Barriers and facilitators underpinning adherence to lifestyle interventions between two pregnancies to prevent gestational diabetes among Indian women

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Gestational Diabetes Mellitus (GDM) is the presence of hyperglycemia that first gets detected during pregnancy. Studies of lifestyle interventions to prevent GDM show mixed results. Prevalence of GDM in India can be up to 30%. India is a culturally, linguistically and economically diverse and complex low- and middle-income country (LMIC). Thus, knowledge on the various determinants of ‘adherence to lifestyle intervention’ among women at risk of and had recent history of GDM is mandatory for effective co-development of complex interventions. This study aimed to identify the various barriers and facilitators that underpin the adherence to lifestyle interventions between two pregnancies among Indian women. Qualitative research methodology, using focus group discussions was followed. Two focus group discussions (one with low socio-economic status (SES), another with high SES women) with 13 participants (8 GDM, 5 non-GDM) were conducted. Systematic text condensation was used for thematic analysis of data. Analyses of the two focus group data identified many potential themes. Among low SES women, ‘lack of family support’ is identified as the biggest barrier. All women expressed that women’s health is generally neglected in most Indian families, especially with diet, physical activity and seeking professional advice. Other factors included poor knowledge on prevention, difficulty in finding time for themselves after delivery, and imposition of age-old traditional myths. Among high SES women, lack of motivation and time is identified as the most common theme. Working women found it difficult to follow any diet and exercise plans. Other factors were shift of attention to baby’s health from their own, other priorities and difficulty to exercise with a new born. This study unveils many crucial unexplored factors that would influence adherence to lifestyle intervention among Indian women. Potential solutions to these factors should be ‘co-developed’. Implementation of such tailored, individualized lifestyle interventions is required to prevent recurrent GDM and/or type 2 diabetes post GDM in this high-risk population.