

ILLUSTRATING THE PROCESS OF GENDER AND CULTURALLY
SENSITIVE HEALTH PROMOTION OF WOMEN THROUGH FIT4LIFE
PROGRAM

Kati Vertiö c26502

Trajila Mulepati c26721

Diaconia University of Applied Sciences

Diak Helsinki

Degree Program in Social Services

30.4.2018

ABSTRACT

Vertiö, Kati and Mulepati, Traijila. Illustrating the process of gender and culturally sensitive health promotion of women through Fit4Life program. 36 pages. 2 appendices. Language: English. Spring 2018. Diaconia University of Applied Sciences. Degree Program in Social Services and Community Development. Degree: Bachelor of Social Services (AMK).

This is a development-oriented thesis that aimed to illustrate the holistic process of a participant in Fit4Life health promotion program through a sample of a model. Fit4Life promotes the overall health and well-being of multicultural women in Finland and it encourages to lead a healthy lifestyle by using sports as a tool. It addresses a variety of important aspects of health such as physical activity, nutrition, mental well-being and social participation in its activities.

This thesis consists of following parts: the literature review and the description of the process of creating a sample model of the participant's process in Fit4Life program. The literature review discourses the key concepts of holistic health promotion as well as the gender-sensitive and culturally sensitive approaches in health promotion work. Also, the working life partner and the previous research of Fit4Life are presented in the thesis.

The model (appendix 2) presents the different stages and actions connected to the experiences of the participant. It helps to understand the participant's experience more deeply and indicates the desired and undesired scenarios in the end of the process. It can be utilized as a tool by organizations, professionals and students for developing effective procedures and methods in health promotion work.

The thesis addresses that aspects and impacts of gender and culturally sensitive work approach should be researched and recognized better for the health promotion of women in Finland from decision-making level to the daily work of professionals. The model that was created in this thesis shows that cultural background and gender have an impact on the overall process of improving one's health and gender and culturally sensitive approach in health promotion work is essential. Over time, gender and culturally sensitive work approach will influence positively in saving the costs of public health care through increased physical activity and awareness of healthy lifestyle.

Keywords: Health promotion, gender-sensitivity, cultural sensitivity, model, process, physical activity

Contents

1	INTRODUCTION.....	4
2	FROM PILOT PROJECT TO ACTIVITY – FIT4LIFE PROJECT	6
	2.1 Respective organization of the project.....	6
	2.2 Women in Fit4Life program and their challenges in health promotion	7
	2.3 Other gender or culturally sensitive health promotion programs or project	10
3	KEY CONCEPTS	12
	3.1 Health promotion	12
	3.1.1. Physical health	13
	3.1.2. Mental health.....	14
	3.1.3. Social well-being	16
	3.2 Gender sensitivity in health promotion.....	17
	3.3 Culture sensitivity in health promotion	18
4	PROCESS OF CREATING AND DEVELOPING THE SAMPLE MODEL ..	20
	4.1 Design thinking	20
	4.2 Customer experience mapping as an inspiration for the sample model...	21
	4.3. The process of creating the model.....	23
5	ETHICAL CONSIDERATION AND LIMITATION OF THE THESIS	26
6	PROFESSIONAL DEVELOPMENT AND REFLECTION	27
7	CONCLUSION	30
	APPENDIX 1.....	35
	APPENDIX 2.....	36

1 INTRODUCTION

This is a development-oriented thesis that responds to the need of presenting a concrete display of the participation process in Fit4Life health promotion program that aims to foster the overall health and well-being of women in Finland through gender and culturally sensitive approach. The aim of the thesis is to illustrate the process of participation in the program from the participant's point of view. The process is presented in a sample of a model that functions as the outcome of the thesis. The purpose of the thesis is to increase the awareness of health professionals and students regarding the service user whose experience in health promotion activities is affected by the gender and cultural background.

The sample of a model illustrates the different stages of participation, experiences of the participant and the critical points that may influence the participation throughout the process. Furthermore, the sample provides an insight into the dynamics and connections influencing the participation of the target group and better understanding of the overall experience in health promotion program. It can be utilized as a planning tool for other health promotion programs with gender sensitive or culturally sensitive approach.

In this thesis the sample of a model is a structured base that presents the participation process from beginning to the end in gender and culturally sensitive health promotion program. It helps to understand the process inside the program as well as the dynamics of the process. Models are very powerful tools for representing natural processes and the only mean to envision large structural scales or predict the future (Hestenes, 1998). The content of the model is developed based on the acquired information and knowledge from previous research of Fit4Life as well as through the feedback of the respective staff on the draft of the model. Additionally, the thesis utilizes the observations and knowledge of one of the student as she has been working intensively in Fi4Life project for the past 4 years.

The thesis offers the students and professionals of social work an insight to a process of gender and culturally sensitive health promotion. The role of social workers and social instructors in health promotion work is to evaluate and understand the needs of an individual and therefore it is important to understand how the gender and the cultural background influences the needs of the person.

2 FROM PILOT PROJECT TO ACTIVITY – FIT4LIFE PROJECT

“Fit4Life” was initiated in 2015 as a triennial pilot project to find a holistic solution to improve the health and well-being of immigrant and multicultural women in Finland. It developed a structure of activities that aim to promote health, prevent social exclusion and improve the quality of life of immigrant and multicultural women in Finland. The content creation and planning of the activities takes into consideration different aspects that influence the health and quality of life, such as physical exercise, nutrition, mental well-being and social participation. (Monaliiku 2018a.)

Throughout the project, the activities were developed and established based on the results of the needs mapping of the target group, functional experiments of the activities, immediate feedback of the participants and observations of the staff during the pilot phase (Monaliiku 2017a). During the pilot phase, a network of different actors, professionals or organizations was established and motivated to contribute in offering solution that improve the health of immigrant and multicultural women (Monaliiku 2018a).

Currently, Fit4Life considered as an activity instead of a project. As the core activity, it arranges regular well-being groups for multicultural and immigrant women to engage in sports and health promotion activities. In total 7 groups are arranged; five of them in Helsinki metropolitan area, one in the city of Turku and one in the city of Jyväskylä. The groups provide supervised exercise once a week, educative session on health topics such as nutrition or health-behavior, information about the different services that support the health and well-being of the participants. (Monaliiku 2017a.)

2.1 Respective organization of the project

The project and the activities of Fit4Life is coordinated and managed by a non-profit association of Well-being and Sport for Multicultural Women Association, shortened as Monaliiku. Monaliiku was established in 2009 with the mission to offer multicultural women more opportunities to engage in sports. The aim of

Monaliiku is to promote the health and well-being of women through sports, regardless of their religion, cultural background or nationality. The organization is specialized in arranging activities for women and girls who face different kind of challenges when participating in sports because of personal restrictions that stem from differences in cultural customs between the person and the society. It works for finding solutions to break down the barriers and obstacles that multicultural and immigrant women face when engaging to sports groups and activities. Monaliiku aims to ensure and increase the equal participation of multicultural women and girls to sports and hobbies. (Monaliiku 2018b.)

Monaliiku arranges a variety of free sport groups for women in Helsinki metropolitan area. The groups vary from football to badminton or from gym to dancing and they are open to any woman who is interested in exercising. Beside the sport groups, Monaliiku coordinates 3 different projects with different aims in the field of sports and work with multicultural women or families. Furthermore, Monaliiku arranges multicultural sport events and tournaments for families. (Monaliiku 2018c.)

Monaliiku is specialized in arranging activities for women and girls who face different kind of challenges when participating in sports because of personal restrictions that stem from differences in cultural customs between the person and the society. Monaliiku works for breaking down the barriers and obstacles to ensure equal participation of every multicultural woman and girl. (Vertiö 2018.)

