Disease Prevention in South Asian Community Through Healthy Eating Awareness via Social Media

Submitted by:

Dietitian Fareeha Anwar
(Fareeha Jay)

Disease Prevention in South Asian Community through Healthy Eating Awareness via Social Media

Background:

Some research suggests that interventions through online social networks can be effective (Maher e*t al*, 2014).

In July 2017 a Facebook group, Aap Ki Dietitian [1](AKD) 'Your Dietitian' was developed concentrating on the dietary needs of British South Asians, with the vision that prevention is better than cure (Department of Health & Social Care, 2018).

As the group reached more and more households, it became evident that there were barriers for the UK South Asians to adopt a healthy eating lifestyle because of different cultural and social aspects (Lucas *et al*, 2013).

Initial feedback from our members identified the following:

- Lack of knowledge on healthy eating.
- Weight loss issues.
- The need for a diet plan to alleviate their health condition's linked with metabolic syndrome.[2]

AKD then developed a clear plan. Creating awareness of a healthy diet which could assist members to modify (Willet *et al,*2006) their diet and lifestyle. Help to overcome the barriers preventing adoption of a healthy diet.

Awareness was to be supported by informative videos as a tool; (Abed *et al*, 2014) to enhance the knowledge of group members on healthy eating. Language can pose a barrier in providing effective health care (Wolz, 2015) therefore videos and posts were developed by a dietitian in the language spoken and understood by South Asians.

Focus was to provide basic healthy eating information and avoiding jargon (Ip, 2010). Keeping the group interactive (Ip,2010) so that members grasped and understood the basic concepts.

---

[1] https://www.facebook.com/groups/1575269765877135/

[2] Metabolic syndrome is a cluster of conditions like high blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels

Practice Development

To achieve the goal, the plan was to disperse the information through three different ways:

1) A series of videos were produced to convey the concept of healthy eating. Eat Well Guide was the reference and five videos on each food group, were made explaining the importance of each food group.

2) Videos and posts were produced to expose different myths about food.

3) Sharing South Asian food recipes developed on healthy concepts through posts and videos sent in by members.

Members were given the opportunity to share their meals and exercise regimens on the AKD page. This encouraged acceptance and awareness among the wider group community.

All the above were to be done simultaneously to achieve maximum impact and results.

The videos were made for the common person and scientific terms were deliberately avoided. Urdu language which is spoken and understood by the majority of South Asians was the medium of communication.

Secondly food groups were explained in context of the South Asian food culture. Food props, pictures and flip charts were used to elaborate.

To encourage members, their questions were answered by the Dietitian.

A continuous cycle of new videos and posts is published on AKD to keep the members informed about new and emerging evidence on healthy diet and lifestyle.

Measuring Impact

AKD was initiated in July 2017 with 4 members and since then AKD has more than 300,000 members from all over the world.

Facebook analytical tools show that the group has more than 8500 members from UK.

Table 1 illustrates a detailed demographic breakdown within the UK.

Observation shows that out of these 8500 members, the majority are women as Facebook does not provide this information specially with reference to countries.

Table 1.

City	Number
London	2725
Manchester	640
Birmingham	558
Glasgow	267
Others	4388

Number of members in different cities of UK

To measure the impact and gauge members thoughts on AKD, a qualitative study was carried out. 60 members from the UK participated. Almost all from the origin of Pakistan. 4 did not mention origin whilst one participant reported to be of mixed origin.

Most of the participants were from London.

Table. 2 shows the breakdown of the participants in different cities. Out of 60 only 1 participant was male.

The age range of the participants was between 23-57 (Table 3).

Table 2.

City	Number of Participants
London	28
Birmingham	6
Manchester	4
Scotland	3
Bristol	2
Bolton	3
Derby	2
Surrey	2
Plymouth	1
Sheffield	1
Lincolnshire	1
Yorkshire	1
Blackburn	1
Nottingham	1
Durham	1
Hillington	1
Bradford	1
Newcastle	1

Total	60

Number of participants in different cities of UK

Table3:

Age Range	Number of Participants
20-30	18
30-40	30
40-50	11
50-60	1

Age Distribution of the participants

All participants reported increased awareness on food groups and making healthy choices. 27% reported having no knowledge on food before and now they felt empowered in making better food choices.

Woman, Bolton, age 20-25 comented, "*AKD changed my life. It changed my lifestyle, it changed me. I can eat better, live better".*

Participants informed that AKD developed their understanding of healthy eating in context to South Asian food.

Woman, Surrey, age 45-50 commented, "*I learnt how to enjoy my favourite Pakistani food with portions without the fear of gaining weight. I am eating more healthy food. I was fed up of eating more pasta and chicken with weight watchers and cauliflower-based pizza".*

46% of the participants reported losing weight by following AKD.

