

Qualitative Insights on the Importance of Sociocultural Contexts on Asian Indian Migrant Participation in Physical Activity and Sedentary Behavior

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Background: Influences on physical activity and sedentary behavior may differ for migrants moving from their country of origin to a new country. This study aimed to explore the range of contextual factors that influence physical activity and sedentary behavior among Indian migrants, making comparisons with India. **Methods:** Semistructured interviews were conducted with 21 Indian migrants (10 men and 11 women) aged between 18 and 65 years living in Melbourne, Australia. Data were analyzed thematically, coded inductively, and managed with NVivo. **Results:** Participants perceived a lack of social connection as a key barrier to physical activity participation. Group-based physical activity fostered social connections. Cultural associations were sites to engage in cultural physical activity and integrate with other Indians. Australia's physical contexts (eg, availability of facilities and built environment) facilitated physical activity behavior. Workplace environments (eg, the nature of the job) prompted sedentary behavior. Other contextual shifts with migration related to activities of daily living (eg, shifts in transport [walking] behavior in India to a greater reliance on cars in Australia) and migrant-friendly health communication (messaging from Australian health/allied health practitioners). **Conclusions:** Sociocultural contexts remain key influences on migrant physical activity participation. Prioritizing integrated approaches and engaging insider codesign are important in tailoring and promoting migrant physical activity and limiting sedentary behavior.

Keywords: environments, health promotion, migration, social determinants

The Indian population is genetically predisposed to a higher risk of noncommunicable diseases such as diabetes, obesity, and cardiovascular diseases.¹ For the Indian population, epigenetics and lifestyle are important considerations, as environments that discourage physical activity and encourage sedentary behavior may exacerbate the early onset of noncommunicable diseases.^{2,3} Migration status is important to consider as it may compound such health risks, particularly with migrants from non-Western communities who adapt to unfamiliar physical and sociocultural environments.⁴ Studies on Indian migrants living in Australia have partly attributed their health risks to having low levels of physical activity and increased sedentary behavior after migration.^{5,6} Low levels of physical activity are also evident for Indian migrants when living in other Western countries such as the United States, the United Kingdom, Canada, and New Zealand.⁷ For Indian migrants, understanding the diverse contextual factors that influence physical activity and sedentary behavior is critical to address their health risks and improve their quality of life after migration. This is particularly important in Australia, where insufficient contextual insight is thought to have resulted in short-lived physical activity interventions, and, ultimately, the uptake of physical activity among Indian migrant communities.⁸

For ethnic minority populations, factors related to migration, health communication, sociocultural, physical, and occupational

settings are particularly important as influences on physical activity and sedentary behavior.⁹ But some of these contexts are inadequately explored for Indian migrants. In Australia, there is some evidence of the contextual factors that influence physical activity among its Indian migrant population. For instance, the perceived low social support, stress with migration, time constraints, low motivation, and cold temperatures are recurring barriers reported by Indian migrants to engage in physical activity.¹⁰ These findings are consistent with the evidence from the United States, Canada, and the United Kingdom.^{11–13} However, some of the contextual factors drawn from studies on Indian migrants in Australia appear contradictory to findings from studies conducted on Indian migrants in other Western countries. For instance, in Australia, Indian migrants perceived facilities and parks as accessible and conducive to engaging in recreational physical activity,¹⁰ but Indian migrants living in the United States and the United Kingdom considered the lack of sidewalks and insufficient access to facilities as barriers.^{12,13} Indian women living in Australia did not perceive cost, language, or lack of information as barriers to engaging in sport and physical activity,¹⁴ but these were barriers reported by women from other culturally and linguistically diverse communities in Australia,¹⁴ and are often reported as barriers to physical activity for Indian and other South Asian migrant women living in the United States, Canada, and the United Kingdom.⁷ Further investigation is warranted to not only expand on the contextual factors which remain underresearched for Indian migrants but also to confirm/refute the differences observed and to draw insight into these differences. Therefore, this study aimed to explore the range of contextual factors that influence physical activity and sedentary behavior among Indian migrants living in Australia.