2.2 Women in Fit4Life program and their challenges in health promotion

Fit4Life health promotion program defines that its activities are meant for immigrant and multicultural women (Monaliiku 2018a). Recently, there has been discussion and opinions if it is correct to define and discuss about people through their status in the society. For instance, the term “immigrant” puts a label on a person that already defines the person and their needs. Anyhow, the terms immigrant and multicultural woman are vast terms and it is challenging to

define, who and what kind of person is meant with that. Who is an immigrant and who is a person with a foreign background?

The National Institute for Health and Welfare (THL 2017) defines immigrant as a person who has migrated from a country to another. Generally, it indicates to persons who are born abroad and have migrated to Finland for different reasons such as family ties, work, studies or they have been displaced due to an unstable situation in their home country. Multicultural population indicates to people whose ethnic background of origin is other than Finnish. However, the characters in question are not connected to the different features within their culture, as the word “multicultural” may sound like, but to the conditions that are connected to insufficient resources, persecution in the place of origin or to the discrimination by the local population. (THL 2017.)

In Fit4Life activities there are women with different kind of cultural backgrounds that have migrated to Finland from another country for different reasons and are currently living in Finland. Multicultural woman can indicate to a woman who is a Finnish citizen, but has a background from another culture or cultures. In fact, that cultural background may create a need for her to participate in Fit4Life activities. For instance, the woman is a Muslim and therefore she faces challenges to dress accordingly for sports in the traditional sports and exercise groups in case there are men present. Fit4Life activities offer solution for this type of challenge by providing safe place for women to exercise without the presence of men. (Monaliiku 2018.)

In 2017, Seppänen & Vartio mapped the demographic factors of the participants in Fit4Life activities in an inquiry that collected information about the participants' experiences in the activities and the influence of the activities in the participants overall well-being. The inquiry provided relevant information about the demographic factors of the participants, because some of the factors that have been recognized have critical impact on the possibilities and access of multicultural women to physical exercise opportunities. For instance, more than half of the participants have more than 5 children, and it is more likely for those women to face more challenges in engaging to exercise groups due to their

responsibility and role in the family (Seppänen & Vartio 2017, 3). Most of the time, traditional exercise groups do not provide a possibility for free child care which is considered as one of the core functions in Fit4Life program for ensuring the opportunity for participation to every woman regardless of their life situation.

More than half of the participants of the activities are from Somalia. The presentation of other nationalities as the participants were from Afganistan, Kosovo, Libanon, Algeria, Syria and Rwanda. The native language of the participants was Somali, Arabic, Dari, English, Albania, Pashto and Kinyaruwanda. 67% of the participants informed that their status in Finland is an immigrant, 18% refugees and 15 % asylum seeker. Based on the inquiry, it is not clear whether the participants have Finnish citizenship or not. 39 % of the participants have lived more than 11 years in Finland. 33 % have lived for 3-10 years and 18 % have lived in Finland less than 2 years.

Islam is a dominating demographic factor of the participants in Fit4Life project as 91 percent of the participants are Muslims. 9% of the participants are Christians (Seppänen & Vartio 2017, 3.) It obvious that religion has a major impact on the functions of Fit4Life activities, but it is more important to understand that Fit4Life activities do not provide a platform for practicing one's religion. Fit4Life activities takes into account the participant's needs that stem from strong religious practices. For instance, the praying times and religious practices such as Ramadan are considered while planning the activities. It is noted that taking these kinds of needs into consideration results in better allocation of resources. More importantly, it serves the purpose of respecting everyone's right for practicing religion as a basic human right which is defined in the Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief by the United Nations (UN, 1981) in Article 6 as:

“No one shall be subject to discrimination by any State, institution, group of persons, or person on grounds of religion or other beliefs.
decreed in the Finnish law”

or in Article 7:

“To establish and maintain communications with individuals and communities in matters of religion and belief at the national and international levels.”

2.3 Other gender or culturally sensitive health promotion programs or project

Similar programs as Fit4Life have been executed in other countries as well such as USA, Denmark and Canada which have proved to be a success in improving the health and well-being of multicultural and immigrant women.

In England, a similar project also named as Fit4life, was conducted by the team of researchers from School of Science and Technology at Nottingham Trent University aimed to use community-based sport and physical activity to enhance health and well-being of patients with type 2 diabetes. Patient's sporting interests and motivations were identified and matched with appropriate, local, community-based sport and exercise opportunities. The team examined how it affected the patients involved in the project and a questionnaire was filled up by the participants involved, and it was utilized for analysis and for producing reports and academic publications. (John & Mary, 2016, 2.)

Likewise, in Austrian Fit4life Project (Research: Changing People's Life) funded by the Fonds for a Healthy Austria, aimed to increase the health competences of young people from the non-privileged socio-economic backgrounds to foster their preparedness to entry in labor market. Researchers chose for a holistic and participatory approach to the target group which allowed the funding institution and projects partners to verify that a project was implemented and was promoted with health-related issues that were applied in a sustainable manner. With the framework of the process evaluation, the project team found guidance regarding the structural optimization and quality of the measures put in place throughout the duration of a project. (FH Burgenland 2016.)

In Helsinki, a 3-year project was conducted between 2015-2017 by African Care ry (2018). The aim of the project was to strengthen the well-being and participation of immigrant women and their families by acknowledging their needs and to develop a service model that utilize client work and guidance as a tool. In 2018 African Care established stationary activities as the result and continuation of the project. Similarly, to the activities of Fit4Life, African care arranges well-being groups for women and their families that provide exercise, discussions about health and health-related topics such as nutrition or social well-being. Information about health and well-being services as well as information about family, child education and family services are provided in the groups. (Africa Care 2018.)

As presented above, there has been projects very similar to Fit4Life in Finland and abroad, yet it is important to point out that Fit4Life focus on sports and uses it as a tool to arrange activities that take into consideration the special needs of immigrant and multicultural women. Furthermore, Fit4Life includes the dimension of mental well-being as the area of health promotion and all this makes it a unique project.

3 KEY CONCEPTS

This chapter discourses the key concepts of the thesis. It presents the principles and different aspects of health promotion. Health promotion is the central concept of Fit4Life program and therefore the concept of it should be under laid clearly for the reader. Furthermore, this chapter represent the gender and culturally sensitive approaches in health promotion work.

3.1 Health promotion

The purpose of health promotion and health promotion programs is to plan and organize structured activities and events that help individuals to make informed decisions about their health. Furthermore, health promotion programs aim to influence the policy, environmental, regulatory, organizational and legislative changes in different levels of the government and organizations. The above mentioned complementary interventions are integrated systematically in schools, work places and health care organizations for reaching different populations of the society. (Fertman & Allensworth 2016, 5.) In other words, health promotion can be considered as an approach to enrich and extend the lives of people. It aims to prevention of diseases and health-compromising conditions as its core activity. (Salazar & al. 2015, 3.)

Health promotion programs utilize three different prevention strategies: primary, secondary and tertiary health promotion and disease prevention. Primary intervention is a strategy that aims to strengthen the protective conditions that are promotive to health and it helps to identify various health risks. Secondary intervention concentrates in addressing low-risk factors and high protective factors by identifying, adopting and bolstering specific protective behaviors with the aim of decreasing existing health problems. For instance, physical activity and nutrition programs for individuals with overweight. Tertiary intervention is a strategy that aims to enhance the quality of life and of an individual with health problems and forestalls deterioration of health by preventing the repetition of risky behavior. (Fertman & Allensworth 2016, 5-6.)

Moreover, health promotion programs influence in increasing the understanding of oppression and inequality by tackling with the root causes of deteriorated health and lack of well-being, such as discrimination, racism or environmental assaults and acting to improve the quality of life for every individual. (Fertman & Allensworth 2016, 6.)

