophobia: A challenge for us all*. London, UK: Runnymede Trust.
- Saheeh International. (2009). *The Quran- English meanings revised and edited by Saheeh International*. Riyadh, Saudi Arabia: Al-Muntada Al-Islami Trust.
- Sahih Al-Bukhari narrated by Abu Huraira. Retrieved January 7, 2012 from <http://www.searchtruth.com>
- Sandelowski, M. (1994). We are the stories we tell: Narrative knowing in nursing practice. *Journal of Holistic Nursing*, 12(1), 23-33.
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23, 334-340.
- Scambler, G. & Kelleher, D. (2006). New social and health movements: Issues of representation and change. *Critical Public Health*, 16(3), 219-231.
- Schaie, K., Krause, N. & Booth, A. (2004). *Religious influences on health and wellbeing in the elderly*. New York, NY: Springer Publishing Company.

- Scruton, S. & Flintoff, A. (Eds.). (2002). *Gender and sport: A reader*. New York, NY: Routledge.
- Segrave, J. (2000). Sport as escape. *Journal of Sport and Social Issues*, 24(1), 61-77.
- Shaevitz, M. (1984). *The Superwoman Syndrome*. USA: Warner Books.
- Shah, K. & Culbertson, P. (2011). Mental health awareness among Imams serving New Zealand's Muslim population. *New Zealand Journal of Counselling*, 31(1), 87-97.
- Sheikh, A. (1998). Death and dying - a Muslim perspective. *Journal of the Royal Society of Medicine*, 91(3), 138-140.
- Sheikh, A. & Gatrad, A. (Eds.). (2000). *Caring for Muslim patients*. Oxon, UK: Radcliffe Medical Press Ltd.
- Shepard, W. (2006). New Zealand Muslims and their organizations. *New Zealand Journal of Asian Studies*, 8(2), 8-44.
- Slade, P. (1994). What is body image? *Behaviour Research and Therapy*, 32(5), 497-502.
- Smedt, D., De Cocker, K., Annemans, L., De Bourdeaudhuij, I. & Cardon, G. (2011). A cost-effectiveness study of the community-based intervention '10 000 Steps Ghent'. *Public Health Nutrition*, 15(3), 442-451.
- Smythe, E. (1998). Being safe in childbirth : a hermeneutic interpretation of the narratives of women and practitioners : a thesis presented in fulfilment of the requirements for the degree of Doctor of Philosophy, School of Health Sciences, Massey University, New Zealand. <http://mro.massey.ac.nz/handle/10179/2395>
- Smythe, E. (2005) In P. Ironside (Ed.), *Beyond method- philosophical conversations in healthcare research and scholarship*. Wisconsin: University of Wisconsin Press.
- Smythe, E. (2007). Yes, we are prejudiced. *Community Development Journal*, 42(3), 400-402.

- Smythe, E., Ironside, P., Sims, S., Swenson, M. & Spence, D. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies*, 45(9), 1389-1397. Retrieved from <http://www.sciencedirect.com.ezproxy.aut.ac.nz/science/article/pii/S0020748907002350>
- SPARC (2003). *Obstacles to action overview report*. Retrieved April 1, 2008, from www.sparc.org.nz
- SPARC (2003). *Obstacles to action. A study of New Zealanders' physical activity and nutrition*. Retrieved April 1, 2008.
- SPARC (2003). (1a). *SPARC facts: Results of the New Zealand sport and physical activity surveys (1997-2001)*.
- SPARC (2005). *Changing physical activity behaviour*. Retrieved April 1, 2008, from www.sparc.org.nz.
- SPARC (2011). *The economic and social value of sport and recreation to New Zealand*. Retrieved March 1, 2012, from www.sparc.org.nz
- SPARC (n.d.) *Connecting with diversity: Auckland sports toolkit* Retrieved March 1, 2012, from <http://www.sportnz.org.nz/Documents/Communities%20and%20Clubs/Active%20Communities/diversity/diversity.pdf>
- Spence, D. (1999). *Prejudice, paradox and possibility: Nursing people from cultures other than one's own* (PhD thesis). New Zealand: Massey University.
- Spence, D. (1982). *Narrative truth and historical truth: Meaning and interpretation in psychoanalysis*. New York, NY: Norton.
- Spicer, J., Trlin, A. & Walton J. (1994). *Social dimensions of health and disease: New Zealand perspectives*. Palmerston North, New Zealand: Dunmore Press.
- Spoonley, P. (1995). *Racism & ethnicity*. Auckland, New Zealand: Oxford University Press.

