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Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Developing culturally adapted lifestyle interventions for South Asian migrant populations: a qualitative study of the key success factors and main challenges

L. Terragni [a,b,*], E. Beune [c], K. Stronks [c], E. Davidson [d], S. Qureshi [a], B. Kumar [a,e], E. Diaz [a,f]

[a] Norwegian Centre for Migration and Minority Health-The Norwegian Institute of Public Health, PO Box 222 Skøyen, N-0213, Oslo, Norway

[b] Institute of Nursing and Health Promotion, Department of Health, OsloMet – Oslo Metropolitan University, Oslo, Norway

[c] Department of Public Health, Academic Medical Center, University of Amsterdam, Amsterdam Public Health Research Institute, Meibergdreef 9, 1105 AZ, Amsterdam, The Netherlands

[d] Usher Institute of Population Health Sciences and Informatics, University of Edinburgh, Old Medical School, Teviot Place, Edinburgh, EH8 9AG, Scotland, United Kingdom

[e] Department of Community Medicine, Institute of Health and Society, University of Oslo, Postboks 4959 Nydalen, 0424, Oslo, Norway

[f] Department of Global Public Health and Primary Care, University of Bergen, PO. Box 7804 N-5020, Bergen, Norway

ARTICLE INFO

Article history:
Received 10 June 2017
Received in revised form
15 March 2018
Accepted 13 April 2018

Keywords:
Cultural adaptation
Lifestyle interventions
Key factors for success
Main challenges
South Asians
Qualitative study

ABSTRACT

Objectives: South Asian migrant populations have a high risk of non-communicable diseases, such as type 2 diabetes (T2D). The aim of this study is to provide in-depth insight into key success factors and challenges in developing culturally adapted lifestyle interventions to prevent T2D within South Asian migrant populations.

Study design: The study has a qualitative research design.

Methods: In-depth interviews, using a semi-structured interview guide, were conducted with eight researchers and project leaders from five studies of culturally adapted lifestyle interventions for South Asian migrant populations. Data were analysed using a grounded theory approach.

Results: Four main themes emerged as key factors for success: 'approaching the community in the right way', 'the intervention as a space for social relations', 'support from public authorities' and 'being reflexive and flexible'. Two themes emerged as challenges: 'struggling with time' and 'overemphasising cultural differences'.

* *Corresponding author*. Institute of Nursing and Health Promotion, Department of Health, OsloMet – Oslo Metropolitan University, Postboks 4 St. Olavs Plass, 0130, Oslo, Norway. Tel.: +47 67236522.

E-mail addresses: laura.terragni@oslomet.no (L. Terragni), e.j.beune@amc.uva.nl (E. Beune), k.stronks@amc.uva.nl (K. Stronks), Emma.Davidson@ed.ac.uk (E. Davidson), SameraAzeem.Qureshi@fhi.no (S. Qureshi), BernadetteNirmal.Kumar@fhi.no (B. Kumar), Esperanza.Diaz@uib.no (E. Diaz).

https://doi.org/10.1016/j.puhe.2018.04.008

Conclusions: Our findings augment existing research by establishing the importance of cooperation at the organisational and institutional levels, of fostering the creation of social networks through interventions and of acknowledging the multiplicity of identities and resources among individuals of the same ethnic origin.

Introduction

Today, more than five million people of South Asian origin live in Europe. People of South Asian origin have a higher risk of developing type 2 diabetes (T2D) at a younger age and at a lower body weight than their European counterparts.[1,2] This increased risk is partly because of lifestyle changes and nutritional transition after migration.[2,3] Consequently, prevention of T2D for South Asian people living in Europe is a priority to improve their well-being and to reduce inequalities in health.[4,5]

Existing studies indicate that diet and physical activity interventions are effective in preventing T2D.[6,7] However, interventions appear to be more effective for host (European origin) populations than for South Asian migrant populations.[3,8,9] Culture is a key component of health maintenance and health promotion,[10–12] and there is growing awareness that interventions need to be culturally adapted to meet the needs of, and thereby be effective for, specific population groups.[13,14] Cultural adaptation aims to enhance the effectiveness of interventions by grounding them in the lived experience of the participants.[15] More specifically, cultural adaptation has been defined as 'the systematic modification of an evidence-based treatment or intervention protocol to consider language, culture and context in such a way that it is compatible with the client's cultural patterns, meanings and values'.[15] As Resnicow pointed out, cultural adaptation needs to go beyond the 'surface structure' of interventions and reach its 'deep structure'.[13] Surface structure refers to observable characteristics, such as language, while deep structure encompasses cultural, social, environmental and psychological factors. Strategies for culturally adapting health promotion interventions have been described in several studies.[9,16–20] Evidence regarding the effectiveness of cultural adaptations is promising but not conclusive.[8,19,21–23] For instance, an evaluation of culturally adapted lifestyle interventions targeting South Asian populations showed only moderate effect.[24] This raises the question of whether the strategies used in these interventions are entirely appropriate and indicates that much remains to be learned about how to adapt interventions to best meet the needs of South Asian migrant populations to reduce their risk of T2D.[24,25]

As a part of the European Union (EU) project 'Innovative Prevention Strategies for type 2 diabetes in South Asians Living in Europe' (www.eurodhyan.eu), a systematic review of lifestyle interventions to prevent T2D among South Asian populations was performed to identify which elements contribute to their acceptability, reach and effectiveness.[24,26] With a few exceptions, the articles included did not provide much detail about how the development and implementation of interventions actually took place—what functioned well and what did not. Therefore, we decided to gather more information by conducting qualitative interviews with key researchers involved in interventions of this type. The aim of this study is to provide in-depth insight into the success factors and challenges in developing these culturally adapted interventions to prevent T2D within South Asian migrant populations. The results of this study will provide valuable information for designing health promotion initiatives for South Asians at risk of developing T2D.

Methods

Qualitative research is particularly useful to understand how people interpret their experiences, explore meanings and provide new understanding of a phenomenon.[27] This study is based on qualitative interviews with key researchers who conducted lifestyle interventions for the prevention of T2D with South Asian migrant populations.[21,28–34] Research interventions from which qualitative insights might be gained were identified from two systematic reviews: the one already mentioned[26] and another previously conducted by members of our research team.[16] Five relevant studies were selected based on the effect of the intervention and the relevance in terms of cultural adaptation, the research design and the relevance of the population. Members of our team had already interviewed five researchers involved in three of these studies as part of a previous study on cultural adaptation of intervention for smoking cessation, physical activity and healthy eating for African, Chinese and South Asian origin groups.[16] Given the common purpose between the two studies, we agreed to include and reanalyse those interviews in the light of the research questions of the present study. Despite some possible methodological limitations, secondary analysis of interviews can prove fruitful for focussing on concepts that were present but not specifically addressed in the first analysis.[35,36] In addition, three new interviews were conducted, resulting in data being analysed from a total of eight interviews related to five interventions. All project leaders of the five selected research interventions were interviewed as, because of their role, they could provide experiences on the whole process. In addition, for two interventions, we interviewed two researchers and one dietitian; this was because of the complexity of the interventions and the utility of gathering experiences with informants having different roles in the project and therefore, could contribute with different