Background Information for Health Professionals

Introduction
The information provided in this resource is based on focus groups with members of the South Asian community (n=53) and South Asian dietitians (n=8). The represented South Asian regions include India, Pakistan, Sri Lanka and Bangladesh. The information is a summary of dietary and cultural patterns as expressed by participants of the focus groups. The purpose of this resource is to provide background information and issues to health professionals to be explored in further detail with individual clients. It should not be assumed that this information would apply to all South Asian clients, as there are large diversities and variations within and between different South Asian communities.

Acknowledgement
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Background on Dietary Patterns

Number of Meals

- Generally, the number of meals consumed in a day by South Asians was reported to have decreased since moving to Canada.
- Breakfast was the most common meal skipped. This was different from the eating patterns in South Asia where breakfast was often a large meal.
- Reviewer’s Comment:
  - There may be variations in this pattern, for example mothers with Gestational Diabetes, who may be stay-at-home moms, may still have breakfast.
- Those consuming regular meals and snacks in Canada reported doing so due to a health condition such as diabetes or heart disease.

Amount of Food consumed

- Despite a reduction in number of meals as defined by breakfast, lunch and dinner, the amount of food consumed was reported to have increased in Canada.
- An increased consumption of food was primarily due to an increase in snacking throughout the day. Snacks were primarily from the “other” food category, and often included South Asian salty savory snacks.
- The portions of meat were also reported to have increased in Canada mainly due to greater affordability.
- Reviewer’s Comment:
  - This tends to displace amounts of vegetables and fruits.

Variety of Foods

- There was greater consumption of diverse foods in Canada including more ethnic foods, meat, fruits and vegetables.
- The intake of refined and processed foods had also increased in Canada.
- The type of meat had changed from fish and lamb to beef and chicken.
- Vegetables such as bell peppers and broccoli were reported as new due to a lack of availability or higher cost in South Asia.
- There was much greater consumption of fast foods like pizza, fried chicken, French fries as well as coffee and fruit juices in Canada.
- There was also greater reliance on convenience foods, canned and frozen products. The nutrient quality of these foods was viewed as being poorer than fresh foods.
• Meals in South Asia were seen as more complete with the inclusion of yogurt, rice or roti, vegetables, and legumes/dals in every meal, whereas meals in Canada were often restricted to one type of food group at each meal.
• There were no difficulties in finding South Asian foods in the Greater Toronto Area due to a larger community representation.

Reasons for Changes in Eating Patterns

• The major stated reason for changes in dietary patterns in Canada was a busy schedule or lack of time. Other reasons included a health condition and decreasing appetite with age.
• Reviewer’s Comment:
  o Decrease in overall physical activity and reluctance to adopt alternatives due to constraints of time, finances and other priorities.
  o Since the climate is not hot in Canada, it is easier to have earlier meals in the evening.

Timing of Meals and Major Meals

• Community members reported the timing of meals as variable. Late dinners were common. Reasons reported for late dinners included waiting for family members to arrive home before eating, having the traditional late afternoon tea and snack, or a prayer time in the early evening.
• The major meal was stated as usually being dinner. Dinners were also associated with family time.

Preference of Cultural Foods or Canadian Foods

• Many community members preferred cultural foods or a combination of both cultural and Canadian foods. Cultural foods were reported to be required at least once a day, preferably at dinner. Cultural foods were also associated with satiety and satisfaction.

Dietary Restrictions

• Dietary restrictions common among South Asians were generally related to meat. The Muslim community reported not consuming pork, and replacing it with alternatives like chicken, beef, fish or mutton, which must be halal or kosher. Hindus reported not consuming beef, and following a vegetarian diet.
• Reviewer’s Comments:
The lacto-ovo vegetarian population seek bakeries that have egg-free, gelatin-free containing products.