- Sport NZ. (n.d.) Retrieved March 13, 2012, from <http://www.sportnz.org.nz/en-nz/Information-For/Regional-Sports-Trusts/>
- Stacey, A. 2008. *Health in Islam* Part 4 Retrieved March 12, 2012, from <http://www.islamreligion.com/articles/1904/>
- Stanten, M. (1997). Dress for exercise success. *Prevention*, 49(7).
- Statistics New Zealand (2005). *Focusing on women*. Retrieved January 25, 2005, from <http://www.stats.govt.nz/analytical-reports/children-in-nz/growing-ethnic-diversity.htm>
- Statistics New Zealand. (Census 2006). Retrieved from www.Statistics.govt.nz
- Storti, C. (2001). *The art of coming home*. Yarmouth, UK: Intercultural Press.
- Stroud, N. & Minahan, C. (2009). The impact of regular physical activity on fatigue, depression and quality of life in persons of Multiple Sclerosis. *Health and Quality of Life Outcomes*, 7(1), 68.
- Sye, J. (2008). *A fine balance* (Master's thesis). Auckland, New Zealand: Auckland University of Technology.
- Tabari, N. & Yeganeh, N. (Eds.). (1982). *In the shadow of Islam: The women's movement in Iran*. London, UK: Zed Books.
- Tanner-Smith E. (2010). Evaluating the Health Belief Model: A critical review of studies predicting mammographic and pap screening. *Social Theory and Health*, 8(1), 95-125.
- Taylor, T. & Doherty, A. (2005). Adolescent sport, recreation and physical education: experiences of recent arrivals to Canada. *Sport, Education and Society*, 10(2), 211-38.
- Taylor, T. (2004). The rhetoric of cultural diversity in Australian netball. *Journal of Sport and Social Issues*, 28(4), 453-76.

- Taylor, V. & McIntyre, R. (2012). Beyond pharmacotherapy: Understanding the links between obesity and chronic mental illness. *The Canadian Journal of Psychiatry*, 57(1), 5-12.
- The Aucklander (2010, August 12). *Faith, hoops, hilarity*. Report on Muslimah Sports Association, by Hayley Hannan.
- Tober, D. & Budiani, D. (2007). Introduction: Why Islam, health and the body? *Body & Society*, 13. Retrieved from <http://www.sagepublications.com>
- Townsend, P., Davidson, N. & Whitehead, M. (1988). *Inequalities in health: The Black Report and the health divide*. UK: Penguin Books
- Triandis, H. (1972). *The analysis of subjective culture*. New York, NY: Wiley.
- Tseelon, E. (1997). *The masque of femininity*. London, UK: Sage.
- Tudor-Locke, C. & Bassett, D. (2004). How many steps/day are enough?: Preliminary pedometer indices for public health. *Sports Medicine*, 34(1), 1-8. Retrieved from <http://www.ingentaconnect.com.ezproxy.aut.ac.nz/content/adis/smd/2004/00000034/00000001/art00001>
- Tudor-Locke, C., Henderson, K., Wilcox, S., Cooper, R., Durstine, L. & Ainsworth, B. (2003). In their own voices: Definitions and interpretations of physical activity. *Women's Health Issues*, 13, 194-199.
- Turner, B. (1985). *The body and society: Explorations in social theory*. Oxford, UK: Basil Blackwell.
- Veseau, T. (1994). In P. Chinn & J. Watson (Eds.), *Arts and aesthetic in nursing*. New York, NY: Heinemann Publishers.
- Voll, J. (1994). *Islam: Continuity and Change in the Modern World*. Syracuse, NY: Syracuse University Press.
- Von Bonsdorff, M., Rantanen, T., Leinonen, R., Kujala, U., Tormakangas, T., Manty, M. & Heikkinen, E. (2009). Physical activity history and end-of-life hospital and long-term care. *Journal of Gerontology*, 64(7), 778-84.

