Health promotion interventions adapted for south Asian women: small focused group teaching sessions

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Introduction

There is an overwhelming body of evidence suggesting that ethnic minority groups in the UK experience greater levels of mortality and morbidity in comparison to white European origin populations. The reasons for this vary, ranging from access to health care, genetic disposition to certain conditions and dietary and lifestyle differences. [1,2]

Ethnic minority women however, continue to be underrepresented in health promotional studies.

The term ‘culturally sensitive’ is often used to describe initiatives tailored to increase participation and appropriateness for minority groups. Despite the known multifactorial contributions to health inequalities, behavioral patterns within minority groups dictate an individual's usual health experiences. Such factors could be more amenable to change, therefore health promotion attempts should focus on identifying and targeting said factors. [1,3,4]

This study uses a qualitative approach, in the form of small group teaching sessions delivered to 30 south Asian women. The difficulties in recruiting south Asian women to participate in health promotion studies include language barriers, lack of representation, confidence and engagement. This study aimed to deliver interventions through which participants were supported and encouraged to make attitudinal and behavioral changes by highlighting compatibility of promotional messages within their cultural and religious beliefs. The teaching sessions included information regarding the importance of screening programs, such as breast and cervical screening, healthy eating, diabetic screening and mental health. Each participant recruited in the study was encouraged to participate further by delivering presentations themselves within their wider community after attending the sessions. The study demonstrates promising evidence of retention and engagement, as each participant was ultimately given autonomy to not only further deepen their knowledge but to also develop their leadership skills.

Methodology

Recruitment process: This was achieved by advertising in the forms of flyers and posters in various religious institutions, female community gatherings, via schools and through word of mouth. 30 south Asian women of Bangladeshi, Pakistani and Indian origin were then recruited in order to participate in these teaching sessions.

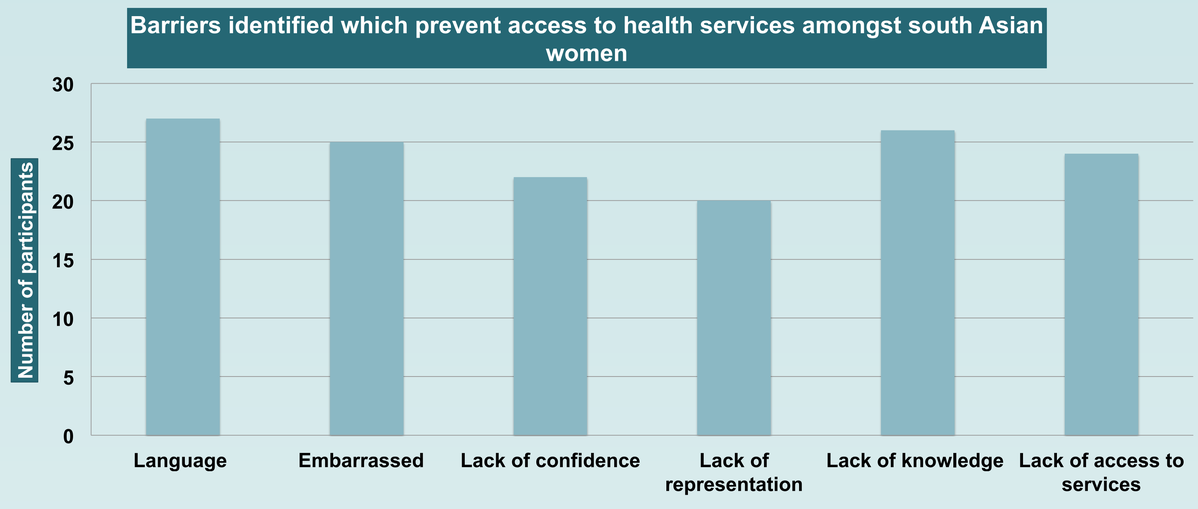
Subject matters: The first session was an introduction session, which identified the aim of the research. An initial survey was conducted to identify barriers, expectations, and set goals. Information regarding the five outlined teaching sessions were provided, which were carefully chosen after consulting literature.

Teaching sessions: Sessions were held at a community center within a relatively informal setting to encourage engagement. Women were split into groups of 5. Sessions were delivered using PowerPoint presentations in English, Bangla and Urdu. Participants were encouraged to get involved by asking questions and getting involved in demonstrations.

Data collection: Surveys were conducted at the end of each session, which aimed to look at retention of the information provided, understanding and satisfying expectations. Success of the sessions focusing on screening programs were measured by re-conducting the surveys quarterly in order to identify uptake of screening after attending these sessions. Personal development of each participant was measured by conducting an interview at the end of the year.

Volunteering process: All the women attending were encouraged to learn and host the presentations themselves to at least 5 other women. They were each given a personalised development plan to improve their leadership skills. They were able to choose their own goals, type of audience and topic of their choice. The aim of this was to reach as many women as possible to ensure maximum potential dissemination of this health promotional program.

Results



National screening programmes	Before session (out of a total of 30 women)	After attending session (out of a total of 30 women)
Breast	8	13
Cervical	3	10
Diabetic	13	19

Table 1: Shows results from the second quarterly survey conducted. Figure demonstrates number of women attending national screening programmes before and after attending the education session.

Key messages from interviews conducted:

- “ Attending the sessions gave me more knowledge and understanding of my own health and how to better look after my body”.
- “ I now know how to check my breasts properly finally at age 34!”
- “ I was embarrassed and uncomfortable to go to my GP for a smear test, so I avoided it. I know the importance of a smear now, I won’t miss it again”.
- “ Talking about mental health is a stigma in our community, a cycle I want break with my children”.
- “ I am empowered by learning how to deliver sessions myself and volunteer to help run these sessions, as I know it has increased my confidence and I can see the difference it is making to the lives of women like me”.
- “ I was very nervous delivering my first session by myself but all my other peers were helpful and my teacher was encouraging”
- “ I have taught how to do a breast check to my 73 year old mother! Something she has never done before”.
- “ I am now comfortable talking about my private problems with my friends and family”.
- “ I really enjoyed the session on healthy eating. We got to speak to a nutritionist and a chef. She gave some good recipes for healthy dishes, which I have made for my family”.
- “ I have even convinced my husband to go for his diabetic check regularly after all that I have learnt”.
- “ These sessions have taught me so much that I previously didn’t know. I feel happy to have learnt so much about my body and I know I can share this knowledge with so many others”.
- “ I will continue to volunteer in these sessions and hopefully we will have more women participating next year. We will all do our part. I wish something like this took place for us Asian women in other communities”.

Key Learning points

- The importance of using community resources available to advertise interventions, which will also increase accessibility.
- Identifying barriers early to address them in proposed interventions as this will further increase participation and access.
- Working by adapting to cultural and religious values in order to promote behavioral and attitudinal change and accommodating to varying degrees of cultural identifications.
- Importance of developing communication strategies which are sensitive to language use and information requirements.
- Importance of providing volunteering opportunities or projects to medical students in order to participate in health promotion initiatives. To actively encourage them to organise and run sessions within different communities.
- Strategies targeted at ill-health prevention and health promotion are more cost-effective and clinically significant for improving health outcomes compared to treating the disease itself.

References

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