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Methods

Design and Setting

Individual semistructured interviews were used to draw descriptions of the diverse contextual factors that influenced physical activity and sedentary behavior. For Indian communities, individual interviews offer an effective way to limit culturally desirable responses¹⁵ and explore the complexities within their social and cultural contexts.¹⁶ This study took place in the greater Melbourne region, located in the state of Victoria, Australia. Victoria holds the highest overseas-born migrant population, and Indian migrants are the country's second-largest migrant population after the English.¹⁷

Sample

Purposive sampling techniques were used to recruit participants.¹⁸ Eligibility criteria included men and women who self-identified as Indian, aged 18–65 years, fluent in English, with no reported illness or disability, and were either first- or second-generation migrants. First-generation migrants were born in India. Second-generation migrants were born in Australia or had migrated to Australia before 12 years of age¹⁹ with at least one Indian-born parent. Participants had lived in Australia for at least 1 year, with an intent to live in Australia over the next 2 years.

Recruitment

Participant recruitment strategies involved the distribution of flyers at local neighborhood grocery stores, local libraries, and relevant cultural organizations, as well as through word of mouth, and online media channels such as Facebook. Most respondents expressed their interest by completing an online eligibility screening form. A proportion of interested participants who contacted the lead researcher directly, were screened for eligibility by telephone. Individuals who met the eligibility criteria were emailed the study information and consent forms.

Procedure

After receiving written consent, additional demographic details were obtained on household composition, occupation, educational qualifications, and reasons for migration. All interviews were conducted in English via Skype (Microsoft Corp), in person, or by phone, and lasted for a duration of approximately 30 to 45 minutes. The interview guide, developed by the lead author (Siona Fernandes) was guided by the systematic methodological framework for semistructured interviews.²⁰ This guide was developed to seek out information on the perspectives of physical activity and sedentary behavior published previously,²¹ and a range of contextual influences on physical activity and sedentary behavior among Indian migrants presented in this paper. The guide was cross-checked with 2 external physical activity experts and later pretested with 3 Indian community members to ensure the wording of questions was easy to follow and culturally appropriate. This guide is published elsewhere.²¹ After the interview, each participant received a \$20 gift card for their contribution. The data were adequate to meet the research aim after 21 interviews (saturation).²² Each interview was audio-recorded and transcribed verbatim by an external transcription service. Each transcript was assigned a participant identification code to anonymize identifiable details before analysis. All interviews took place between August 2019 and December 2019.

Analysis

A stepwise inductive thematic approach guided the analyses of the data.²³ The initial re-reading of each participant's transcript by the author was done to ensure completeness and accuracy of the meaning and intent of the data. A senior academic expert (Cristina Caperchione) reviewed the initial codes, themes, and concepts generated to ensure there was an unbiased development of codes and the coding framework. They (Siona Fernandes and Cristina Caperchione) discussed and refined the codes and coding hierarchy, addressing any discrepancies. Additionally, an external senior physical activity expert (Anna Timperio) was involved in the critiquing and finalizing of the key themes for reporting. All data coding processes were managed with NVivo (version 12).²⁴

Ethics

This study was approved by Deakin University Human Ethics Advisory Group—Health (HEAG-H 93_2019). All participants provided written informed consent.

Results

A total of 45 individuals expressed their interest to participate; of these, 32 individuals met eligibility, and 21 individuals that provided written consent were interviewed. The participants represented diverse Indian backgrounds: Andhra Pradesh, Delhi, Kerala, Jharkhand, Uttar Pradesh, Kolkata, Maharashtra, Karnataka, Punjab, Tamil Nadu, Orissa, Goa, Rajasthan, Madhya Pradesh, Jammu, and Haryana. Table 1 provides additional participant demographic characteristics.

Contextual factors that emerged as key influences on physical activity and sedentary behavior related to (1) sociocultural contexts, (2) physical contexts, and (3) workplace environments. These and other contextual factors for physical activity that are related to activities of daily living and migrant-friendly health communication are reported below.

Sociocultural Contexts

Social Connection

The participants considered their social connections were important influences on physical activity, particularly, their connection with friends, family, and neighbors—referring to individuals and/or family units living within walking distance from the participant's residence, and the wider community. They disclosed such experiences of social connections when living in India and perceived these social connections to motivate their participation in physical activity. As migrants living in Melbourne, Australia, the majority of participants spoke of the limited social interactions with members of the wider community and perceived this as a barrier to engaging in physical activity. Some perceived the lack of social connection had prompted them to become sedentary after migrating to Australia.

