Perspectives on Physical Activity Participation in Middle-aged U.S. South Asian Indian Women at Risk for Type 2 Diabetes

Nitha Mathew Joseph, PhD, RN, CNE, CGNC Sigma Foundation for Nursing Grant Report

Aim/Purpose/Objective: South Asians (SAs), one of the largest and fastest growing Asian American subpopulations in the United States (U.S.) (U.S. Census Bureau, 2023), are at higher risk for type 2 diabetes (T2D) than other racial/ethnic minority groups in the U.S (Narayan & Kanaya, 2020). One of the key modifiable risk factors for T2D, physical activity (PA), and culturally tailored PA interventions have been extensively studied in Hispanics (Loya, 2018) and African Americans (Griffith et al., 2018). The few existing studies conducted with SAs in the U.S. and other Western countries have shown a reduced level of PA and, thus, increased risk for T2D (Mathew Joseph et al., 2023). Furthermore, only a few studies have identified factors affecting PA in SA women, and none were conducted among middle-aged SA women 40-65 years old who are at higher risk for T2D than younger age groups. The purpose of this study was to explore the culturally bound attitudes, behaviors, beliefs, and barriers related to PA among middle-aged U.S. SA women at risk for T2D living in the Houston area.

Sample: Middle-aged South Asian women 40-65 years old living in Houston.

Setting: Indian community churches, Hindu temples, Muslim mosques, and community venues in Houston (e.g., Asian Indian shopping centers, Indian community cultural organizations, Indian American Nurses Association of Greater Houston, and SA women's nonprofit organizations).

Methodology: Qualitative, Focus Groups, Descriptive Research Thematic analysis of the 5 focus groups interview transcripts was conducted by a research team.

Results: Twenty-five SA women participated, and the mean age was 48 years (range, 40-58 years, SD=4.1). The findings revealed themes of personal, cultural, and social role expectations that affect PA behaviors in SA women, namely their role as women, lack of time, interest, and motivation, cultural view of body image, and environmental barriers to PA

Conclusions: The study can contribute to the development of public health nursing interventions by providing an understanding of the barriers to guide the development of culturally sensitive social support-based interventions for SA women to improve their level of PA and reduce the risk of T2D.

Implications: Clinicians, including nurses, need to assess the cultural barriers to PA as they counsel SA women to engage in PA. Strategies such as motivational interviewing should be implemented to build confidence and aid recognition of their strengths to change their behavior by navigating cultural barriers to PA.

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