3.1.1. Physical health

Although research interest on physical activity and health dates to the 1950s, the breakthrough in the scientific evidence on health benefits of physical activity largely took place during the 1980s and 1990s. There is an overwhelming amount of scientific evidence on the positive effects of sport and physical activity as part of a healthy lifestyle. Participation in physical activity can improve cardiovascular health, decrease stress and improve self-esteem which accounts for one third of the deaths among women around the world and half of all deaths among women over 50 developing countries.

Participation in sport and group-based physical recreation has also been found to help facilitate social interaction, build community strength, decrease anti-social behavior and promote ethnic and cultural harmony and community involvement. These benefits extend into the economic sphere to include cost-effective health prevention, a fit and productive workforce, business growth, tourism and employment (Collins and Kay 2003: 28-33; Cortis et al. 2006). Sports is considered as a field which provides a mean for social integration that strengthens the links between different groups. It has helped to make a keen and positive impact on individuals, communities and wider society. A boost in sports for local communities can generate a socio-economic benefit. (Sport England 2013, 8-10.)

There has been a continuous decline in the level of physical activity in people's lives in developed countries for past decades. The physical effort for majority of people is mainly involved in their work, domestic chores, transportation and leisure. Even though different health risks differ between countries and areas, the fact is that the major risk factor for obtaining non-communicable diseases is

physical inactivity and being physically active can prevent from ill effects of inactivity. (International Platform on Sports and Health 2009, 4.)

In Fit4Life program sports and physical exercise is the main tool for health promotion and it has decreased the inactivity of the participants (Elämäni Kunnossa 2017, 11). 67% of the participants say that the participation in the program has increased their amount of physical exercise in free time. In fact, 45% of the participant say that they want to exercise more than one time in a week as the program is offering. Interest in trying different kind of sports such as swimming or common walks is both the aim and the demand of the project. In fact, aquatic exercise groups were established during the program and currently, approximately 65 women participate in aquatic exercise groups or swimming course that are arranged through the program. Not only Fit4Life offers regular physical exercise to its participants but it also encourages them to find different alternatives for exercising. The aim of the program is that after 1 year of active participation in Fit4Life project, the participant is ready to start exercising in a traditional exercise group.

3.1.2. Mental health

Mental health is the emotional and spiritual resilience that enables people to enjoy life and to survive through pain and sadness. According to the Finnish National Institute for Welfare and Health (THL), the foundation for well-being, health and functional capacity is mental well-being. Positive mental well-being enables a person to achieve and maintain a meaningful life by creating and maintaining social relationships and being active member of the society. (THL 2015a.)

In 2010, the World Health Organization predicted that depression will be ranked as second after heart diseases in the global overall disease burden by the year 2020. Exercise can be used as a therapeutic strategy to alleviate mental health problems which can effectively and reliably improve the mental health of individuals. (Gorczyński & Faulkner 2010, 36: 665-666). In Finland, it has been recognized that immigrant and refugees are more likely to develop mental

health disorders than the inhabitant population and mental well-being is one of the most crucial factors that affect the functional capacity and physical health of immigrants. (THL2015a.)

The Finnish National Institute for Health and Welfare has defined guidelines for the mental health promotion at 3 different levels: at an individual level, at a community level and at a structural level. At an individual level the promotion of mental health directs to foster actions that improve self-esteem and enhance management skills. At a community level the focus is on improving social support and participation and promotion of safe spaces. At a structural level the emphasis is on ensuring income security and in reducing discrimination and inequality in decision-making. (THL 2015b.)

Culture plays an important role in terms of how we understand health and illness but also, different cultures perceive them differently. Culture clearly has an impact on different aspects of mental health. It may influence through the treatment patterns, historical impact, racism, gender and family, discrimination, communication and cultural competency within the culture. Besides, it can play a key role in terms of how illness is managed; it may influence on how health or illness is perceived and what kind of survival skills are there. In some cultures, the problems in mental health are considered as shameful and often the mental health issues are not recognized by the person or a family because they are ashamed of the problems and therefore do not seek treatment. (Rimer 2012, 34-35; THL 2015a.)

Similar observations about the influence of cultural background on differences in perceiving and dealing with one's mental health have been made in Fit4Life program. The report on the mental health workshops conducted for Fit4Life participant stated that with some persons the religious views influence greatly in the way how the mental health is perceived. For instance, the rationalization of one's difficulties influencing one's mental health were explained as "In God's hands". (Org 2017, 3.) It can be seen either as coping mechanism for mental

health issues or it may also become a hindrance on realizing one's capability to seek help for mental health issues.

3.1.3. Social well-being

Community sport participation is advocated as forms of leisure time physical activity to not only improve physical health in relation to such matters as obesity crisis but also to enhance psychological and social health outcomes. Improvement in emotional health and self-esteem brings positive changes to the social relations. One tends to more likely reach out to others due to increased self-confidence. Also, participation in a sport activity helps to know new people and share a common interest. It can be the first step towards establishing new friendships and developing a support network. (Meadows 2001, 1451-1458).

The user questioner conducted in Fit4Life by Seppänen & Vartio (2017) indicates that influence of social connections and networks is a remarkable factor in health promotion work. 76 % of the participants think that the activities have decreased their sense of loneliness and 91% say that they have familiarized themselves with new people and have established new friendships through the program. Furthermore, 85% of the participants in Fit4Life program had heard about it through a friend. These results in Fit4Life program clearly show the relevance of social health in health promotion work. (Seppänen & Vartio 2017; Elämäni Kunnossa 2017, 2-3.)

Mental health, safety and social inclusion among people of foreign origin in Finland has been researched in the survey on work and well-being among people of foreign origin (UTH) by the National Institute of Health and Welfare (2014). The research shows that every fifth person with a refugee background feels themselves lonely quite often or nearly always and 23 percent do not have any Finnish friends. The research outlines that programs which build and enhance the friendships and social networks are essential in strengthening the social dynamics and bonds in the society. Additionally, the research concludes that education and training in encountering clients with

refugee background by authorities should be scrutinized more carefully because every fifth person with refugee background had experienced that they had been treated unequally in social, health and employment services as well as by the police services. (THL 2015, 37.)

3.2 Gender sensitivity in health promotion

Gender sensitivity can be defined as the act of being aware of constructed assumptions with reference to historical roots of sexist stereotyping, discrimination and violence. It is not about pitying women against men but an act of being sensitive to the ways people think about gender. Gender sensitivity in sport for many women with a migrant background can act as a tool to empower their lives, to have job, to have family and to be accepted as a citizen in a new place and not being someone 'different'. In addition, it will result in a positive effect on the health of migrant women. (Pfister 2009, 7).

Since Fit4life also aims to improve the health and well-being of women with the approach of gender sensitivity, it promotes the well-being and health of those women who are excluded by ensuring an access to receive guidance for health services, for taking care of one's health by exercising and for social network that in future can foster obtaining work, social protection and inclusion in the society.

Women's participation in sport has a long history marked by division and discrimination but also filled with major achievements by female athletes which has made an important advancement for gender equality and the empowerment of women. Although many studies in health research have excluded women, the data available suggest that women derive many health benefits from an active lifestyle. Their participation in sports challenges gender stereotypes and discrimination. The leadership by women in sports can shape attitudes towards their capabilities as decision makers. (UN 2007, 3.)

3.3 Culture sensitivity in health promotion

Culture refers to the context in which people develop their perspective on, and approach to life. Numerous cultures exist, representing the multiple geographic regions as well as racial, class, ethnic and gender groups across the world. Culture may be considered as a way of living or set of traditions that should be protected. Culture is what passes and continuously evolves within different nations, families or people as the norms, behavior, beliefs or traditions that they value and believe in. A person is not born with a culture, but the person is raised to be part and a member of the culture. (Räty 2002, 42-43.)

