Prevention of Type 2 Diabetes: Development of Cultural Specific Intervention for South Asian Adults at Risk.

Ishfaq Vaja – PhD Student, Liverpool John Moores University.

Supervisors: Dr Lisa Newson, Dr Kanayo Umeh & Dr Julie Abayomi.
Introduction

• Diabetes, particularly cases of Type 2 diabetes is a growing health problem for people of South Asian descent (Reinehr, 2013).

• For nearly half a century, type 2 diabetes has become a disease that threaten human health and is now one of the biggest public health problem.

• South Asian people make up just 4% of the total UK population, but account for an estimated 8% of all diagnosed cases of diabetes (Zaman et al, 2013).

• Given the elevated risk, there was a need to understand the underlying beliefs about diabetes in this population.
Methods

• A Qualitative study with South Asian participants was used to explore attitudes, knowledge and perception of diabetes risk.

• Recruited via purposive and snowball sampling, from places of worship to community centres.

• Participants were recruited to take part in a face-to-face interviews on topics around lifestyle choices and diabetes.

• Topics such as familiarity with diabetes and diet and social obligations were used to guide the conversations.
Results

Prevention
- Mosque
- School/University
- Mobile Applications
- Cultural Engagement

Social-Cultural Expectations
- Lifestyle Roles
- Lack of awareness
- Time
- Gender Roles

Personal Factors
- Fatalism
- God/Destiny
- Education
- Religion

Diabetes Knowledge
- Sugar Levels
- Knowledge family members
- Diabetes norm
- Culture/Tradition

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What I’m saying is it’s all a master plan, it’s what you’re written with. It’s what you come with in your kismet [destiny].

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Conclusion

A number of issues influence the perception of risk among South Asian people;

• South Asian were aware of the chronicity of diabetes, However they showed a lenient and denying attitude towards the illness. The perception of diabetes as an illness ‘lacks seriousness’ and can also be due to social norms in the Asian community.

• UK Environment – Second generation individuals have been faced with the concept of shisha and dessert places. These places are viewed as a ‘friendly’ alternative to bars and pubs and are accepted within the South Asian environment.

• This study’s findings highlights important moral conflicts between individualist and collectivist goals compared to different ethnic groups, South Asian communities are shaped strongly by the environment they live in. Therefore, contemporary health promotion built on assumptions of individualism and self-investment may need to be rethought for societies with a collectivist history.