LETTER

Pacific women’s experiences and views of participating in a novel dietary intervention for weight loss
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In comparison to other ethnic groups in New Zealand, Pacific People have higher prevalence rates for chronic conditions, such as type 2 diabetes and for obesity. This is predominantly associated with a poor diet. A low carbohydrate healthy fat (LCHF) dietary approach has been successfully used across a range of populations to help manage conditions such as epilepsy, polycystic ovary syndrome, type 2 diabetes and in reducing body fat (i.e., weight loss).

A LCHF diet has an emphasis on whole foods. It generally consists of consuming around 100 grams of carbohydrates per day. The remainder of the macronutrients are comprised of a moderate amount of protein, and a higher fat intake than the current dietary guidelines recommend.

The emphasis is on non-starchy vegetables, small amounts of starchy vegetables and fruit, fish, poultry, unprocessed meat, eggs and nuts. Healthy fats refer to a mix of monounsaturated fat, omega 3 polyunsaturated fat and some natural saturated fat from whole food sources.

The aim of this study was to examine the experiences and views of a sub-group of obese, Auckland-based Pacific women who took part in a 12-week dietary intervention designed to assess the feasibility and effectiveness of an LCHF dietary approach to weight loss.

The LCHF diet emphasised the use of culturally appropriate foods (i.e., fresh fish and coconut milk). The use of culturally appropriate foods may facilitate long-term adherence to an LCHF dietary approach, which may translate to health-related gain.

Five participants took part in an audiotaped focus group at the conclusion of the intervention. Participants were aged 41 years and older. Transcribed data were analysed using an inductive thematic approach.

Four main themes emerged:

Theme 1: Family health history—This theme highlighted how participants’ own health status and/or the health status of family members influenced their decision to take part in the intervention. The following quotes demonstrate this:

“I was pre diabetic. All your (sic) relatives are diabetic. So it’s about looking after ourselves and being around for our children.”

“We have grandchildren. We need to be mindful that there are other lives involved and effect not just our own.”

Theme 2: Perceived benefits of LCHF

Subtheme: Increased energy—Some participants discussed how they gained more energy as a result of the LCHF approach. The following quotes convey this:

“I go for a run. I’ve noticed I have all that energy again and I’m back into my netball again.”

“The energy. I felt the weight I lost has been so worth it.”
Subtheme: Satiety and versatility of LCHF food—The following quotes illustrate participants’ experiences of LCHF food in terms of preparation and consumption:

“Eggs for breakfast and onions and mushrooms. It just fills you up. Lunch time is when you are starting to get hungry again. You don’t actually feel like snacking.”

“I’m becoming quite creative with my salads. It’s easy you can just throw some ham on top, cheese and apple.”

Subtheme: Cost—In the following quotes, participants discussed how LCHF food can be less expensive in terms of food purchasing costs:

“I find the food costs less.”

“It depends on what vegetables are in season. Sometimes lettuce is $2.60 and then you go to the food markets and the quality of the veggie is not as good but there is the price difference.”

Theme 3: Family and LCHF—For health reasons some family members also undertook a LCHF approach. The following quotes illustrate this:

“My middle child unfortunately inherited his mother’s genes. So he decided he would do it with me. That was quite helpful because it felt like I had a partner.”

“One of my boys was overweight. We have made a family change with eating. So we cook healthy.”

Theme 4: It’s a lifestyle, not a diet—The following quotes convey how a LCHF approach was perceived to be a lifestyle change and not a diet:

“It’s a lifestyle not a diet. Making it a part of your life to try (and) eat healthy.”

“It wasn’t a diet, it was more of a lifestyle change.”

The LCHF approach appeared to be acceptable and feasible for this group of women. Participants identified a number of perceived benefits to undertaking LCHF. Namely, a perceived increase in energy levels and feelings of satiety, as well as a reduction in food costs.

Satiety can be an important factor in terms of adherence to a weight loss programme. Individuals who constantly feel hungry are less likely to comply with certain diets.\(^\text{10}\)

Cost was not a barrier to adopting LCHF, as there was a focus on purchasing seasonal vegetables and moderate consumption of protein-based foods.

Future research with Pacific women will examine the physical health-related benefits that may result from following a LCHF approach.

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References