Multiculturalism refers to an approach that integrates these varied perspectives into society and an awareness of how an individual's cultural background may impact personal and professional interactions with others. It seeks to promote the value of diversity and equal opportunities through understanding of the contributions and perspectives of people from different culture, language, gender or ethnicity. (Psychology research and reference 2018.)

Fit4life project provide immigrant women an open content and many opportunities whether it is fitness, self –assertion or sports. Many activities which are conducted in Fit4life aims to set a platform of meeting women from different countries, thereby encouraging cross-cultural understanding. Though, embracing woman with an immigrant background as a target group seems a bit challenging it does provide a space for encounters between people who would not meet otherwise.

Cultural sensitivity, in other hand, is being aware of the morals, standard and principles of a specific culture, ethnic groups or race without assigning them a value –positive or negative, better or worse, right or wrong (Azarya 2004, 949-67).

An issue to be raised is that a simple understanding of mental health system and the approaches will not serve the needs of culturally diverse communities. Instead, there should be more focus on culturally sensitive approaches in

mental health work: approaches that help to adapt to cultural differences that integrate natural and Western ideas of mental health. While differences in culture do raise a number of significant issues in terms of mental health, they also provide opportunities to work with unique and effective ways towards positive mental health.

4 PROCESS OF CREATING AND DEVELOPING THE SAMPLE MODEL

This chapter explains the process of creating a sample model for Fit4Life health promotion program. This thesis uses the method of design thinking as an inspiration to create and develop a model that illustrates the process of Fit4Life health promotion program from participant point of view. Therefore the concept of design thinking and the method “customer experience mapping” is presented in this chapter.

4.1 Design thinking

Design thinking is a process that can be applied in situations in which an idea or concept with significant and positive impact is needed or when there is a problem or an opportunity that is not defined clearly. The methods of design thinking have been used - successfully in the field of business and corporate life - for instance in new venture creation, business model design or process improvement. (Griffin et al. 2015, xxii.)

Design thinking is a constructive problem-solving approach which includes two major phases: identifying problems and solving them. Both of the phases are demanding, but most of the project teams and companies put more focus on the latter part. Design thinking is about improvising and shaping a form through expertise to provide collective solutions for complex problem. It is not just about looks. By bringing out a structural framework for implementing innovation and growth, design thinking serves real value to its participants. (University of Southern California 2017.)

The sample model depicts the different stages in the program from participant’s point of view and it aims to provide a holistic understanding of their experience in the program. Additionally, the sample model addresses the critical points and factors that influence in the effectiveness and success of the participants process.

4.2 Customer experience mapping as an inspiration for the sample model

Sometimes a business requires differentiation or innovation to tackle challenges with the demands of clients or to follow the competitors' faster compression of product life cycle. To meet and overcome these challenges, more attention is paid to the total customer experience through customer experience mapping. It is a holistic experience that means client's evaluation of the product or the service that leads to satisfaction, loyalty and word-of-mouth behavior, in other words, to the goals when creating a product or service. (Griffin et al. 2015, 3e.)

The customer experience map, also known as journey mapping, uses the methods of ethnographic research such as interviewing and observation to break down the mental models and forces to see the process from the stakeholders' point of view. It allows to see and understand the silent and unarticulated needs of the person during the process and builds a human connection that helps to see the possibility of improving someone's life- In design thinking, experience mapping is considered as the foundations for generating value in the beginning of the process. (Liedtka 2013, 7-8.)

As in Fit4Life, the experience of the client, and in this case, of the participant is the starting point for the development of the activities. The sample model of Fit4Life health promotion program has been designed mainly based on the feedback, discussions, reports, questioners, interviews and observations of the staff that have been collected during the 3 first years of the activities. Therefore, taking inspiration from customer experience map for creating the model felt natural, as many of its principles and expected outcomes are the same that have already been recognized in Fit4Life.

Customer experience map in Figure 1. (appendix 1) is a tool to understand the total customer experience for creating an experience-based tool for product design and innovation (Griffin ;Noble; Durmusoglu; Luchs, Swan 2015,3g). The experience map illustrates the process of a patient in physical therapy service from the initial stage of consultation to the different phases of treatments with different professionals. In addition, it pinpoints important information flows with

the insight of the patient. The key asset of an experience map is to understand the user experiences connected to the usage of a service or product. It is important to apprehend experiences of different types of users in different usage contexts because the experiences might differ based on personal and situational factors of the user. The experience map points out different usage contexts where different experiences might occur depending on the situation. (Griffin et al. 2015, 3f.)

The experience map does not seek to explain or predict user experiences for statistical purpose, rather to have an insight that helps to find better solutions. To be able to define the opportunities for improvement, one has to first learn about the user experiences and have a deep understanding of it. The continuous process in creating the experience map by defining users and contexts assists to gain better understanding of the key issues that lead to better or worse outcomes for the users. (Griffin et al. 2015, 3h-3i.)

4.3. The process of creating the model

Table 1. presents the process of creating the sample model as part of the development-oriented thesis. The idea of creating a model was initiated by the work life organization Monaliiku. They had recognized a need for creating a practical illustration of the process structure that was developed during a pilot phase in the Fit4Life health promotion program.

Table 1. Creation process of Fit4Life program sample model (Mulepati & Vertiö

PROCESS	ACTIONS	TIMETABLE	PRESENT
Initiation	Discussion with the proprietary organization	February	Monaliiku Kati Vertiö
Planning	Setting goals Evaluating restrictions	March	Kati Vertiö Trajila Mulepati
Content creation	Literature review Studying the background Studying the alternatives of model structures Brainstorming	March	Kati Vertiö Trajila Mulepati
Structuring	Creating visual appearance Taking example from design thinking methods, Brainstorming	March April	Kati Vertiö Trajila Mulepati
Evaluation	Presenting the model to the proprietary organization	April	Kati Vertiö Trajila Mulepati Monaliiku
Development	Development of the model through the feedback and suggestions from the proprietary organization	April	Kati Vertiö Trajila Mulepati Monaliiku DIAK
Standardization	Comparing the content to results to achieve credibility	April	Kati Vertiö Trajila Mulepati Monaliiku
Finalization	Research Visual design	2018-2019	Monaliiku
Implementation	Official publishing Sharing to networks	2019	Monaliiku

2018.)

The *initiation* of the project started from the need recognized by the work life organization and the idea of creating the sample model for Fit4Life health promotion program was offered to us.

In the beginning of the process, in the stage of *planning*, we set aims for creating a model for Fit4Life. In principal, it was about taking decision on which aspects should be scrutinized for creating the model and what is realistic to produce in terms of limited time and resources. For instance, we decided that the model is not going to be a brochure, rather a comprehensive basis and a sample that can be developed to a brochure by the working life partner.

In the phase of *content creation*, we studied the previous researches, reports and participant's feedback of Fit4Life program as well as other studies on health promotion programs and other similar programs. The purpose was to achieve a broad understanding of gender and culturally sensitive health promotion work, and most of all to have an understanding about the experiences of the target group. Also, internal information and observations were utilized as one of us was working in Monaliiku for the past 4 years. The final content in the model was generated through brainstorming sessions, discussions and analyzing the data of previous research and feedback of the participants by ourselves and together with Monaliiku.

The phase of *structuring* started by studying the principles and the theory of design thinking and its methods for creating the structure of a model. We utilized customer experience mapping method as a base and inspiration to create a model, but we designed the sample model in this thesis to illustrate the relevant aspects connected to Fit4Life program. We did not follow the visual design of the customer experience map, rather we concentrated more on the content creation and decided to limit the development process by leaving out the visual design of the model.