- Wadud, A. (2000). Alternative quranic interpretation and the status of Muslim women. In G. Webb (Ed.), *Windows of faith: Muslim women scholar-activists of North America* (pp. 3-21). Syracuse, NY: Syracuse University Press.
- Wadud, A. (2008). Foreword. *International Feminist Journal of Politics*, 10(4), 435-438.
- Wadud, A. (n.d.) in 'Musawah'. Retrieved February 26, 2012, from www.musawah.org/docs/pubs/wanted/-AW-Summary.pdf
- Wadud-Mohsin, A. (1992). *Quran and woman*. Kuala Lumpur, Malaysia: Penerbit Fajar Bakti.
- Walseth, K. & Fasting, K. (2003). Islam's view on physical activity and sport: Egyptian women interpreting Islam. *International Review for the Sociology of Sport*, 38. Retrieved from <http://irs.sagepub.com?content/38/1/45>
- Wartburton, D. (1998). A passionate dialogue: community and sustainable development. In D. Wartburton (Ed.), *Community and sustainable development: Participation in the future* (pp. 1-39). London, UK: Earthscan.
- Whiteford, G. & Wilcock, A. (2000). Cultural relativism: Occupation and independence reconsidered. *The Canadian Journal of Occupational Therapy* 64(5), 324-336.
- Whitehead, S. & Biddle, S. (2008). Adolescent girls' perceptions of physical activity: A focus group study. *European Physical Education Review*, 14, 243-262.
- WHO (1985). *Targets for health for all*. Copenhagen, Denmark.
- WHO (1986). *Ottawa Charter for health promotion*. Glossary of key terms. Retrieved March 30, 2012, from http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf
- WHO (1998). *Obesity: Preventing and managing the global epidemic*. Geneva, Switzerland.
- WHO (2002). *The world health report 2002*. Geneva, Switzerland.

- Willig, C. (2003). *Qualitative Research in Psychology*. Buckingham, UK: Open University Press.
- Wilson, G., Hantz, A. & Hanna, M. (1995). *Interpersonal communication*. Madison, WI: Brown & Benchmark Publishers.
- Wilson, N., Blakely, T., Foster, R., Hadorn, D. & Vos, T. (2011). Selecting priority health risk factors for researching preventive interventions: A New Zealand example. *Journal of Epidemiological Community Health*, 65. Retrieved from http://jech.bmj.com.ezproxy.aut.ac.nz/content/65/Suppl_1/A314.2
- Wimbush, E. (1994). A moderate approach to promoting physical activity: The evidence and implications. *Health Education Journal*, 53, 322-326.
- Witz, A. (1992). *Professions and patriarchy*. London, UK: Routledge.
- Wolcott, H. (1994). *Transforming qualitative data: Description, analysis, and interpretation*. Thousand Oaks, CA: Sage.
- Wolf, N. (1990). *The beauty myth*. London, UK: Vintage.
- WWD (Women's Wear Daily) (2007, February 15). Speedo creates lightweight swimsuit. Vol 193, no. 36.
- Yancey, A., Feilding, J., Flores, G., Sallis, J., Breslow, L. and McCarthy, W. (2007). Creating a public health infrastructure for physical activity promotion. *American Journal of Preventive Medicine*, 32(1), 68-78
- Yasin, K. (7 March 2009). *Message to sisters- awrah, voice, behaviour, etc..* Retrieved December 10, 2010 from <http://www.youtube.com/watch?>
- Ypinazar, V.A. & Margolis, S.A. (2006). Delivering culturally sensitive care: The perceptions of older Arabian Gulf Arabs concerning religion, health and disease. *Qualitative Health Research*, 16, 773-787.
- Yungblut, H., Schinke, R. & McGannon, K. (2012). Views of adolescent female youth on physical activity during early adolescence. *Journal of Sports and Medicine*, 11(1), 39-50. Retrieved from <http://www.jssm.org>