When I moved here, I would say I didn't have any friends or something and people wouldn't prefer walking here or something, like back in India. And my life was sedentary initially and then when I met friends who were engaged in dance and Zumba and swimming, when I met friends there and I could relate it to what life I had back at home. So, then I started engaging in those activities to meet those friends as well as to meet new people here. (P9, female participant)

Table 1 Sociodemographic Characteristics of Indian Migrants (N = 21) Participating in the Interviews

Variables	n (%)
Gender	
Men	10 (47)
Women	11 (53)
Age, y	
18–35	14 (66)
36–55	6 (29)
56–65	1 (5)
Education qualifications	
University/tertiary degree	21 (100)
Generation	
First generation	18 (86)
Second generation	3 (14)
Migration information	
Year's resident in Australia	
1 < 3	6 (29)
3–10	7 (33)
>10 ^a	8 (38)
Age at migration, y	
<18 ^a	4 (19)
19–25	9 (42.9)
26–35	7 (33)
36–45	1 (5)
Current work	
Total hours at work per week	
<20	2 (9.5)
20–40	14 (67)
>40	5 (24)
Household characteristics	
Additional household occupants	
Live alone	3 (14)
1–2	5 (24)
3–5	9 (42.9)
>6	3 (14)
Children in the household	
0	15 (71.5)
1–3	6 (28.5)
Number of drivable motor vehicles	
0	5 (24)
1	8 (38)
>2	8 (38)

^aSecond generation of those who migrated from India to Australia before 12 years of age with one Indian-born parent.

In India, you have a stronger community. Your neighbors know you . . . I used to always have friends over. While here you don't know your neighbors. [In India] your neighbor literally comes past your door and be like, do you want to go for a walk? I'm going for a walk. And you go, alright, yeah, I'll come. And oh, I'm going to the beach, do you want to come? You always had people asking you to do things. (P11, female participant)

Role of Cultural and Mainstream Physical Activity in Building Social Connection

Many participants acknowledged the importance of Indian traditional dance, sport, games, and festivals to form social connections among migrants and to educate second-generation Indians on their cultural history and traditions. To some participants, Indian cultural associations were sites to integrate them with other members of their Indian community and to engage in their cultural forms of physical activity.

I joined the [regional] Association. Because they have 7-8 functions a year that they honor [regional] food and [regional] traditions . . . I'm also a member of an [Name] Indian Association. So, they also have different types of activities. They play housie bingo Dancing . . . if I go to an association, I'm meeting 10 people at the same time. (P4, male participant)

However, descriptions of one woman brought into question the lack of effort to use Australia's sports and recreational practices to integrate migrant communities with local Australians. Comments below are indicative of such views:

For instance, the big game here is footy [Australian Rules Football]. I have never really seen someone making an active effort to make an outsider aware of the sport. What about footy for outsiders? We'd like to know [about] the sport. But it's only played here, nowhere else. So definitely we didn't have access to it before coming here. I think knowing something like footy would definitely help you integrate. It's a big part of the culture. Like footy is as local as you can get. (P10, female participant)

Social and Material Resources Supporting Social Connections

Participants reported greater self-motivation to engage/adhere to physical activity practices when using activity trackers such as pedometers.

They gift me a watch [activity tracker] so that I start walking. It has increased [my] walking habits. It has decreased my sitting habits It is the reason why I walk. Yes. Because now I can keep a count of the steps I have. If it wouldn't be there, I wouldn't know how many steps I walk through the day and how many hours I was sitting. So, it even gives the calorie count that I have reduced through the day, so that helps. (P9, female participant)

Several participants sought various online social platforms for opportunities to connect and engage in physical activity with members of the wider community.

. . . I live in the west side of Melbourne, I've been trying to find some meetups [app] close by where people do engage in tennis, and I haven't been able to find a good group there. But I found one group in [name of suburb] These kinds of apps, they help . . . (P3, male participant)

The participants unanimously perceived a lack of social connection with their neighbors in Australia as a barrier to engaging in physical activity. In describing their motivation to engage in physical activity, they spoke of the importance of neighborhood social connections that they experienced with neighbors when living in India.

Physical Contexts

As residents in Melbourne, Australia, most participants observed the availability of facilities to engage in sports and other recreational activities. The majority of the men spoke of greater access and availability of facilities for recreational sports and gym-based activities in Australia than in India. To summarize this view, a man who perceived having a more active lifestyle in Australia than when living in India stated:

After coming to Australia, I definitely got into it [Tennis] and I do all sorts of physical activities. It [physical activity level] has gone up many folds The reason primarily is easy access to all these sports facilities here Because in every suburb practically you can find a tennis court and a volleyball court and gyms almost in every street. (P16, male participant)

Women highlighted barriers to accessing such facilities, particularly in the long term, due to the high membership fees and lock-in contracts associated with using these facilities. For example, “. . . whatever indoor activity you do, it costs you money. That is a constraint . . . ” (P15), and “they have these lock-in contracts. I don’t want to restrict myself . . . ” (P10).