After structuring, the sample model was given for *evaluation*. The evaluation was conducted by two employees of Monaliiku. They gave feedback of the model in face to face discussion and also participated in brainstorming the content of the model at the same time.

One of the last phases of creating the model is *development* where we discussed the feedback with Monaliiku and made necessary changes according to the suggestions. Furthermore, we received feedback from the thesis opponents in the publication seminar that we utilized it for finalizing the sample model. The *standardization* was conducted together with Monaliiku by discussing the content and the methods utilized for the content creation.

We limited the *finalization and implementation* of the model already in the beginning of the process. We estimated that we have limitation of time for these phases. *Finalization* consists of a research that studies the compatibility of the model in practice and designing the visual outcome of the model. These phases will be conducted by Monaliiku. The *implementation* is the final phase of the process whereby Monaliiku publishes the model officially, for instance in their webpage or in a seminar. As part of the *implementation*, the model will be shared to networks of Monaliiku for further usage.

5 ETHICAL CONSIDERATION AND LIMITATION OF THE THESIS

Ethics are moral principles that govern a person's behavior and actions. At the heart of ethics, there is a concern about something or someone other than ourselves or our own desires and self-interest. Ethical issues should be concerned already during the research planning; for example, when choosing topic and formulating research questions, it is important for the researcher to ensure that the aims of the research is for the general good of the society. (Barrett 2006, p 24). The research should not cause any harm or damage to an organization or participants especially those who are already in vulnerable state (Mäkinen 2006, 77; 80-88).

Credibility of the research and ethical choices made by the researcher are strongly linked to each other which should be followed by good scientific practices (Tuomi & Sarajarvi. 2006, 129). Protecting the participants and organizations from harm, preserving their privacy, signing consent and acting in no deceitful way should be taken into consideration (Merriam 2014, 230). Privacy and confidentiality must also be maintained throughout the project process. People have a right to protect themselves. Information gathered during research participation could harm a person by violating their right to keep information about themselves private. (Oliver 2010, 81-84.)

Use of confidential documents in the thesis were handled in an ethical manner and a permission to use the documents were given by the work life partner, Monaliiku. They have been responsible for conducting their own research in an ethical manner, for instance by asking a permission to conduct a research when gathering information from the participants. While utilizing the data gathered in other research for the thesis, we had to handle the data in manner that protects the privacy of the target group. As part of the ethical questions of the thesis, we discussed with Monaliiku about the ownership and recognition for creating the sample model. It was agreed, that we are the contributors of the sample model and the owner is Monaliiku.

6 PROFESSIONAL DEVELOPMENT AND REFLECTION

This thesis was developed from our common interest for sports and integration. Both of us had started the thesis process with different topics for the same work life organization and have been active in the organization's activities in different roles. Therefore, it was easy for us to start the thesis process with a new topic.

In the beginning of the thesis process we had a clear understanding about the limitation of the thesis. Our major limitation was time as we both planned to graduate within three months after starting the thesis process together. At first, we defined the restrictions for our thesis and created a clear and realistic plan. We consider that this was an important phase in our thesis as it helped us to reach our personal and common goals within the thesis process in limited time.

Our roles in the process were varying as one of us had already been working with Fit4Life program for the past 4 years. The other student also has been active member and participant in the organization's activities for the past 4 years. We believe that the combined experiences complemented the whole thesis and its outcome.

Most of the time we worked together on our thesis topic by arranging meetings where we brainstormed and created the content of the thesis. Although, in the beginning of the process, we had to share tasks related to the literature review due to the limitation of language as some of the relevant literature were only found in Finnish and only one of us could understand it. So, it was sensible that we divided the reading of the literature based on our language skills.

We shared writing the content based on fact that one of us had more know-how of the working life organization and it was more efficient that she concentrated in creating content related to the organization and its work, and the other concentrated on the theoretical content. After separate writing we always arranged a meeting where we briefed each other about the text and the content. Additionally, during those session we concentrated on producing text together which helped us to produce coherent entity of the thesis.

Trajila Mulepati's professional development was not a one-time thing.

Throughout the whole process of thesis work she had the opportunity to widen

the knowledge in proper academic writing and better communication skills. It also enhanced her knowledge on conducting research. Skills on collecting information and using theoretical background to justify the findings were learned.

The personal aims were fulfilled as Trajila gained a deeper understanding of motivational factors of physical activity and learned how Fit4Life program works. Studying literature and previous researches taught her to look for reliable sources and to perform critical evaluation. The process was a constant learning experience which increased her professional competence and made her realize that the development occurred during the process will be beneficial in the future when working in the field of sports. Apart from all these, she thinks that working in pairs was also a great learning opportunity for her. We had different strengths which paid off during the thesis process.

In every research process, there may arise some limitation of study. It refers to the influences that the researcher could not control. Therefore, they are the shortcomings or conditions that place restriction to the research methods and conclusions (University of Southern California, 2017).

As Kati Vertiö has worked in Fit4Life program for the past 4 years, she has achieved a broad understanding and experience of gender and culturally sensitive work in practice. Also, working in the pilot phase of Fit4Life, it has provided her skills and knowledge in project work and management. As for the thesis, the previous knowledge and understanding of the work in practice made it easy for her to create content during the thesis process and she was able to use her professional knowledge widely throughout the thesis process. On the other hand, the strong participation in the practical work created challenges for being able to produce content that is objective and understandable for the reader and it was one of her most important points of professional development. The thesis made her to look at the work from another perspective and she also gained deeper understanding and revelations about the Fit4Life program itself. Also, it was important for her professional development to be able make space and include the views and understanding of the other student of thesis in the process when her own knowledge and understanding was dominating.

The thesis process broadened her theoretical understanding and professionalism in gender and culturally sensitive work and it increased her confidence as a professional. One of the most important professional development in the thesis process was to be able to set realistic aims and narrow the frame of the thesis. Sometimes, in working life too, it might not be possible to do everything as it has been planned when your resources are limited and it is important to be able to prioritize your work and goals for gaining effective results.

7 CONCLUSION

One of the challenges in Fit4Life has been measuring the effectiveness of the work that is connected to the intangible aspects in health promotion such as social well-being or integration. Gender and culturally sensitive approach in Fit4Life takes into consideration a variety of aspects and experiences that are connected to the discrimination and stereotyping of people based on cultural background such as appearance, clothing, religion, skin color and language skills. These factors may as well hinder the progress of health promotion activities and in long term have a negative influence on the integration process. The gender and cultural background influence in the contribution of the work through targeted actions such as the support for language, childcare or safe spaces to do activities. These factors should be considered for reaching effective results and use of resources.

For these reasons, this thesis aimed to create a sample model that illustrates the whole process of the participant reflecting the visible and invisible experiences and actions of the participant that a professional should be aware of in gender or culturally sensitive health promotion work. For example, the sample depicts that poor language skill is a hindrance that leads to lack of access for information about health services or health related information and creates inequality in access to health services. Additionally, the difficulties in understanding Finnish language influences the experience of the participant and can come out as negative interpretations that should be recognized beforehand by the health professionals and decision-makers. The unhidden experiences during the process may harm or act as a hindrance in the progress of the participant.

The thesis succeeded in analyzing the holistic experience in Fit4Life health promotion program by defining the starting point, network, actions, strengths, weaknesses, experiences, expressions, support and the scenarios of the participant. The sample model provides relevant information for professionals to consider different aspects for developing effective procedures and methods for gender and culturally sensitive health promotion work. To conclude, the model

can be used as a tool by organizations and professionals in gender and culturally sensitive health promotion work as it depicts.

