Patient Education and Counseling xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Review article

The experience and influence of social support and social dynamics on cardiovascular disease prevention in migrant Pakistani communities: A qualitative synthesis

Farina Kokab[a,*], Sheila Greenfield[a], Antje Lindenmeyer[a], Manbinder Sidhu[b], Lynda Tait[c], Paramjit Gill[d]

[a] Institute of Applied Health Research, The University of Birmingham, Edgbaston, Birmingham, B15 2TT, UK
[b] Department of Health Sciences, College of Medicine, Biological Sciences, and Psychology, University of Leicester, Centre for Medicine, University Road, Leicester, LE1 7RH, UK
[c] School of Health Sciences, The University of Nottingham, Nottingham, NG7 2RD, UK
[d] Warwick Medical School, Warwick, Coventry, CV4 7AL, UK

ARTICLE INFO

Article history:
Received 28 February 2017
Received in revised form 14 September 2017
Accepted 3 October 2017

Keywords:
Cardiovascular disease
Social support
Qualitative synthesis
Meta-ethnography
Minority ethnic
Pakistani
Muslim

ABSTRACT

Objective: The objective of this research was to synthesise qualitative literature about the perceived influence and experience of social support, in relation to cardiovascular disease (CVD) prevention in migrant Pakistani communities.
Methods: Articles were systematically reviewed, critically appraised, and analysed using an adapted meta-ethnography approach.
Results: Sixteen qualitative studies on health behaviours related to CVD prevention were included.
Findings: include four sub-themes under two substantive thematic areas that focus on: 1) family dynamics and 2) community dynamics influenced by discrimination. For members of the Pakistani community, gendered family dynamics and discrimination from outside and within community networks influenced behaviour change.
Conclusion: The authors of the synthesis developed multi-layered, contextualised interpretations of the care needs of an established multi-generational community. Future qualitative studies taking an intersectional approach to interpreting the role of social networks in migrant communities should take into account gender, identity, culture and faith.
Practice implications: Health care providers should focus on cultural awareness and sensitivity during consultations. In particular, general practitioners can benefit from the insight they gain from patient experiences, allowing for more appropriate recommendations.

Contents

* Corresponding author.
E-mail addresses: F.Kokab@bham.ac.uk (F. Kokab), S.M.Greenfield@bham.ac.uk (S. Greenfield), A.Lindenmeyer@bham.ac.uk (A. Lindenmeyer), M.S.Sidhu@bham.ac.uk (M. Sidhu), Lynda.Tait@nottingham.ac.uk (L. Tait), P.S.Gill@bham.ac.uk (P. Gill).

https://doi.org/10.1016/j.pec.2017.10.003
0738-3991/

1. Introduction

Providing optimal health to individuals in diverse communities and migrant populations in Western Europe and North America presents a series of challenges to healthcare systems and professionals who need to adapt and deliver appropriate care [1]. The Health and Social Care Act (UK) [2] recommends equitable access to all, but there is much disagreement about whether the UK's National Health Services (NHS) achieves social justice or fairness [3]. There is mounting pressure on healthcare providers, specifically the primary care service, to deliver appropriate care and accessible resources to the growing population of people in the UK who are ethnically diverse, and getting older [4–6]. Policy recommendations and guidelines reflect the varied healthcare needs of minority ethnic communities and practitioners are encouraged to assess South Asian patients for health risks, such as diabetes, at an earlier age than the general population [7]. However, lifestyle recommendations can fail to consider the heterogeneity within minority ethnic communities, including socio-cultural and religious nuances that may deter patients from engaging with health services or consolidate difficulties in finding suitable information [8]. Members of the South Asian community have an elevated cardiovascular risk [9] with individuals from the Pakistani community residing in some of the most socio-economically deprived areas [10].

Healthcare does not exist in a social vacuum, as individuals are affected by internal factors (i.e. personal behaviours) and external factors (e.g. immediate surroundings). Socio-cultural influences play an important role in the development of health related behaviours [11]. The theory of social capital aims to understand how access to available social resources (support and information) that may enable healthy behaviours is influenced by an individual's social networks, trust, and cultural norms [12,13]. There is a scarcity of health care research exploring the effects of social capital in minority ethnic population; however, there is research within the context of social support, where social support is explored qualitatively to gain insight into the initiation and maintenance of healthy behaviours [14–17]. Although theories differ in their definition of social support, it can be broadly understood as "aid and assistance exchanged through social relationships and interpersonal transactions, and includes four distinct types of support: (a) emotional support, including expressions of empathy, trust, caring, (b) instrumental support, including tangible aid or service, (c) appraisal support, including information that is used for self-evaluation, and (d) informational support, including advice, suggestions and information" [18]. Social support can be viewed as assistance given within a system or network of support which can be emotional (caring, trust), instrumental (tangible aid), or informational/appraisal (helping to solve a problem) [19]. This type of social support [18,19] can counter experiences of racism and encourage the pursuit of non-discriminatory healthcare within the parameters of the community's norms [20,21]. The support may be more widely available in an area of 'ethnic density' where a large proportion of ethnic minority residents can mitigate the detrimental effects of racism on health through social networks and supportive communities [22]. Social networks and network based support are important in the prevention and management of health conditions, including self-care, which can alleviate some of the demands placed on healthcare professionals [23]. For the purpose of this synthesis, social support was used as a proxy for social capital to understand social networks and cultural norms, and consequently an individual's ability to access emotional, instrumental, and material aid from their network of family and friends [13,18].

Despite playing an important role in the area of self-management, social support is accessed differently by Europeans and South Asian people, as diverse social resources are utilised by each community group [21,24]. The negative aspects of social support can include the absence or withdrawal of social support for a particular activity within a social network. In a bid to maintain in-group protection, individuals may shape their health goals and targeted behaviour, which can involve acceptance of common social norms and practices where the pursuit of 'culturally novel' health activities can lead to disagreement or exclusion, e.g. preferring an individual meal pattern as opposed to communal eating [21,23,25]. Individuals who limit socialising can have a lack of awareness for a broader range of health benefits, including the advantages of exercise (Lawton). Such behaviour can be interpreted as a social dynamic, as it is a consequence of the group's behaviour or interactions of individuals within the group [27].

Members of the Pakistani community who practice *Islam* face high levels of discrimination, which has an impact on their physical and mental health exacerbated by the tension between practising 'traditional' or 'modern' (Western) lifestyles [28]. For example, Pakistani women may avoid non-segregated exercise facilities in order to maintain culturally and religiously advocated veiling [29,30]. Decisions about preventive activities may be based on the level of family and community support available to pursue them. This creates a need for health workers to consider the external influences on the attempts made by an individual to address the prevention of non-communicable diseases, such as cardiovascular disease (CVD).

Qualitative research has been conducted with South Asian communities to understand their experiences and views on CVD prevention; however, reviews synthesising their perspectives tend to report on mixed ethnic cohorts and cluster South Asian participants into homogenised groups [17,31–33]. Therefore, the purpose of this qualitative synthesis is to identify and critically evaluate existing qualitative literature on social support (including the availability of instrumental, emotional, and material aid)

Please cite this article in press as: F. Kokab, et al., The experience and influence of social support and social dynamics on cardiovascular disease prevention in migrant Pakistani communities: A qualitative synthesis, Patient Educ Couns (2017), https://doi.org/10.1016/j.pec.2017.10.003