The participants perceived the built environment features within Melbourne such as “trails”; “playgrounds”; “reserves, parks, gardens”; “special roads” (referring to dedicated walking paths); and “cycling tracks” as facilitators for walking, running, and cycling practices. Few barriers that emerged related to the limited access to parks during renovations, the lack of parking spaces, and the distance to the park. Describing this positive experience from built environmental features on cycling behavior, a man stated, “Even on the road they keep space for bicycle riders, respecting the bicycle riders and giving them [the] way. It’s a very good experience I have received here” (P21, male participant). Leading into this description, he highlighted fewer environmental hazards when engaging in physical activity behaviors in Australia stating, “In Mumbai, you don’t even get a little bit of place to move around, because of the traffic and a lot of encroachment on the roadside In Australia, everything has its space and beauty. It has been maintained every time.” Comparisons to India also revealed that women felt safer engaging in outdoor physical activity like walking.

I wouldn’t consider India a safe place to walk down a creek by yourself, at odd hours. It’s fine here because the crime rate is lower. Our crime rate is pretty high. As a woman it’s more a gender thing, I don’t know how boys feel about walking around a creek at night, but I would think twice. I realized it’s safe, so I used to go there. (P10, female participant)

Workplace Environment

Most participants believed desk jobs and long work hours prompted sedentary practices. One man stated, “. . . because I am in IT, most of the time I’ll be sitting in a chair doing my work” (P16). Another woman, a student, spoke of the online delivery of university education as a catalyst for sedentary practices among Indian students in Australia:

Even studying makes you sedentary, right. And here everything is online. You can take a book and walk out, but you can’t take your computer and walk on the streets. You can’t study like that. You can take a book to the park and come back. (P10, female participant)

Some participants recognized opportunities where through their job they perceived engaging in incidental physical activity. As a student and part-time worker in hospitality, one woman stated, “My job involves running food and cleaning up, we’re on our feet and walking around all the time. So that keeps me active, and I’m happy about it. Back home I wouldn’t have a job like this” (P10). Information technology (IT) professionals described using lunch breaks to exercise. As one man summarized, “I always keep an extra set of the running clothes at work and take that lunch break to go for a half an hour run. Come back, take a shower, and use that lunch break to do your exercise” (P3).

Other Contexts

Activities of Daily Living: Housework and Car Dependence

For several participants in India, many household tasks were either outsourced or shared between family members. After migration, the lack of family support and access to affordable labor required men—particularly unmarried students, and women to perform their daily household chores. Women and men reported greater engagement in household-related physical activity in Australia than in India.

The activities have increased a lot . . . here, all people live independently. Here he [male] does the role of a housewife because he cooks food, he takes care of himself, he does the cleaning, and cooking, and getting all the groceries. So, I think these are the three roles that every individual whoever comes here plays in his life which he never experienced before back in his country. Because we’ve got our servants and maids who work for us Before I used to not do anything, I used to sit all day long. (P5, male participant, student)

Additional to shifts in household behaviors, participants also reported a shift in transport behavior. Many indicated their reliance on public transport from not driving/owing cars in India which resulted in more incidental walking practices. As migrants, women reported greater reliance on cars which replaced their walking practices, becoming sedentary in Australia. One man offered, “. . . In India, I didn’t have a car. So, we walked everywhere, or we took a bus or train. But here we have a car” (P4). The quote below substantiates these views on the dependence on cars in Australia.

I’m not going to drive to Safeway [grocery store in the vicinity] or the supermarket in India. I’ll walk for 15 minutes, or 10 minutes, but I’ll walk. And that doesn’t happen here You can’t walk 45 minutes for one coriander. You will drive That’s a huge difference in the lifestyle. And that has influenced the way I live, because, within two years of coming to Australia, I put on a lot of weight, because I started to drive. I drive around. I never used to drive back home in India. (P15, female participant)

Migrant-Friendly Health Communication

Several participants, when prompted, had revealed differences in the messaging, access, and support of the Australian health care system and allied health practitioners. Summarizing these differences between India and Australia, a woman offered, “[Here] You have more opportunities [with allied health care] that comes from state-wide or, [a] national initiative which I can’t even imagine in India. And the value and importance of physical activity is stressed, it’s spoken about” (P14). Another man stated, “I don’t think in India they’re doing anything about it [diabetes], whereas over here if they

see your blood sugar levels are high, they'll give you a [exercise] program. They want to intercept. They want to treat it early" (P13).