The sample model and its further development is given to Fit4Life program's owner, Monaliiku. The model can be developed into a graphical and publishable form. For example, it can be produced to a poster for educative and developmental purposes. It can be utilized by health professionals as a planning tool in designing project activities, educational material and as a tool to evaluate similar projects in decision-making process. For the development of the sample model, we recommend that a research is conducted as part of the finalization of the sample model.

REFERENCES

African Care 2018. Accessed 27.3.2018. <http://www.africancare.fi/hyrra-toiminta/>

Alexandris, K.2004. Sport and Social Exclusion . Michael Collins with Tess Kay. 2003. Journal of Leisure Research 36 (1), 130-132.

Barrett, J. 2006. Living: healthy choices.(combine exercise and a healthy diet with mental exercises and stress-reduction techniques for good health)(Brief article). Newsweek 78.

Cooper, A., Reimann, R., & Cronin, C. 2014. About face: The essentials of interaction design. Indianapolis, IN: Wiley.

Fertman, Carl I.; Allensworth, Diane D. & Society for Public Health Education (SOPHE) 2016. Health Promotion Programs. Jossey-Bass.

Gorczynski, P., & Faulkner, G. 2010. Exercise therapy for schizophrenia. *Schizophrenia Bulletin*, 36(4), 665-666.

Griffin, A. 2015. Design Thinking: New Product Development Essentials from the PDMA.

Hestenes, D. 1998 .Modelling Methodology of physics teacher.

International Platform on Sport and Health 2009. Thematic profile. Sports and health. Accessed 17.3.2018.
https://www.sportanddev.org/sites/default/files/downloads/090615_sport_and_health_for_print.pdf

Merriam, S.B. 2014. Qualitative research: A guide to design and implementation. John Wiley & Sons.

Monaliiku 2017. Elämäni Kunnossa Loppuraportti. The print-out kept by the author.

Monaliiku 2018a. Webpage. Accessed 20.3.2018.

<https://www.monaliiku.fi/hankkeet-projects/elamani-kunnossa-fit4life/>

Monaliiku 2018b. Meistä/about us. Accessed 20.3.2018.

<https://www.monaliiku.fi/monaliiku-about-us/>

Monaliiku 2018c. Tapahtumat/events. Accessed 21.3.2018.

<https://www.monaliiku.fi/ryhmat-groups/>

Oliver, P. 2010. Students' guide to research ethics 2nd Open University Press Newyork USA , 81-84.

Org, M. 2017. Monaliiku Elämäni Kunnossa -hanke. Henkinen hyvinvointi työpajat. Report. Print-out kept by the author.

Psychology research and reference 2018. Accessed 16.3.2018.

<http://psychology.iresearchnet.com/sports-psychology/multiculturalism-in-sport>

Pfister, G. 2009. Mapping –Gender equality in European sport. Olympia-Equal opportunities via and within sport project.p7.

Rimer, J. 2012. Exercise for depression. The Cochrane database of systematic reviews (7), CD004366. Accessed 26.3.2018.

<https://diak.finna.fi/PrimoRecord/pci.medline22786489>

Rosenthal, S.R, & Capper, M. 2006. Ethnographies in the front end: Designing for enhanced customer experiences. Journal of Product Innovation Management, 23(3), 215-237.

Räty, M. 2002. Maahanmuuttaja asiakkaana. Tammi: Tampere.

Salazar, L, Crosby Richard ,A. & DiClemente, Ralph J. 2015. Research methods in health promotion. 2nd ed. San Francisco, CA: Jossey-Bass, a Wiley Brand.

Seppänen, S. & Vartio, A. 2017. Elämäni Kunnossa! (Fit4Life) hankkeen-asiakaskyselyn tulokset. Print-out kept by the author.

Sport England. 2013. Economic value of sport in England. Accessed 28.3.2018. <https://www.sportengland.org/media/3174/economic-value-of-sport-summary.pdf>

Tuomi, J.,& Sarajarvi, A. 2006. 1.-4. Painos. Qualitative Research and Content Analysis.

United Nations. 2007. Women 2000 and beyond. Women, gender equality and sport. Division for the Advancement of Women of the United Nations Secretariat: New York. Accessed 17.3.2018. <http://www.un.org/womenwatch/daw/public/Women%20and%20Sport.pdf>

University of Southern California, 2017. Organizing Your Social Sciences Research Paper: Limitations of the Study. USC Libraries Accessed in 31.03.2018. <http://libguides.usc.edu/writingguide/limitations>

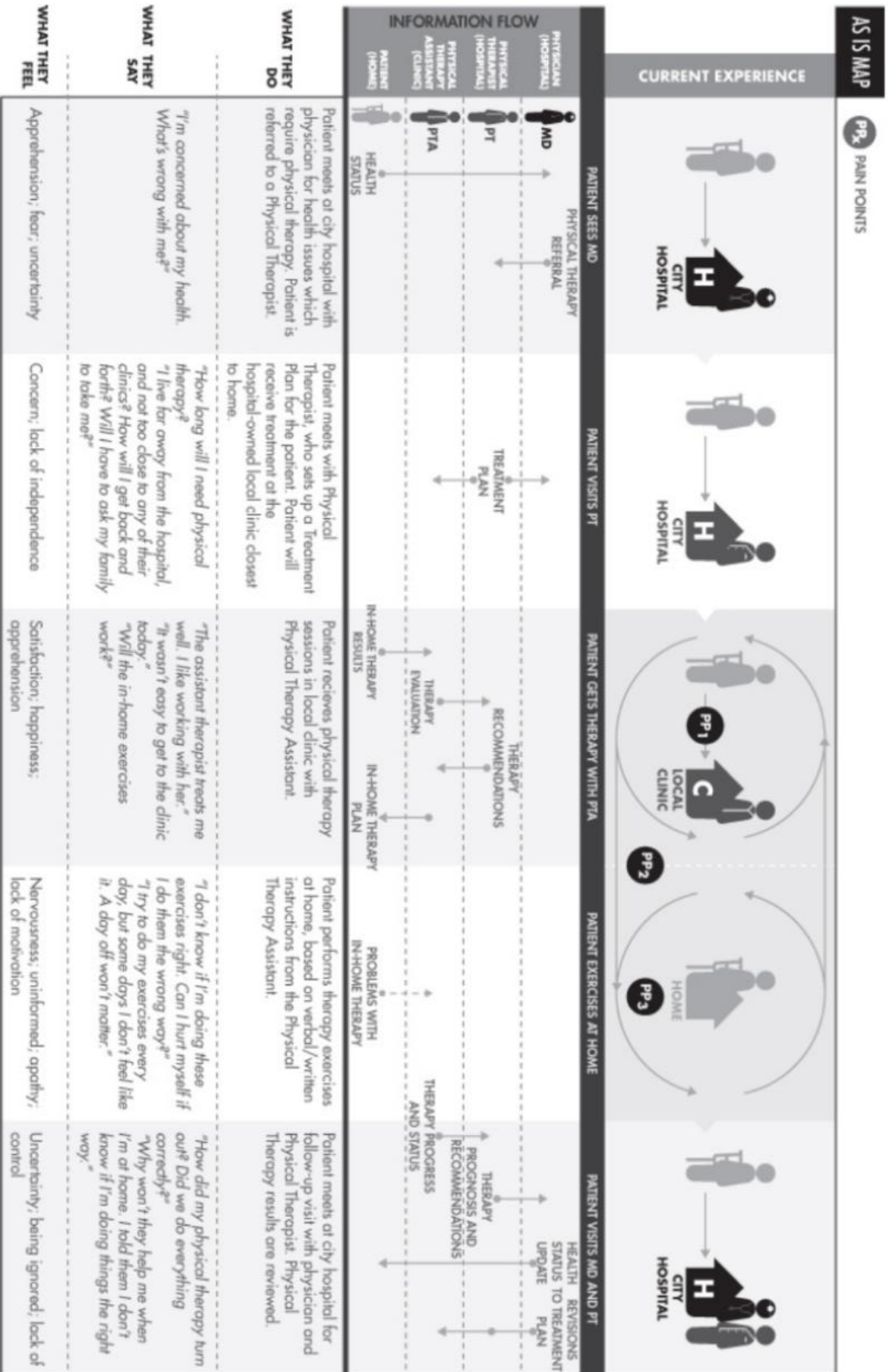
Oliver, P. 2010 Students' guide to research ethics 2nd Open University Press Newyork USA , 81-84.