**Use of Fats and Oils**

- A common dietary custom was the addition of extra fat or oil to food, including addition of ghee to rice, vegetables, naans and parathas. Nuts were reported as frequently being added to foods as garnishes or as an ingredient. The wide use of fat and oils in the community was reported due to its association with prestige, prosperity, and physical strength. Counselors should assess specific ingredients of foods and hidden sources of fat when obtaining diet histories.

  *Reviewer’s Comments:*
  - Introducing the use of grilling versus deep frying vegetables, meat and specially fish can be a very effective tip for the clients

**Seasonal Foods**

- The greater variety and availability of foods, especially fruits and vegetables, throughout the year in Canada was reported to be different from South Asia where food was available based on season. Community members reported strongly believing in fresh foods and did not want to eat out of season foods. Non-seasonal fruits and vegetables were viewed as being poorer quality, as having shorter shelf lives, and as being artificial with the use of pesticides and chemicals. Seasonal foods were viewed as being healthier when consumed in season due to properties of the food. Counselors should assess client preferences on seasonal foods as it may affect choices and variety of their diets.

**Food Combining**

- A number of traditional food combining systems have been discussed in the literature for the South Asian community. The hot and cold classification involves grouping foods based on certain innate physical properties. The classification is used to consume specific foods under specific physical conditions and/or external climates. This system was cited as an important value in a study of South Asians from Bangladesh. Results of this study showed most community members either were not aware of this classification system, or no longer used such a system. However, community members may be using this system without knowing as part of their traditional dietary practices. Such systems should be assessed individually with clients.

- Milk emerged as a food that is often not combined with other foods in specific ways. Milk was reported as not being consumed with fish, yogurt, orange juice,
and onions. Community members reported believing that combining milk with these foods would cause some type of physical reaction or indigestion.

- Other combinations that were avoided included eating sweet and sour foods together. Ginger and garlic, however, were reported to always to be used together.

- Since food combining systems can vary between individuals as well as those new to Canada, it is important to assess them on an individual basis.

Food Groups

- Most community members reported not consciously thinking about food groups, and instead based meals on availability, preference, taste, or childhood eating patterns.
- Many community members were familiar with the traditional food groups on Canada’s food guide and were able to recognize or associate with these food groups.
- Some South Asians also viewed their meals as traditionally balanced with the inclusion of all food groups.
- Vegetarians identified four major food groups: dahl (protein), roti or rice (starch), vegetables and yogurt. Two other South Asian food groups included snacks and sweets.
- The snacks group consisted of salty and spicy mixtures of nuts, puffed rice and dry starches (e.g., fried snacks such as sev, ganthia made from grains).
- The sweets group consisted of desserts made from milk, sugar and oil or ghee.
- Reviewer’s Comment:
  - Vegetables and fruits should be encouraged as snack foods.
  - *** It should be noted that the portions of dahl (lentils/legumes) are larger in the South Asian community. Therefore when providing dietary education, community members should be taught to count dahl as a carbohydrate and protein choice. Please refer to the “Helpful Hints for Educators Using Beyond the Basics: Meal planning for Healthy Eating, Diabetes Prevention and Management” handout from the Canadian Diabetes Association. Carbohydrate content for different lentils and legumes are also available in another resource in this series titled “Carbohydrate Content of South Asian Foods.”

Appropriateness of Food Groups on the Beyond the Basics Resource

- Inclusion of a South Asian sweets and snacks food group on the Beyond the Basics resource was identified as important, since sweets are an important component of holidays and festivals, and snacks are an everyday consumption item.
Community members also reported a need for inclusion of a separate legumes food group. South Asians believe that legumes vary in their carbohydrate content, and thus should be identified individually.

The “meat and alternatives” food group needs to be adapted for South Asians. Many South Asian community members did not relate to the word “alternative” and thus did not look for vegetarian sources of protein in this section. Recommendations to change this group included changing the title to “protein” or “meat, legumes and alternatives”.

The remaining food groups on the Beyond the Basics guide were identified as appropriate.

Reviewer’s Comment:
- “Other” food group should also contain pickles and chutneys (dry and wet).