- Zahraa, M. (2003). Unique Islamic law methodology and the validity of modern legal and social science research methods for Islamic research. *Arab Law Quarterly*, 18(3), 215-249. Retrieved from <http://heinonline.org.ezproxy.aut.ac.nz/HOL/Page?handle=hein.journals/arablq18&collection=journals&page=215>
- Zuhur, S. (1992). *Revealing reveiling: Islamist gender ideology in contemporary Egypt*. New York, NY: State University of New York Press.

APPENDICES

APPENDIX 1: Advertisement to Recruit Participants



RESEARCH ABOUT MUSLIM WOMEN AND EXERCISE

Assalam Alaikum. Are you a Muslim woman aged over 20? Do you exercise from 0-2.5 hours or more a week? In addition, if you speak English, Urdu or Hindi, I would like to talk to you.

My name is Nargis Ali and I am doing a study titled “Physical Activity: Narratives of Muslim women in New Zealand”. I would like to interview some Muslim women who do not exercise at all and some who exercise a little or a lot. If you would like to share your views on this topic, and talk about why you exercise, or why you don’t, or what your experience of exercise is, please contact me

on the number or email below. I shall explain the research
in more detail and make a time to interview you.

Jazakallah Khair.

Nargis Ali

0210452255

nargisali.nz@gmail.com

APPENDIX 2: Interview Questions

QUESTIONS

- Choose a name for yourself if you wish to
- Describe your lifestyle and your relationship with Islam
- Explain what you understand by 'Exercise'
- How much do you exercise per week on average and what kind of exercise is it?
- Do consider your level of physical activity to be low, average or high?
- What has been your experience with exercise?
- Are there things that hinder or facilitate exercise?

PROMPTS

- Being a Muslim woman.

This topic will involve conversation about how they came to Islam- whether it is their adopted religion or whether they were born into it. I foresee this would also include their 'place' in NZ society- whether they migrated to NZ (if so, how long ago, first generation or not), whether they work outside of the home, live in an extended family and so on.

- The meaning of exercise/physical activity

This topic will explore such issues as: where does exercise fits in the women's day/role/expectations; for those who exercise regularly, they will be asked: How often do you exercise, what kind, why, For those who do not exercise: can you talk to me about why you do not

- What do you think of the religion's and the Muslim community's views on exercise?

APPENDIX 3: Arrangement of a Marriage: A Narrative

The mere idea of an arranged marriage is enough, I have noticed, among Pakeha New Zealand people, to excite a strange mixture of disbelief, astonishment and even disgust at such a 'backward' and primitive practice.

Having spent a good two thirds of my life in New Zealand as an Indian-born first generation immigrant, I bought whole heartedly into the idea of romantic love being the norm, where one 'fell' into an effortless love, courtship and then perhaps a longish relationship most probably with a living-together or defacto component preceding a marriage and /or kids. Now in New Zealand this may seem as a good plan for a young person or a young couple starting out. Where I come from however (Indian Muslim middle class background), such a concept would be considered blasphemous, immoral and the exact opposite of the order in which a relationship should progress.