Discussion

These results show a range of contexts that influence the physical activity and sedentary behavior of Indian migrants living in Melbourne, Australia. Social contexts were important to engage/adhere to physical activity in India and Australia, but the perceived lack of social connection after migration emerged as a key barrier. In Australia, built environment features like dedicated walking paths, cycling tracks, and availability of public places were perceived as facilitators to engage in physical activity. Working environments that fostered long periods of sitting emerged as a catalyst for sedentary behavior. Other contextual influences on physical activity and sedentary behavior related to activities of daily living, namely the lack of household help and dependence on cars, and migrant-friendly health communication.

This study supports previous evidence on the perceived lack of social connection to engage/adhere to physical activity and sport reported by Indian migrants when living in Western countries like Australia and the United States.^{12,14} For Indian men and women, the perceived lack of social support can trigger feelings of loneliness, depression, low self-esteem, perceived incompetence, and failure, which are viewed as acculturative stressors after migration.^{6,25} The participants' views on group-based physical activity can be a solution to buffer such acculturative stressors and barriers to physical activity participation in Western countries. For some, cultural groups facilitated building connections with members of the Indian community allowing them to engage in their cultural forms of activity (eg, dance). For others, mainstream sport and physical activity provided "a way" to build their connections with non-Indian Australian communities. The need to engage in mainstream sports and maintain their cultural practices may stem from inheriting collectivist and individualist social norms/attitudes.²⁶ To serve the integration of Indian migrants with members of the wider community, not only is the building of their social capital via cultural events and festivals important but also, addressing the limited use of mainstream sports,²⁷ like footy in Australia. Group-based programs that also integrate self-monitoring tools like activity trackers could further persuade Indian migrants to participate/adhere to physical activity.²⁸

Promoting opportunities for social connections is critical in all areas; previous research shows that individuals living in socially isolated settings are at greater risk of physical inactivity despite the easy access and availability of recreational parks and sporting facilities.²⁹ Social settings are important for ethnic migrants, given their likelihood to engage in outdoor physical activity may rest on having a positive perception of their social environments.³⁰ Among Indian women who were aware of their local parks and recreation facilities, first-generation Indian migrants considered parks mainly for children, while second-generation Indian women were not only aware of their local parks and recreation facilities but also used their neighborhood parks to socialize and engage in exercise.³¹ Among park users in Western countries, the perceived lack of social interaction may result from the differing social and cultural norms between the mainstream population and migrants who may also negotiate their sociocultural norms to adhere to the privacy rules in local urban public parks.³² Effectively intervening in the interplay between social environments and physical settings can draw implications to promote outdoor physical activity in locations with high numbers of Indian migrants, particularly in Melbourne, Australia. Such an intersectional lens may particularly benefit

first-generation migrants and support the recommendations that urban parks in Western countries reflect/accommodate the socio-cultural needs of migrants.³²

The participants' views on the long hours spent sitting and the nature of their job are consistent with research that recognized some job types, for example, desk-based jobs, can contribute to overall patterns of sedentary behavior.³³ After migration, Indians living in the United Kingdom reported low physical activity levels and low energy expenditure from engaging in jobs demanding long hours of sitting; whereas before migration, they engaged in labor-intensive agricultural jobs.³⁴ Sedentary workplaces populated with Indian migrant workers should tailor policies that promote "active" walking meetings/discussions, lunch-time initiatives like yoga, or walking groups, or incentives for Indian workers with the highest step counts.³⁵ In considering the social contexts, mixed culture programs and newcomer incentives could also support the integration of new Indian migrant workers/students.