### Portion Sizes

#### Food Preparation and Storage

- Most community members preferred cooking food at home, and viewed it as being healthier due to greater control over what goes into the food.
- Snacks or take-outs in the form of fast food were the most common purchased foods.
- Half-cooked foods, such as frozen pre-packaged parathas (fried bread), were purchased for convenience.
- Use of canned beans and legumes was common due to the time required to prepare these foods from a raw state. The use of canned foods was also seen as less healthy and as having lower nutritional value.

- Many community members reported cooking extra food or more food than needed so no one in the family would go hungry. This may in part be due to the traditional practice of cooking larger amounts of food in South Asia due to greater number of people living as part of the extended family.

- Food was reported as traditionally only being taken to the next meal at maximum, and majority of the food was purchased and prepared fresh everyday. Due to busier work schedules and lifestyles, community members reporting not practicing this custom in Canada. Cooking extra food and storing leftover in the fridge or freezer for later use was reported as common in Canada. This shift in shopping and cooking methods occurred soon after migration. However, the cooking and storing practices and beliefs of new immigrants may vary, and should be considered during counseling.
Traditionally South Asians were not accustomed to storing cooked food, including rice and dahl, in the refrigerator. Reasons for not storing food included religious beliefs.

**Reviewer’s Comments:**
- Pre-preparation is the key to continue cooking healthy cultural meals.
- Education needed in supplementing or choosing healthy alternatives to canned foods.
- Healthy alternatives for frozen breads is important.
- Cooking in large amounts and freezing should be encouraged.

**Ingredient Measurement**

- Measurement of ingredients in cooking most foods was not a common practice.
- Many South Asians used their experience with cooking to determine how much of each ingredient to use.
- Other commonly reported methods included using common sense, using sense of taste, smell and appearance, trial and error, as well as following how their mother taught them to cook.
- Some community members used measuring for baking, new recipes, and rice.
- There was a trend toward measuring oil instead of the traditional practice of pouring oil directly from a container.

**Reviewer’s Comment:**
- Baking practices should be encouraged for snack items (for cookies, etc., to satisfy the sweet tooth) with healthy recipes.

**How Much to Eat?**

- Generally, people reported eating until they were full. Some recognized overeating, and reasons for overeating included the taste and appeal of the food. Overeating was an issue at buffet style dinner parties or gatherings, which were common and frequent.
- Some portioning of foods, such as leftovers or raw meat, was used when freezing food.
- Some community members did not like measuring portions or viewed portion control teaching as interfering with the enjoyment of food.
- Other standards of portioning included estimating number of spoonfuls, and using ones knowledge of how much each family member ate.
- Portioning was also based on demand, so the amount of food cooked was determined by number of people being served.
- A distinction was made between portioning food when being cooked versus when being served. Portioning of food while cooking or preparing food was reported as not useful.
- The size and thickness of rotis was reported to be highly variable among South Asian groups. Rotis can range from small and thin to larger and thicker. The
sizes should be assessed on an individual basis, and recommended portions should be discussed in detail using visual examples whenever possible. Some communities use rice as the staple food instead of rotis.

- **Reviewer’s Comment:**
  - Plate-portioning of carbohydrates, protein and vegetables can be used in counseling as a visual tool for portion-sizing.

**Plate Model**

Respondents were asked for their opinions on the Plate Model and Hand Jive methods of portion control.

- Common questions about the plate method of portion control included what is the size of the plate and how much can one heap or stack food in the plate?
- The plate model was seen as more practical and relevant.
- Community members felt that the amount of vegetables allowed in the plate model would result in more calories from fat, since oil or ghee is usually added to vegetables.
- The amount of carbohydrate on the plate model was reported as not representing a typical South Asian meal, since carbohydrates (e.g., roti, rice) account for the greatest portion of a meal.
- The glass of milk was suggested as requiring a change to yogurt to more accurately reflect a South Asian meal.
- The concept of an Indian thali was recommended for some South Asian communities. The thali was reported to be a round tray of different sizes consisting of individual bowls known as katoris (150 ml each). A separate katori was reported as being used for each type of food. The number of katoris on a thali depended on the size of the thali.