The way in which an arranged marriage works is this: two families with a marriageable son or daughter send out 'feelers' in the wider community through their social networks. This is usually through an 'ism navesi' which loosely translated is like a curriculum vitae consisting of an eclectic array of information about the prospective bride and groom, including their qualifications, a subjective opinion about their physical attributes such as beauty, complexion, and height (but not weight!). It would also contain what is quite similar to a family tree, giving details of who forms the extended family, names of parents, uncles, aunties and their occupations, qualifications and even the properties they may own. This then forms the basis of the first screening, by which a family selects the most suitable-seeming family to initiate a relationship with. All this is done without the respective families meeting each other in order to avoid a 'loss of face' in case the relationship or alliance does not materialise. Once the screening is done, the elders of the respective families meet each other and in a way 'size up' the other party and judge whether a marriage would be compatible religiously and socially. The bride- and groom- to-be are then introduced to each other and everything going well, are engaged to each other and are married after many meetings and much exchange of gifts, symbolising a relationship between the families, not just between a man and a woman.

When I turned twenty, my grandmother who lives in India most enthusiastically undertook the responsibility of finding me a husband. Her decision was a big turning point in my life. Until then my life in New Zealand revolved around work in a

government agency and study at university. My friends were both Indian New Zealanders as well as European, Maori and Pacific Island New Zealanders. Most of my girlfriends and I were single, and talked about relationships and were open to the possibility of finding the 'right man'. We also lived vicariously through our friends who were in relationships, offering them advice, believing ourselves to be quite rational and logical and unlikely to find ourselves in relationships that wouldn't work.

Anyway, as time went on, I started receiving photos of young men and their 'ism navesis' either by email or by normal mail. Each one would be accompanied by a letter or a phone call from India by my grandmother or an uncle or aunt eliciting my feedback. At first I found the whole process humorous, although a bit puzzling in terms of how I was supposed to guess this man's virtues or that man's nature or another man's suitability based on the very rational and foolproof method of gazing at a photograph!

My friends and I used to discuss each photo's merits and demerits before dismissing each proposal based on both real and imagined incompatibilities and I didn't think the whole issue would come to any solid conclusion, given New Zealand's geographical distance from India and the remoteness of the possibility of any prospective suitors being sent to meet me, an unchaperoned girl, living by herself in Auckland (by this stage my parents were living in Australia while I studied and worked in New Zealand).

Then one day I was sent a photograph of a man aged 28 (so read the ism navesi), who had completed a Bachelor's degree in computer programming, ran a computer training institute, who measured 175 centimeters and who most importantly, was the son of a distant cousin of my grandmother and whom I had apparently met as a child many years ago. The photo showed me a man sitting on a sofa wearing a rather intense expression, and for once I was unable to point out any reasons why I would not find him suitable and gave in rather reluctantly to accepting a phone call from him. One call led to another and then to an online chat and so on, and within about six months of being introduced to each other I heard he news that our wedding had been fixed in India. While I should have seen this coming, the news shocked me because unconsciously I was still expecting my New Zealand version of a romance and relationship. When I spoke to one of my uncles about how sudden it all seemed and how I was unprepared to go through with a wedding, he was quite aghast at my definition of a relationship and it

struck me then that my ideas, encultured in the Kiwi way of life, were so foreign to my own family, that there had become a big culture divide between us.

There ensued many weeks of a lot of pressure from the family about how I would bring dishonour to the family if I didn't go through with the wedding and how they would all be insulted in the community if this alliance did not come through after they had 'given their word'. And the other important issue many members of the family raised was the fact that since I did not have any problem with the man in question anyway, why was I opposed to the idea of marrying him? My vantage point was that I could by then understand both the Muslim Indian and the New Zealand versions of marriage and love. The former understood love and commitment to be a result of marriage and for the latter the inverse was true. Both concepts were right in their own way and both had strengths and weaknesses, being entrenched in their respective ways of doing things. My dilemma was twofold: if I agreed to marry this man I was buying into a lifetime commitment without so much as meeting him in person, trusting without any guarantee that it would work out, despite the big culture gap and despite the probable differences in our role-expectations. If on the other hand I refused to marry him, I would be insulting a family full of people who by their own standards were doing the best they could for me and acting with my best interest at heart. In addition, if I did have a relationship with someone of my own choosing, there was still no guarantee that *that* would work out either, as my own observation of relationships and marriages in New Zealand had shown me over the years. So a rock and a hard place were the two choices before me and I chose one of the two, for better or for worse!

