**Additional file 2:**  Results of the thematic analyses

|  |  |  |
| --- | --- | --- |
| **Themes** | **Sub-themes** | **Examples of Codes** |
| **Community issues** | Other priorities | Funerals |
| Other health topics e.g., cancer |
| Birthday parties |
| Jobs  Remitting to Ghana |
|  |
| Individual efforts | Gym subscription  Individual dietary changes  Listening to talks on social media |
| Socio-cultural factors | Cultural acceptance of overweight/obesity,  Higher social status attached to overweight,  Social support |
| **Leadership** | Socio-cultural factors | Role of the Church  Poor living conditions of some Ghanaian Immigrants  Working long hours  Menial jobs  Challenges with trying to settle  Church meant for spiritual development  Types of menial jobs  Lack of motivation to engage |
| Social support |  |
| Social support exists within the community |
|  |
|  |
|  |
|  |

**Additional file 2.** Results of the thematic analyses (continued)

|  |  |  |
| --- | --- | --- |
| **Themes** | **Sub-themes** | **Codes** |
| **Community climate** | Prevention not a priority | Obesity prioritised mainly during ill health |
| Social support | Ghanaians are known to support one another |
| Cultural acceptance of weight | Overweight is perceived as part of the Ghanaian culture |
| Reasons for adopting unhealthy dietary habits | Living conditions, work schedules, time, food culture |
|  |
| **Community knowledge of issue** | Misconception about obesity | Obesity is cultural, being fat is one’s natural disposition, hereditary |
| Lack of information | No sources of information within the community, potential sources GP and social media |
| Unhealthy lifestyle (diet and physical activity) | Late night eating, unhealthy foods, excess meat intake |
| Experience | Stigmatisation, impact on knees and hips |
| **Resources related to the issue** | Funding, space volunteers and experts | Adequate Ghanaian experts to address the topic  No time for engagement  Church facilities available  Volunteers  Funding |