

South Asian Diet and Activity Intervention (SADAI)

Summary of Findings

SADAI is a South Asian specific programme that aimed to promote healthy dietary and activity habits in South Asian migrants in Aotearoa, New Zealand. Previous research showed that although South Asians are healthy when they first arrive, they soon develop diet related chronic diseases such as diabetes and cardiovascular diseases, primarily due to changed food habits and lack of physical activity.

The specific issues identified in previous research were:

- 1) lack of awareness of the long-term effect of unhealthy food habits and in-sufficient physical activity on long term health,
- 2) lack of awareness of importance of a healthy breakfast, portion sizes of food and timings of meals,
- 3) how to increase fruits, vegetables and dhal consumption,
- 4) how to decrease saturated fat from dairy foods and oil use,
- 5) how to decrease snacks that are high in saturated fats, sugar and salt,
- 6) how to increase activity levels.

How did we go about developing SADAI?

We used a co-design approach where the South Asian community were involved in identifying the solutions and pathways of addressing the above issues. The South Asian community were also involved in developing the resources for this programme. For example, demonstration videos for healthy cooking and gardening, educational comic characters and settings etc. The South Asian community agreed that this programme would be best delivered digitally and hence SADAI was delivered as a digitized programme.

What did we want to find out?

We wanted to know:

- 1) how acceptable SADAI was to the wider South Asian community,
- 2) how the South Asian community would engage with SADAI,

3) after engaging with SADAI how motivated the community would be to adopt healthier food and activity habits.

How did we find these out?

We conducted a trial on two groups of community members. We had about 50 participants in each group. For one group we sent one part of the SADAI programme every month for six months and for the other group we sent links to information that is currently available for the NZ public on healthy eating and activity (General Information). Before we started this trial, we asked both groups to fill in a questionnaire and collected various measurements regarding their food and activity habits. After six months of SADAI we again collected the same measurements to see if this has changed for the two groups.

What did we find?

The group who received the SADAI programme found the videos and comics to be very effective in communicating health messages. Written information was not very popular. Over 98% were motivated to eat healthy and be more active after the SADAI programme. Those who received the SADAI programme were more likely than those who received general information to be motivated to change towards healthier behaviours. For e.g. Those who received the SADAI programme were 3 times more likely than those who received the general information to eat more vegetables and increase activities such as walking.

Overall, the SADAI programme was found to be more effective than the general information available in NZ to motivate South Asians to eat healthy and be more active.

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