- **Reviewer’s Comment:**
  - Buttermilk (1%) should be encouraged instead of yogurt with a higher fat content (which may be purchased for children).

**Hand Jive**

When asked to compare the two common methods of teaching portion sizes, the Hand Jive was felt to be complex.

- Common questions about the Hand Jive method for portion control included if portions were for cooked food or raw food, if portions were per meal or per day, and what would be a standard fist size?
- The Hand Jive was not seen as an easy to remember method for community members unless they were exposed to it frequently.
- The Hand Jive was also seen as vague, especially for women who may be serving foods to family members and would not use their own hand to estimate portions for others.
- The method was not offensive.
• Generally, community members preferred a more quantifiable measure of portions such as cups or spoons.

• **Reviewer’s Comment:**
  - The server at home should be able to transfer measures into household serving spoons/ladles.

### Beyond the Basics Portions and Measurement Symbols

Community members were also asked for their opinions on the Beyond the Basics guide and measuring symbols on the guide.

- Portions listed on the Beyond the Basics guide were viewed as the recommended intake. Additional counseling may be helpful for some clients to ensure understanding that portions are to be individualized.
- Portions on the guide were generally seen as being too small.
- The concept of half portions was reported to not be applicable for South Asian diets, as a person is unlikely to eat only half of a roti.
- The measurement symbols on the Beyond the Basics guide were generally clear, including the cup and spoon symbols.
- The measure after cooking symbol represented by a fire sign was not clear and required explanation.
- The use of ounce for serving sizes was confusing and requires additional explanation or visual aides.
- A need to connect household measures such as tea cups with standard measuring cups during counseling was reported.

### Cultural Values and Holidays

#### Sweets

- South Asian holidays and festivals were associated with traditional sweets, which were considered an important component of festivities.
- People living with diabetes found it difficult to avoid sweets, and required strategies to include sweets in their diet through portion control.
- South Asian sweets were reported as generally being made of milk, sugar, oil/ghee and different types of flour (e.g., pulse, besan or chickpea flour, urad dahl flour, moong dahl (yellow split) flour), cereal flour (rice, wheat), lentil flour.)
Major Holidays

- South Asian holidays were associated with different foods, many of which were high in fat or sugar. Holidays often involved buffet style meals.
- The time of the year for holidays varied due to differences in calendars followed. Holidays may also come at different times of the year every year.
- The Hindu calendar and religious festivities can be based on a lunar or solar calendar. There are regional differences in calendars across India, and thus needs to be assessed with individual clients.
- The Muslim calendar is a lunar calendar with 12 months of 29 or 30 days each.
- Some of the major holidays for the South Asian community include:
  - Ramadan
    - Month of fasting for the Muslim community. 9th month of the Muslim calendar.
  - Navratri
    - Nine day festival of fasting, dancing and worship for the Hindu community. Occurs in the fall (Oct/Nov).
  - Eid
    - Holiday for the Muslim community comes in the 9th and 12th month of the Muslim calendar.
  - Dussera/Diwali
    - Festival of lights for the Indian community. Occurs approximately in Oct/Nov.
  - Holi
    - Festival of colours for the Indian community. Occurs approximately in Mar/Apr.
- Holidays also tended to vary with region, with some regions having at least one holiday or festival every month.
- Additionally, certain days of the week were considered auspicious and were associated with specific foods or dietary changes. These days were highly variable and differed from region to region and person to person, and thus need to be assessed on an individual basis.
- Health professionals should inquire about holidays and festivities with clients, since holidays or festivals are often associated with dietary changes.

