

Social Support and Peer Counselling Perceived as Useful in Promoting Behavior Change among Women with a Previous Gestational Diabetes Mellitus Pregnancy



HEALD-GDM
Healthy Eating and Active Living for Gestational Diabetes

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CONTEXT

Gestational Diabetes Mellitus (GDM) increases the risk of developing type-2 diabetes (T2D).¹ Physical activity and healthy eating are preventive measures.² However, there is little support for women post- GDM pregnancy.³

Healthy Eating and Active Living with Diabetes for GDM (HEALD-GDM)⁴ is a 24-week walking program consisting of:
 ■ 4 group sessions at a community recreation centre for education sessions and supervised walks with an exercise specialist; and
 ■ Weekly telephone support from volunteer peer counsellors.

Peer counsellors were women with previous GDM pregnancies who were trained in HEALD-GDM and behavior change.

We are evaluating HEALD-GDM using a mixed methods approach, including a randomized control trial and qualitative description.

The current study aimed to describe the role and usefulness of social support, including peer counselling, in promoting behavior change from the perspectives of women with previous GDM.

METHODS

Qualitative description methodology⁵ was used to elicit women's perspectives about social support.

Women who had participated in 25% of group and peer counselling sessions were purposefully sampled until data saturation was reached. In addition, we interviewed peer counsellors to gain their perspectives on social support.

Telephone interviews were conducted using a semi-structured interview guide. Interviews were digitally recorded, transcribed, and verified for accuracy.

Data were analyzed using content analysis.⁶ All data were managed with ATLAS.ti version 7 software.⁷

The University of Alberta Health Research Ethics Board and Athabasca University Research Ethics Board approved this study and all participants provided verbal informed consent.

We thank our partners: The Lawson Foundation

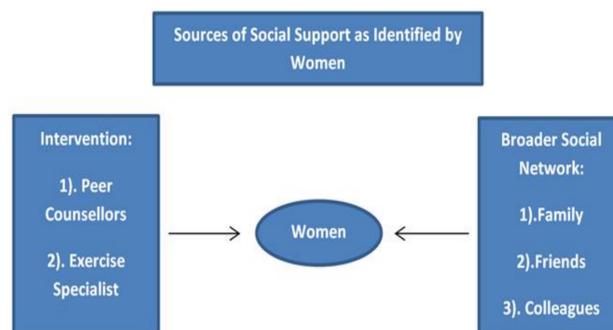


FINDINGS

We conducted a total of 11 interviews with 9 women who had completed the intervention and 2 peer counsellors. All women were Caucasian, married, and had experienced a GDM pregnancy within the last 18 months. The average age was 38 years, the majority (78%) had undergraduate degrees and approximately half (55%) had 2 or more children. We did not collect demographic information about the peer counsellors as they were not involved in the larger trial.

We found that women identified multiple sources of social support provided by HEALD-GDM (i.e., peer counsellors, exercise specialists) and their broader social network (e.g., family and friends) with whom they had existing relationships (Fig.1).

Fig. 1: Identified Sources of Social Support



However, women described variable usefulness of the support provided by both sources in fostering behavior change, which we outline in the quotes below.

Variable usefulness of support from HEALD-GDM intervention

Useful Intervention Provided Support
Kept the women accountable to the intervention
Provided motivation
Identified barriers to participation and provided solutions
Exercise specialist was enthusiastic and motivational

Accountability: "It encouraged me to keep up the walks, It encouraged me to keep a record of what I was doing, so I could remember at the end of the week to speak with my peer counsellor and it encouraged me to be accountable for when I didn't do it." (Participant 1023, age 45)

Barrier identification from a peer counselling perspective:

"You kind of have to re-adjust and re-evaluate what is possible for them because some people set unrealistic expectations going into the program." Peer Counsellor 1

Less Useful Intervention Support
Peer counsellors did not call
Lack of rapport

Lack of rapport: "I would expect a coach to dig deeper to see if there is anything emotional happening, but there was nothing...I didn't find her very engaging for someone who was trying to help, to be motivational to be active...I don't know if she had done [peer counselling] before." (Participant 1015, age 36)

Variable usefulness of support provided by social network

Useful Support from Broader Social Network
Partners provided childcare
Partners were motivational
Family, friends, and colleagues were encouraging
Friends and colleagues engaged in physical activity with the women

Encouragement from broader social network: "My spouse, my extended family, and my group of friends. Everyone knew I was [going to] take part in the study and so they check in sometimes and ask about how that's going, and that made a difference for me." (Participant 1017, age 32)

Engaging in physical activity with the participant: "My co-workers know me, they know how to motivate me. They go for walks and they exercise so its easier to go with them and be encouraged to go with them." (Participant 1013, age 33)

Less Useful Social Support from Broader Social Network
Geographical barriers prevent family and friends from engaging in physical activity
Family not supportive of participation in intervention

Geographical barriers: " I don't have a lot of friends who live near me who I could walk with [and] I don't have family that lives in Canada...They were vaguely encouraging but I'm not in the same place." (Participant 1023, age 45)

Unsupportive Family: "My husband is great but when it comes to fitness and healthy stuff he's one of those that would say "sit down and have a cheeseburger with me", so I needed [my peer counsellor]." (Participant 1038, age 44)

Overall, there were varying experiences reported regarding social support. Intervention-provided support was perceived as most effective when the peer counsellor established rapport and was able counsel the participant instead of just "checking in". Individuals from the broader social network provided different types of support that were less consistent but more natural due to the established relationship. However, not all participants received the support they needed from the intervention or from their broader social network which had a negative impact on their intervention compliance. Finally, participants indicated that consistent, reliable support from the intervention is important to assist with behavior change.

CONCLUSIONS

- Future interventions should consider multiple and diverse sources of social support (i.e., involving family and friends, providing in-person support).
- Peer counselling can provide social support after a GDM pregnancy, but who and what defines a peer counselor must be clearly defined.
- Future interventions should consider hiring individuals to provide consistent social support, instead of having volunteers.

References available upon request.