I reached India exactly ten days before my wedding, and found my grandparents' sprawling home full of wedding preparations, uncles, aunties, cousins, cooks, tailors, jewelers and all sorts of people engaged in various tasks and duties related to the upcoming wedding. The day after I reached India I met my husband-to-be. It was a strange meeting to say the least. When we had spoken on the phone or chatted over the internet it was in relative privacy; but in this meeting was present not only the man in person, but also an assortment of his significant relatives, such as his mother, two sisters and three aunties. I felt uncomfortable and awkward to say the very least, like something that had been put on display to gain the approval of all these people. The ladies seemed very nice however, and asked questions which were innocent enough, but to someone who had lived out of India for a while, they seemed to be contrived and

probing (Will you work after getting married? Do you cook? How do you like living by yourself? What do you do in your spare time? etc.). It was a shock to the system being asked things which to me seemed quite personal, but I should have realised that in a collective society like India, the personal was the public and everyone had the right to voice an opinion about the other person! So the long and the short of it is that I never had a decent look at my husband nor met him alone until the deed was done and we were married.

The wedding itself was a long and convoluted process of ceremonies, some which had the groom's relatives visiting us and some which had my relatives (excluding me) going over to their place. Some involved giving gifts, in some I received gifts, some quite handsome ones of jewelry and ornate clothes, so I didn't have much to complain about. Muslim marriages also involve a marriage contract, which is like a pre-nuptial agreement. In this the bride or a male relative representing her, like a father or uncle, stipulates conditions, such as the mehr she needs (this is a specified sum of money or property which a husband is obliged to give his wife as a token of her independent means in the event of a separation or divorce). Once the contract is signed, the marriage is complete and there is a rather grand reception or feast on the night of the marriage. The next hurdle in this process is the 'valima' or celebration of the consummation of the marriage, which by Muslim law, should take place as soon as possible. The rationale behind this I think was that if there is a problem between the husband and wife or if one finds the other lacking in some respect, then the differences could be ironed out while the wedding guests are still around to help resolve the issue. This however, posed an immense challenge to me because all my mental planning had led me up to the point of the wedding but not beyond; moreover, all my friends and my network which I relied on for support and advice was back 'home' in New Zealand and the people back 'home' in India weren't ones I could discuss such intimate things with.

Anyway, I need not have worried too much because the man who I found myself married to, was very unlike the stereotypical Indian Muslim male I had expected to find. He was articulate, pleasant, well-read, and had very balanced ideas about a man's role and a woman's role in a family - that is, they matched my own ideas about how things should be. So the result has been that despite all my misgivings and despite my friends' certainty that it wouldn't work out, my husband and I have been happily married for the last four years and have a three year old son.

I believe now that some arrangements are made in heaven!

APPENDIX 4: Participant Information Sheet

PARTICIPANT INFORMATION SHEET



Date Information Sheet Produced:

24 May 2010

Project Title

Physical Activity: Narratives of Muslim Women in New Zealand

An Invitation

Assalam Alaikum. You are invited to take part in a research study which explores the exercise levels and needs of Muslim Women in New Zealand. My name is Nargis Ali, and this study will result in the completion of my doctoral degree, Doctor of Health Science at Auckland University of Technology. As a Muslim woman, I am aware of the various challenges we face when we contemplate being more physically active. Often, our inability to exercise results in poor health. I would like you to share your views on this subject. Please be aware that you are not bound to take part in the study if you do not wish to, and you can withdraw from it at any time before the data collection is completed, without any negative consequences. Your participation is completely voluntary.

What is the purpose of this research?