Woman, London, age 30-35 said, "*AKD has totally changed my perception of healthy eating. Before joining AKD healthy eating meant skipping meals or eating grilled food all the time. This made my day monotonous and I could not continue for more than 2 weeks. Never thought I could lose weight with eating roti, rice and pasta."*

Members reported that now they had learnt how to lose weight by controlling their portions and not following a fad diet.

Woman, London, age 20-25 said, *"Before joining AKD I used to believe in many myths about losing weight. In fact, I tried many of them but none of them worked. Now I know the importance of a balanced diet and importance of all food groups. I know exactly the portions of all food groups and I can design my own meal plan."*

The awareness about healthy eating has also helped members in improving their health conditions. 35% of the participants reported direct improvement in their health which is summarised in table 4.

Table 4:

Participants Responses
"Overall feeling very healthy. Swelling on my feet which I had for the last 8 years is gone. Biggest improvement is I'm so comfortable in my body now and much more confident."
"I am a diabetic patient and also have very high cholesterol levels. When I started eating healthy my cholesterol went down and my sugar levels were perfect."
"By improving activities and diet, I have lost weight which has improved my symptoms."
"I used to go out of breath whenever I used to climb stairs or go upwards in a street but now, I go out of breath once I am done with climbing at least two floors which is remarkable for me in a month."
"Due to heavy weight after my baby I was facing pain in my legs but due to weight loss I got rid of my leg pain."
"Whenever I used to start a diet, I used to face piles as in other diets carbs are not encouraged but after joining AKD I'm having carbs (fibre) and I don't have issues with my piles."
"I am suffering from hypothyroidism and it's a lifelong condition but I still lost weight with minimum effort by the help of AKD."
"All my thinking about food has changed. It made me fresher physically and mentally. I stay more in vegetables section of supermarket which made me taste some other veggies which I haven't tasted before. I could sleep better. It made me stronger emotionally, could think better about relationships. My anger has almost gone."
"After changing my diet and adding correct portions of diet in my daily routine. I have corrected my deficiency."
"I had never had my period on time. After making lifestyle changes now my period is always on time."

Perceived Health Improvements

Participants also reported changes in the diet of their children. 20% of the participants did not have children whilst out of the remaining, 50% were consciously making an effort to bring a positive change in their children's diet.

Woman, Birmingham, age 25-30 said, "*My 4 year old daughter was struggling to gain weight. She was under weight for quite a while. I was surprised when I started giving her all food groups and making sure she was having her portions she gradually gained weight."*

Members reported that the group was also a source of motivation and inspiration for them.

Woman, London, Age 55-60 said,

"*The group is a source of great learning inspiration and motivation for me. Fareeha Jay's style of presentation simplifies complicated concepts, makes them easy to understand and follow. Excellent information is available here. The system presented is very practical for me as I don't have to stay on a strict menu every day. This group is interactive and visual. Others shared experiences and pictures also help. It has helped me in focusing on what and how much I am eating. Motivated me to do exercise by looking at other members weight loss success stories."*

This knowledge and information dispersed via AKD is empowering members on making healthy food choices. In the medium to long term it may lead to better health outcomes.

The following case study illustrates impact of AKD on individual lives. Small changes in lots of individual lives may help the NHS to tackle obesity epidemic with an estimated cost of £6.1 billion every year to the NHS (Public Health England, 2017).

Case Study 1:

Woman
Birmingham
Age: 25-30

"After joining AKD I am making wiser choices when it comes to eating. I can enjoy all sorts of food in a limited quantity, enough to satisfy me and still not feel guilty. I am having everything and still following a healthy eating pattern .

And the best thing is that I don't have to make an announcement on dinners/get togethers that I'm on a diet and make a fuss about what I can or cannot eat. I don't have to be finicky anymore and eat what I like but by making the right choices .

For the past three years my relationship with food had changed when I went through a change of circumstances in my life. I was treating my body like a bottomless pit. Whether I was tired, sad, happy, panicky, excited or relaxing, all I was doing was eating - and eating the wrong kinds of food. AKD taught me to eat to my fill - yet remain healthy. Exercise further helped me remain chirpy and active .

I started making chapattis at home myself so that I could follow portion control easily. We would usually have rice otherwise, or get them made on order which would usually be white and contained oil .

I'm notoriously sweet toothed and I am conscious of the fact that we have diabetes in our family. I could sit and hog on 3-4 people's portion of dessert all by myself. This has particularly changed. I ask myself 'what is the alternative?' Normally I'd reach out for the box of brownies or the pack of cookies in my tuck cupboard and I'd snack on them till I'd feel sugar sick or even get a migraine. I still have cheat days, but I would definitely not go to this extent. I now opt for some pick me up exercises or eat real food such as salad with homemade hummus or some fruit etc.