Pfister, G. 2009. Mapping –Gender equality in European sport. Olympia-Equal opportunities viaand within sport project.p7.

THL 2015a. Terveysten ja Hyvinvoinnin Laitos. Accessed 26.3.2018. <https://thl.fi/en/web/mental-health/mental-health-promotion/immigrants-and-mental-health>

THL 2015b. The National Institute for Health and Welfare. Accessed 27.3.2018. <https://thl.fi/en/web/mental-health/mental-health-promotion>

APPENDIX 1



APPENDIX 2

SAMPLE MODEL OF GENDER AND CULTURALLY SENSITIVE HEALTH PROMOTION PROGRAM

By Kati Vertiö and Trajila Mulepati

Owner_: Monikansallisten Naisten Hyvinvointi ja Liikunta ry

Introduction of the sample model

You are holding in your hands a sample model that illustrates the holistic process of a participant in gender and culturally sensitive health promotion program. The content of this sample model is formulated through information, reports, observations, research data and informal experiences gathered in Fit4Life project in the years 2015-2017 by Monikansallisten Naisten Hyvinvointi ja Liikunta ry.

Purpose of the sample model

The aim of the sample model is to help to understand the overall experience of attending in a health promotion program from the participant's point of view and creates space for understanding actions of a person whose experience is influenced by cultural background or gender. It could be considered as the SWOT analysis of gender and culturally sensitive health promotion, since in the model presents the strengths, weaknesses, opportunities and threats of the participant.

Structure of the sample model

The sample model is divided in 6 different stages: stage 1, stage 2, stage 3, stage 4, stage 5 and stage 5.1. These stages illustrate the different phases in the process; the starting point and in the end the desired and undesired scenarios.

The corner stones of the sample model

The cornerstones of the model are presented in this chapter. They are divided as different sections that are connected to the participant's life from the starting point to the end of the process. The cornerstones give valuable information about the participants capabilities, needs, networks and experiences.

Where is she = this is the environment where the participant spends most of their time in and there for may be influenced by the networks and people in these environments greatly

Who is with her = this is the network that she has, and her decisions may be influenced by the encouragement or discouragement by the persons in the network

What she does = these are the actions by her or by others towards her

What she might experience = these are the different feelings and experiences that she goes through in the process. The experiences can be considered as her strengths and weaknesses and they may have influence in her performance in the process. As the process goes forward, it is notable that her supportive network grows and there are more opportunities to receive support.

What she might say = these are her expressions of the participant throughout the process and it depicts well the concerns, difficulties, needs and points of motivation for the participant

What might hinder her = these are the factors that may influence her process negatively as a hindrance. In most of the cases it is seen that hindrances are connected to her cultural background or exterior obligations such as role in the family.

Who can encourage her = these are the factors that can support, motivate or encourage her in the process

To conclude

This sample model is created to illustrate better the need of gender and culturally sensitive health promotion work. The sample model shows that there are multiple factors that may influence in the experience of the participant in many stages and therefore health promotion work is not a simple process. Cultural background and gender add different needs and risks for health promotion that should be considered better.

This sample model can be utilized as a guide for health professionals who work with women with different cultural background and whose opportunities to take care of their health influenced negatively by the cultural background. The model helps to anticipate the needs that require tailored actions and targeted support in health promotion work. It can also be used as tool to plan other gender and culturally sensitive health promotion projects or to measure the results of the project.

FIT4LIFE HEALTH PROMOTION PROGRAM

PARTICIPANT EXPERIENCE MAP

STAGE 1 – STARTING POINT

WHERE IS SHE (ENVIRONMENT)

- at home
- at the health center
- at the immigration services
- in a language course
- in comprehensive school
- in a group by another association / community

WHO IS SHE WITH (NETWORK)

- nobody
- family member (s)
- child / children
- friend (s)
- professional
- members of her community

WHAT SHE MIGHT SAY (HER EXPRESSIONS)

- "I have a problem with my health."*
- "I have pain in my body."*
- "I want to check my health."*
- "I am lonely."*
- "I want to start exercising."*
- "I want to lose weight."*
- "I want to do what my friends are doing"*
- "Is there a place for women only to exercise?"*
- "Is there any place where I can meet new people?"*
- "What is wrong with my health?"*
- "Why I don't feel healthy?"*
- "How can I live more healthy life?"*

WHAT SHE MIGHT EXPERIENCE (HER STRENGTHS & WEAKNESSES)

- physical pain
- physical weakness
- lack of energy
- stress
- tiredness
- uncertainty
- anxiety
- lack of confidence
- loneliness
- depression
- interest for doing sports
- interest for meeting new people
- interest to follow her friend's example

WHAT MIGHT HINDER HER (THREATS)

- Fear
- Lack of supporting networks
- Lack encouragement
- Poor communication and language skills in Finnish
- Poor access to information
- Exterior influence (obligations, another person)
- Role in the family (taking care of the children)
- Absence of Finnish friends
- Her own community

FIT4LIFE HEALTH PROMOTION PROGRAM

PARTICIPANT EXPERIENCE MAP

STAGE 2 – FINDING INFORMATION

WHAT SHE DOES (HER ACTIONS)

- ✚ she is advised to join the Fit4Life group by someone in her network (see stage 1)
- ✚ she meets with a health professional and is recommended to start exercising as a treatment to her health issues
- ✚ she seeks help from familiar NGO to find information about activities and groups for women
- ✚ she seeks advise about exercise possibilities for only women and is advised to join Fit4Life group

WHAT SHE MIGHT SAY (HER EXPRESSIONS)

- "Where is the place?"*
- "I want to join a group close to my home"*
- "I don't know how to go there."*
- "Can you help me to go there?"*
- "Is it for free or do I have to pay something?"*
- "But I am taking care of my children home, can I bring them with me?"*
- "Are there any men?"*
- "Is there any music?"*
- "What happens in the group?"*
- "Does it cost something?"*

WHAT SHE MIGHT EXPERIENCE (HER STRENGTHS & WEAKNESSES)

- uncertainty
- lack of confidence
- fear of unknown
- restriction
- frustration
- confusion
- enthusiasm
- curiosity
- excitement
- hesitation

WHAT MIGHT HINDER HER (THREATS)

- Fear
- Her own comfort zone
- Poor communication and language skills
- Lack of supporting networks
- Lack of technical skills (i.e. using navigator)
- Lack encouragement
- Poor access to information
- Bad experiences in other groups; racism, feeling of inferiority in physical fitness and skills

WHO CAN ENCOURAGE HER (STRENGTHS)

- Health professionals through regimen
- Friend (s)
- Family member
- Staff in other organizations

FIT4LIFE HEALTH PROMOTION PROGRAM

PARTICIPANT EXPERIENCE MAP

STAGE 3 – ENTERING FIT4LIFE PROGRAM

WHAT SHE DOES (HER ACTIONS)

- ✚ she contacts Monaliku staff to find about exercise possibilities
- ✚ she contacts the responsible instructor of the Fit4Life group by calling
- ✚ she registers to Fit4Life group via online registration form independently
- ✚ she registers to Fit4Life group with a help of another person
- ✚ she visits Fit4Life group without registering

WHAT SHE MIGHT SAY (HER EXPRESSIONS)

"Ah, this seems nice; can I join this group?"