The purpose of this research is to explore how much exercise Muslim women in New Zealand get, if they exercise enough, and if not then what are the reasons behind it. The research will show what challenges Muslim women face when exercising and explore Muslim concepts such as Hijab and gender segregation.

Once the research is completed, a doctoral thesis will be published, as well as papers in academic journals.

How was I chosen for this research?

You have been been invited to be part of this research as you have expressed interest in the subject. You have contacted me in response to the poster at your Masjid or place of exercise. You meet the criteria of this study, which is Muslim women aged 20 and over, exercising 0-2.5 hours or more a week and able to speak English, Hindi or Urdu. In addition, when you rang me, I asked you about your level of exercise, which helped me in selecting you for this research.

What will happen in this research?

I shall interview you at a place convenient to you. This will take between 1 and 1.5 hours. The interview will be audiotaped and I shall send you a copy of the transcript for you to check and correct. After the study is completed, I shall be able to send you a copy electronically if you would like to receive a copy. If you so wish you may choose to have a support person with you, but please let me know beforehand who will be present at the interview.

What are the discomforts and risks?

It is not the intention of the study to pose any risk or discomfort to you. You should feel comfortable to disclose as much information to me as you are comfortable with. If you feel uncomfortable at any stage, you are able to stop the interview and request the recorder be turned off.

How will these discomforts and risks be alleviated?

In the unlikely event that you experience significant distress as a result of the interview, free counselling is available through AUT counselling services.

What are the benefits?

The benefits of doing this research include

- increasing the knowledge of the research community about Muslim women's exercise needs
- providing Muslim women a forum to voice their opinions regarding issues of health and exercise
- participation in further research which may pilot increasing exercise levels in a culturally appropriate manner.

How will my privacy be protected?

Your privacy is of utmost importance. You will be able to choose a name for yourself before the interview to avoid being identified by the readers of the study. All your details will be kept on AUT premises in a locked cabinet for 6 years and will be destroyed after this period.

What are the costs of participating in this research?

The only cost to you is your time. The interview will take approximately 1 to 1.5 hours. You will need about an hour to check the interview transcript before returning it to me.

What opportunity do I have to consider this invitation?

Please take the time to consider this invitation. You may also share your thoughts with your family and friends and consider what they think might be the potential benefits and risks of participating in this study. I shall contact you in two weeks' time to see if you would like to be part of the research.

How do I agree to participate in this research?

If you decide to participate in this study, please let me know by contacting me on the number noted on this form, or when I contact you. You will then have to fill in a consent form which I shall bring with me to the interview.

Will I receive feedback on the results of this research?

You will need to indicate on the consent form if you wish to receive a copy of the completed research. If so, I shall email it to you after the completion of the study. Hard copies will also be kept at Masjid-e-Omar on Stoddard Road and at the Blockhouse Bay Islamic Centre on Blockhouse Bay Road.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, *Dr Deborah Payne*, by email: Deborah.payne@aut.ac.nz or by phone: 9219999 X 7112

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Madeline Banda, madeline.banda@aut.ac.nz, 921 9999 ext 8044.

Whom do I contact for further information about this research?

Nargis Ali

Nargisali.nz@gmail.com

021588449

Dr. Deborah Payne

Deborah.payne@aut.ac.nz

9219999 X 7112

Approved by the Auckland University of Technology Ethics Committee on 26 July 2010. Reference number 10/122.

APPENDIX 5: Participant Consent Form



Project title: ***Physical Activity: Narratives of Muslim Women in New Zealand***

Project Supervisor: ***Dr Deborah Payne***

Researcher: ***Nargis Ali***

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 24 May 2010.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ☐ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ☐ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ☐ I agree to take part in this research.
- ☐ I wish to receive a copy of the report from the research (please tick one):
Yes ☐ No ☐

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):

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Date:

***Approved by the Auckland University of Technology Ethics Committee on 26 July
2010 by AUTEK Reference number 10/122.***

Note: The Participant should retain a copy of this form.