Our grocery shopping trolley is filled with a variety of healthy options. I have never seen crisps and cookies sit for this long a period in our kitchen cupboard, that's a major achievement! Usually they'd be gone within a couple of days. And now, because my husband and I are eating healthy food, targeting all food groups and eating to our fill, we don't really feel the need to have the junk food. Actually, it's a greater mission accomplished on my husband's part. It's pleasantly surprising that he now actually tells me not to add so and so ingredients to his lunch such as mayo or too much cheese etc. He would ask me to have fruit ready for him to snack on if he felt peckish while watching TV at night, and he'd pick brown pasta, brown bread etc from the grocery store or snack on homemade popcorn.
He eats breakfast, hooray- and actually oats and barley! This is a man we'd beg to eat porridge and he would just run off without even having any breakfast at all- the thing is that he had to go through a heart surgery 5 years ago when we found out he needed a valve replacement due to a hereditary heart murmur. But now I can see a noticeable difference in our eating habits and our lives.
Thanks to AKD"

Learning

AKD is addressing a key public health challenge in line with the Public Health England Social Marketing Strategy (2017).

AKD has more than 8500 members from across the UK. Data collected and evaluated shows that the advice provided by AKD has had a positive impact on people's lives. To date AKD has primarily focused on Facebook however in the near future, further platforms i.e. Instagram, Twitter, Snapchat and Pinterest may be utilised to reach maximum audience.

A recent systematic review (Varkevisser *et al*, 2018) showed that one of the factors for weight loss was the presence of social support combined with some ongoing monitoring of weight and eating habits. This approach is being adopted by AKD. Queries from our members are answered and shared with the AKD community thus developing an open learning platform for all. Members are encouraged to share their

food pictures, physical activity routine and feedback provided. This not only allows the members to self-monitor but also gives them the feeling of support.

Although because of high volumes of posts many posts can be missed out without the dietitian commenting on them. This may leave the members confused on their posts about food and exercise. To run the group more successfully it should be monitored by more than one dietitian which may have cost implications.

Gender inequalities in the South Asian communities may lead to neglect of women's health. Many of them due to cultural reasons may have restrictive mobility. (Fikree,2004). AKD is providing them with the opportunity of being aware of a healthy lifestyle in the comfort of their home.

Whilst this is being positive, the downside is that there are only 8.6% male members in the group, which is depicting the culture of gender inequalities (Dhungana, 2018) among South Asians as the group is being run by a female dietitian.

Therefore, keeping the cultural needs in mind preferably a group which is led both by a female and male dietitian would address the issue or two different groups one for men and for women can also be a way forward.

Language can be a major barrier in getting a message across (Lucas *et al* ,2013). AKD conveying the message through Urdu language has tried to overcome this barrier for the UK South Asians, though many people only know their regional language. Therefore videos in regional languages will help inclusion of more people.

The content covered in AKD has been culturally appropriate, which has led to acceptability and adherence (Lucas *et al*, 2013) to the advice given. Healthy cooking South Asian recipes has assisted in making behavioural changes. There are recipe folders in the group which are reachable to all members. However, rather than written recipes, videos can bring a greater impact and involving a renowned South Asian chef can make a further impact.

AKD is a voluntary group and everyday there are around 400 new members joining from all over the world. At present the feedback from the members is positive though with the increase in numbers sustainability can be a problem. If it becomes part of a public heath team and starts commissioning nutrition services through different platforms of social media, it can be taken to another level.

Fareeha Jay
Freelance Dietitian
fareeha@fareehajay.com

References:

Department of Health and Social Care, (2018). *Prevention is better than cure.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf

Maher,C.,Lewis,L.,Ferrar,K., Marshall,S. and Vandelanotte,C.(2014).Are health behaviour change interventions that use online social networks effective? A systematic Review. *Med Internet Res,*pp 16(2).

Lucas,A., Murray,E., and Kinra,S.(2013). Health beleifs of UK South Asians related to lifestyle diseases: A review of qualitative literature. *Journal of Obesity.* Available at: https://www.hindawi.com/journals/jobe/2013/827674/

Willett,W., Koplan,J., Nugent,R., Dusenbury,C.,Puska,P.,and Gaziano,T. (2006) *Disease control priorities in developing countries*. Washington DC :Oxford University Press.

Abed,M.,Himmel, W.,Vormfelde,S., and Koschask,J. (2014) Video-assisted patient education to modify behavious: A systematic review.*Patient Education Counsc,*97(1).

Wolz,M. (2014) Language barriers: challenges to quality healthcare*. International Journal of Dermatology.*34(2).

Ip, M. (2010). Keys to Clear Communication — How to Improve Comprehension Among Patients with Limited Health Literacy. *Today's Dietitian* Volume 12 pp25

Varkevisser,R., Stralen,M., Kroeze,W., Ket,J., and Steenhuis,I.(2018) Determinants of weight loss maintenance: a systematic review. Available at*:* *https://www.ncbi.nlm.nih.gov/pubmed/30324651*

Fikree,F., and Pasha,Omrana. (2004) Role of gender in health disparity: the South Asian context. *The BMJ.*328.

Dhungana,R. (2011) Status of Gender Inequalities in South Asia. Available at: http://mypublichealthblog.com/?p=103