"What do you do here, what is this group for?"

"The doctor told me that I have to exercise"

"I have pain in "x" and I need to exercise"

"Are there any men here?"

"Does this cost something?"

"I am not sure if I can commit regularly, because..."

"It felt good, I want to come again"

"I just want to exercise"

"I don't speak or understand Finnish well"

"Who else is coming to this group?"

WHAT SHE MIGHT EXPERIENCE (HER STRENGTHS & WEAKNESSES)

curiosity

excitement

joy

motivation

hesitation

confusion

suspicion

indecisiveness

insecurity in communicating in Finnish language

WHAT MIGHT HINDER HER (THREATS)

Comfort zone

Different expectations of what the program is offering

Lack of supporting networks

Lack of technical skills (i.e. using navigator)

Poor access to information

WHO CAN ENCOURAGE HER (SUPPORT)

Friend (s)

Another participant (s)

Group coordinator

Sports instructor

Family member (s)

Other staff working in the group

Example of other participants in the group

FIT4LIFE HEALTH PROMOTION PROGRAM
PARTICIPANT EXPERIENCE MAP

STAGE 4 – PARTICIPATION IN FIT4LIFE PROGRAM

WHAT SHE DOES (ACTION)

- ✦ she commits to participate in the regular activity of the program for maximum 1 year including:
 - health checkups 2 times a year; body composition measurements, blood pressure, need mapping
 - regular instructed physical exercise
 - information about nutrition and other health-related topics by participating in 8 workshops

HOW SHE BENEFITS

- ✦ she receives information about her current health and guidance for how to lead a healthy life style
- ✦ she develops skills and condition for physical exercise
- ✦ she meets new people in the group and socializes
- ✦ she meets other women with same and different backgrounds, cultures and languages and her intercultural competence increases
- ✦ she receives information about other exercise and sports possibilities
- ✦ she receives information about other services and networks by organizations that can support their well-being

WHAT SHE MIGHT SAY (HER EXPRESSIONS)

"This is great! I feel more energetic now"
"I want to exercise more. Do you have other groups where I can go to?"
"I don't understand the discussions in Finnish."
"I don't want to listen to music while doing sports."
"The sports instructor is good. I like the way she instructs"
"The exercise is not enough exhausting"
"It is difficult for me to do the exercise because..."
"I have to pray. Where can I go to pray?"
"This is my friend Fatou. Can she join the group?"
"I know all this information about nutrition already. I don't need to participate in this."
"I feel pain in my body now. Is it normal?"
"I have not lost weight. Why?"
"I have so much pain in my "x". Can you tell me what to do?"
"Can you help me to fill this form "x"?"
"Can you translate this paper for me?"
"This exercise doesn't make me sweat"
"Can we just have sports?"
"How can I exercise home?"
"I don't know how to exercise alone"

WHAT SHE MIGHT EXPERIENCE (HER STRENGTHS AND WEAKNESSES)

revelations about her health and condition
 shock about her own health condition
 change in her physical condition
 motivation to change their lifestyle
 safety
 self-confidence
 satisfaction
 feeling of being energetic
 sense of belonging
 openness
 responsibility to participate
 lack of concentration
 difficulties in committing
 dedication
 unwillingness to accept the rules of the group
 confusion
 opportunity to influence
 sense of personal accomplishment
 satisfaction from stepping out of one's comfort zone
 satisfaction for her needs being recognized

WHAT MIGHT HINDER HER (THREATS)

Difficulties in concentration
 Other engagements
 Role in the family
 Difference in expectations
 Influence from exterior (strong community)
 Poor communication and language skills

WHO CAN ENCOURAGE HER (SUPPORT)

Friends
 Sports instructors
 Responsible group instructor
 Visiting lecturers
 Other staff of Monaliiku
 Other participants in the group

FIT4LIFE HEALTH PROMOTION PROGRAM

PARTICIPANT EXPERIENCE MAP

STAGE 5 – THE IMPROVED QUALITY OF LIFE AFTER FIT4LIFE PROGRAM

WHERE IS SHE (ENVIRONMENT)

- at home
- in work life
- in vocational school / other studies
- in a group by another association / community
- employed in Monaliiku

WHO IS IN CONTACT WITH HER (NETWORK)

- family member (s)
- child / children
- old friend (s)
- new friends
- colleagues
- people she meets in other groups
- members of different communities

WHAT SHE DOES (POSITIVE OUTCOMES AFTER PARTICIPATION IN FIT4LIFE PROGRAM)

- ✚ she exercises regularly in a group or independently
- ✚ she has found a form of exercise or a hobby that she enjoys
- ✚ she is conscious of her health
- ✚ she is aware of the options that are healthy for her
- ✚ she is aware of the network that she can look for support
- ✚ she is self-confident to step away from their comfort zone
- ✚ she is employed
- ✚ she is studying
- ✚ she has vast social network

WHAT SHE MIGHT SAY (HER EXPRESSIONS)

- "I am going to swimming once a week"*
- "I have found nice group for exercising and I am going there with my friends"*
- "I am going for a walk nature with a friend a from the Fit4Life group every weekend"*
- "I know where to get help for..."*
- "I eat vegetables in every meal nowadays"*
- "I used to take lot of sugar, but I have learnt to control my sugar intake"*
- "I have lost permanently 5 kilos after I started exercising regularly"*
- "I am currently working fulltime"*
- "I am studying a profession now"*
- "I found opportunities through Fit4Life program"*
- "My physical condition is better and the pain in my body has reduced"*
- "I am able to communicate more in Finnish now"*

WHAT SHE MIGHT EXPERIENCE (STRENGTH & WEAKNESSES)

- confidence in knowledge about health
- confidence with using Finnish language
- confidence in exercising and doing sports
- confidence in trying new sports and exercise groups independently
- motivation to exercise
- joy in exercising
- sense of personal progress and achievement
- decreased sense of loneliness
- openness
- sense of attachment to the group
- more energy in daily life
- attachment to the Fit4Life group
- sadness

FIT4LIFE HEALTH PROMOTION PROGRAM

PARTICIPANT EXPERIENCE MAP

STAGE 5.1 – NEED OF EXTENDED SUPPORT AFTER FIT4LIFE PROGRAM

WHAT SHE DOES (NEGATIVE OUTCOMES AFTER PARTICIPATION IN FIT4LIFE PROGRAM)

- She does not join other groups than Fit4Life group for exercising
- She is reluctant to join other groups for exercise than Fit4Life group
- She has not found a hobby or a group for exercise that she enjoys
- She is home taking care of small children and has not found an exercise group that provides child care
- She has not become employed or entered working life
- She is not studying

WHAT SHE MIGHTS SAY (HER EXPRESSIONS)

"I don't want to exercise in any other group than Fit4Life group, because I have not found suitable group for myself"

"I don't have company to exercise with and I don't know how to exercise alone"

"I am not physically strong enough to cope in other sports groups"

"I have to take care of my family and children and I don't have time or possibility to go to other groups than Fit4Life"

"There are no other exercise possibilities nearby where I live and I don't feel comfortable travelling far from my home to exercise"

"I have not yet found work/study place - could you help me with it somehow?"

WHAT SHE MIGHT EXPERIENCE (HER WEAKNESSES)

sense of safety in Fit4Life group

convenience in Fit4Life group

fear of changing routine

fear of unknown

physical incapability

fear of acceptance in other groups

WHAT MIGHT HINDER HER (THREATS)

Weak physical condition

Other engagements

Lack of suitable options

Lack of encouragement

Poor communication skills in Finnish language

Attachment to the group

Age

Lack of confidence for own physical condition

Cultural differences

Difference in appearance

Clothing customs