Parties

- Community members commented on frequent buffet style parties ranging from weddings and festivals, to dinner parties with friends or at religious centers. These parties were reported as being associated with a lot of food, and impacted ability to follow meal plans.
- Reviewer’s Comment:
  - Informing friends of dietary restrictions, if possible, gives a feeling of being proactive about one’s own health (empowerment).
Fasting

Fasting was reported based on religion, with Muslims and Hindus both considering fasting as an important value.

- Counselors should be aware of the procedure or process of fasting, as well as the difference between how Muslims and Hindus fast.
- Community members reported wanting advice and education on how blood glucose can go low when fasting, advise on medication reduction, and education on volume and timing of food after breaking the fast.
- A need for open communication between the counselor and client is required to allow for optimal treatment and care.

Fasting in Islam

- Fasting in Islam was identified primarily during the month of Ramadan. Fasting was defined as refraining from food and drink, including water, from sunrise to sunset or dawn to dusk.
- The fasting day usually involved two major meals, one in the morning and one in the evening. The evening meal was associated with high fat and high volumes of food. Some people grazed throughout the evening with small frequent meals or snacks.
- Weight loss tended to vary, but many people reported not losing weight due to the increase in caloric foods consumed and decrease in daily activity.
- People living with diabetes are exempted from fasting during Ramadan, however many people reported choosing to fast. Fasting was identified as an important value, and thus counseling should include advice on managing blood glucose levels while fasting. Changes in medication and meal timings should be evaluated. Referral to a physician may be required for changes in medication or insulin regimens.
- Women were reported as being exempted from fasting during pregnancy and menstruation. However, they are required to make up for these missed fasting days later in life when possible.

Fasting in the Hindu Religion

- Fasting for the Hindu community varied and depended upon personal choice, the Gods worshipped or calendar followed.
- Fasting was associated with the holiday “Navratri,” which was reported to come once a year. This holiday was associated with 9 days of fasting, primarily by women.
- Members of the Hindu faith reported drinking water or juice while fasting, and some reported eating fruits during the day. Each fasting day was concluded by consumption of a big meal.
- A main characteristic of fasting by Hindus was to eat only vegetarian foods on fasting days.
  - (Reviewer’s Comment: usually not more than one day).
- Some members of the Hindu community also reported fasting regularly throughout the year with some fasting once a week and thus 52 times a year. The
number of days and day of the week varied with individuals and should be assessed on an individual basis.

- Vegetarians tended to fast more, and women were reported to fast more than men.
- Added activities such as dancing may be associated with some fasting holidays, and can lead to weight loss.
- **Reviewer’s Comment:**
  - Among Hindus, some fasting allows/excludes certain foods/food groups; therefore fasting does not imply complete abstinence from food.

### Diet Counseling

#### Teaching

- Dietary counseling and education for the South Asian community should involve the spouse and/or the family cook. The preferred education format by community members was individual one-to-one counseling with family members.
- Community members preferred to include other family members, including children in counseling sessions to allow for preventative benefits of education.
- Group education was viewed as appropriate only for general education, not for discussing personal experiences.
- Many South Asians valued privacy, and thus counselors should be sensitive to the types of questions asked during group education sessions.
- There were mixed views on group education with South Asian community members versus group education with different ethnicities. Having people from the same community in a group was reported to possibly limit openness, whereas a group with mixed ethnicities was viewed as limiting ability to discuss culture specific foods.
- **Reviewer’s Comment:**
  - Diet counseling should encourage the use of leftovers (from dinner) as breakfast foods (with or without some modifications and supplementing to make it a whole meal) to avoid skipping breakfast.
Tips for Creating Resources

Pictures

- Pictures were seen as a helpful tool to facilitate learning by community members.
- Pictures need to be accompanied with labels or names of foods in writing to further help with food recognition.
- Many of the pictures on the Beyond the Basics guide were clear and easily identifiable, including the fruits, vegetables and meats.
- Many of the starches and grains pictures were unclear, including: naan, roti, bread, pizza, pizza crust, croutons, hamburger, grapefruit and tofu.
- Foods that were not culturally familiar could not be recognized by the pictures alone and required both a label and verbal explanation. Examples of such foods included hummus and couscous.