The participants recognized the value of messaging the importance of physical activity through Australia's medical and allied health practitioners which aligns with previous studies.^{10,36} To support Indian migrants to meet daily physical activity recommendations, it may be useful to communicate information on the components of physical activity such as type, intensity, and duration, by medical and allied health practitioners. As seen in Canada, messaging the importance of physical activity using physician-prescribed methods could limit sedentary behavior and physical inactivity of Indian and other South Asian migrants.³⁷ Earlier evidence shows among the 68% of Australian health professionals who were aware of the national physical activity guidelines, only 16% were familiar with such components of physical activity.³⁸ Educating physicians and allied health professionals with knowledge of the type, duration, and intensity of physical activity could be one solution,³⁹ but, for Indian migrants, tailoring such messages to the social and cultural contexts is essential; as recently found, religious beliefs were important for health practitioners to consider in the health care consultation and management of Indian migrants in Australia.⁴⁰ Indian migrants who are accredited exercise professionals could accompany/assist medical and allied practitioners to tailor and communicate these components of physical activity after screening or during regular health checkups.⁴¹ Any codesign attempts should prioritize consulting with cultural insiders who carry evidence-based insights and lived experiences of sport and physical activity in Indian and Western contexts.

The participants' views on replacing transport (walking) behaviors in India with their dependence on cars in Australia are consistent with previous research on Indian migrants in the United States.³⁶ Previous work shows that to navigate traffic congestion from limited infrastructures in India, women preferred to walk, particularly for short distances, and men who owned vehicles depended more on two-wheelers than the convenience of cars.⁴² With the improved infrastructure of the West, cars may become a convenient mode of transport for Indian migrant men and women to depend on. But, as one woman highlighted, with changes in the distance to local grocery shops (physical contexts), women who preferred to walk such distances in India may depend on cars in Australia. Such contextual comparisons are needed and often overlooked in understanding why Indian migrant men and women have low physical activity levels.

Understanding the changes in sociocultural norms may partly explain the views men and women provided about engaging in housework. This may be explained by the long-standing social stratifications within the Indian class and caste system that supports

social positions into which certain families/individuals are born, based on several factors such as their education, income, religion, or professional status.⁴³ Looking at the educational qualifications, which are generally representative of the wider Indian migrant population in Australia,⁴⁴ it appears these participants could come from higher socioeconomic backgrounds. Individuals who belong to the higher socioeconomic order often carry financial privileges that enable them to outsource inexpensive labor to assist with house-related tasks. Such native-held privileges may be weakened within Western sociocultural norms that postulate equality for all people. Hence, after migration, men and/or women receiving limited/no help from family members may be tasked with the need to perform housework duties on their own.

Strengths and Limitations

This is the first study to explore a broad range of contextual influences on both physical activity and sedentary behavior among Indian migrants. By making comparisons of such behaviors with their native contexts, India, this study adds insight into an understudied Indian migrant population. The use of a cultural insider researcher may be considered a strength in the design and conducting of the study,⁴⁵ enhancing rigor through shared cultural knowledge, establishing rapport for conversational depth, and judgment of criteria, particularly the inclusion of the diverse Indian backgrounds, often overlooked in previous studies. However, despite adopting reflexive practices, it is important to acknowledge the presence of researcher(s) bias inherent to qualitative methods. The results also need to be interpreted in light of the small number of second-generation participants and the absence of non-English speakers who may experience different barriers and facilitators. The educational background of this sample could also limit the generalizability of these findings to Indian migrants with lesser education. A mixed-method approach that considers the inclusion of non-English Indian migrant speakers, from diverse socioeconomic and religious backgrounds, would offer a useful opportunity to corroborate evidence and confirm the generalizability of these findings.

Future Recommendations

From these qualitative insights, a recommended approach could consider an interplay of the variety of contextual factors that shape how physical activity behaviors are formed within their everyday interactions of life. Programs that reflect multiple components that result in physical, psychological, and social benefits show promise in improving the uptake of physical activity among Indian migrants.²⁸ Engaging insiders remains essential to service knowledge and cultural blind spots in codesign attempts and to support policymakers and health practitioners, particularly those from non-Indian backgrounds for whom cultural training is recommended.

Conclusions

From exploring a range of contexts and making contextual comparisons with their native experiences, in India, this study deepens the insight into the contexts of physical activity and sedentary behavior of Indian migrants in Australia. In particular, the diverse contextual changes with migration and how sociocultural factors may intersect with other contexts like physical environment, health communication, and their activities of daily living. Recurring barriers in the social contexts require being cognizant of the

cultural complexities inherent within the Indian population. Engaging cultural insiders and prioritizing integrated approaches would benefit codesign attempts and tailoring planned policies/programs for promoting migrant uptake of physical activity and limiting sedentary behavior.

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