Languages

- A need to include both English and South Asian language on a resource was identified. Community members viewed this as being helpful in translation and word recognition.
- English was felt to be important since it is the language people would be exposed to when grocery shopping.
- The major languages identified for resources included: Hindi, Urdu, Punjabi, Tamil, Bengali and Gujarati. Community members reported that most Indians could read, speak and understand Hindi, since it was the national language and taught in all schools.

Gender Differences

- South Asian women were reported to be the primary food preparer and server in families. Women reported having a caring and nurturing role, and often spent more time taking care of family members than their own health. Meals were usually prepared based on family preferences, as the husband and children were seen as the priority.
• Focus group members commented that women living with diabetes neglected their own diets or spent less time on managing their condition and lifestyle.
• Women in the focus groups reported the possibility of less family support for their lifestyle changes, as families may not change diets and lifestyles to accommodate women living with diabetes as they do for male family members living with diabetes. Women reported preparing and eating those foods that the family preferred rather than adjusting diets for glycemic control in order to avoid having to cook separate meals. The added responsibilities of joint families and women being the primary care provider were identified as additional stressors and limitations to following diabetes treatment plans.
• Community members also reported some generational differences in gender roles. Younger working women were viewed as being less likely to cook than older working women. Younger women were also viewed as more likely to use standard measuring utensils when cooking than older women.

Diabetes Attitudes

• Many South Asians recognized the greater prevalence of diabetes in their community; however they were not sure of the causes and appropriate management techniques.
• There was also the recognition that many people in the community may have diabetes but remain undiagnosed.
• Community members inquired about diabetes being caused by busy lifestyles and stress. A common belief was that consumption of carbohydrate and sugar directly causes diabetes.
• The use of traditional remedies such as fenugreek, cinnamon, bitter gourd and bitter melon were common among South Asians and viewed as beneficial for diabetes. Thus counselors should be aware of alternative remedies and any interaction with medications.

Cure or Control
• A difference in attitudes towards diabetes was reported between South Asians living in Canada versus those living in South Asia or those recently coming to Canada.
• People in South Asia were reported to be more resistant to taking medications and following treatment. They were reported as being less open to discuss diabetes and viewing it as a taboo topic.
• Two common attitudes were expressed:
  o Diabetes cannot be controlled or cured.
Diabetes can be controlled, such that medication can be stopped once blood glucose has decreased.

- Such attitudes may exist among members of the community, including new immigrants, and thus should be recognized in order to provide appropriate teaching and counseling.
- Differences in treatment protocols across countries may also lead to further confusion over appropriate management.

Effects of Diabetes on Family
- South Asian community members reported a strong sense of family commitment, and family members accommodating the lifestyle and dietary changes required by a person living with diabetes. Accommodation involved a change in the family’s food purchasing habits, as well as the types of foods cooked at home. This was especially true for purchasing and preparing sweets and desserts. Spouses reported tending to share food and taste foods while cooking, and this was recognized as a major reason to change the whole family’s food practices.
- **Reviewer’s Comment:**
  - Diabetes may be perceived as a stigma.

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**Exercise**

- Exercise levels in South Asia and Canada may differ based on socio-economic status and access to safe places for activities. Focus group members expressed some people having greater activity in South Asia due to reliance on walking for everyday chores compared to reliance on cars in Canada. Others reported fewer opportunities for activity in South Asia due to pollution, road safety, and a lack of access to places for activity.
- Generally, physical exercise among South Asians living in Canada was reported to be limited due to weather, lack of motivation, embarrassment over clothing or appearance, and not feeling comfortable participating in outside the home activities. Recommendations on culturally appropriate and community-based activities including aerobic activity in the form of dancing to Bollywood movie songs. A need for organizing activities at local community centers, especially for women, was also recommended.
- **Reviewers’ Comment:**
  - Home-based peer-groups or buddy-systems may encourage participation in physical activity.