

CULTURAL PERCEPTIONS OF DIABETES: QUALITATIVE STUDY OF DISTRICT SARGODHA

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ABSTRACT; *The prime role of the health care provider is to help the patient alleviate or free from pain and suffering, however, it is also important to know that the suffering and pain both physical and non-physical varies from culture to culture. It is also evident that few components of the culture like dance, music, religious ritual are explicitly visible, but there is always way much more beneath the surface of it. Thus, it is very important not for the medical anthropologists, but also the health care providers at all levels to understand the cultural construction of a disease and how certain illness is being diagnosed, treated, discussed and lived. The present research was conducted in the Village 104 (Shumali), Village 103 (Shumali) and Tehsil Sillanwai of district Sargodha by using the purposive sampling method. Total 09 in-depth interviews were conducted along with 4 FGDS with different age groups of the community including older aged and married (above 40 but below 55 years) both male and female in each category.*

Key Words: Diabetes, Health Beliefs, Community Health, Medical Anthropology

INTRODUCTION

Many factors combine together to affect the health of individuals and communities. Medical anthropology focuses the study of health and healing in cross-cultural and evolutionary perspective. This expansive definition matches the scope of the field: it is at once a humanistic and scientific enterprise that crosses both disciplinary and sub-disciplinary boundaries and values both applied and basic research. Medical anthropology's holistic and integrative approach to human experience enriches our understanding of sickness and health, but it also poses a challenge in attempting to delineate the range of research methods relevant to the field: As Winkelmann (2009) stated that medical anthropologists draw on the whole toolkit of social science, and many researchers also integrate methods from public health, biomedicine, and the life sciences[1].

According to WHO, an annual 2% reduction in chronic disease death rates in Pakistan can provide an economic gain of 1 billion dollars over the next 10 years. In 1997, the National health policy emphasized the control of non-communicable diseases (NCD). In 2003, an integrated national action plan for prevention and control of non-communicable diseases were developed. The plan emphasizes the building of national health system's capacity to deliver quality care for diabetes and associated conditions, as a part of core health service package[2].

In the early years of scientific medicine, most clinicians and researchers thought only in terms of single causes: specific agents that cause specific disease. For example, an infection was considered to result only from the proliferation of bacteria, while other kinds of ill health might result from viruses, toxins, accidents, or flaws in a person's genetic makeup. More recent research highlights the relationships between health and behavioral, psychological, and social variables. [3] Religion, family cohesion, friendship, health, and integrity are important values [4].

METHODOLOGY

The present research was conducted in the Village 104 (Shumali), Village 103 (Shumali) and Tehsil Sillanwai of district Sargodha by using the purposive sampling method.

The researcher reached the community while pursuing the registered patients of hypertension and diabetes from the respective health facilities of the above mentioned villages and Tehsil. Total 09 in-depth interviews were conducted with the diabetics in each of the above mentioned three communities. 04 focus group discussions were also conducted with 02 different age groups of the community including old aged and married (above 40 but below 55 years) both male and female in each category. The consent was taken before conducting the interviews and FGDS with the community members.

RESULTS

The villages were found to have a more local perception of the disease and various illnesses and treatments regarding the disease were shared by the respondents. On the other hand, respondents from the Tehsil had both local and also more medical perception of the disease; however the dominating perception was indigenous and local.

Nearly all of the respondents mentioned the disease as "Sugar" instead of Diabetes. There were only three respondents in total who knew it from its medical name. It is also interestingly found that most of the respondents relate the disease with sugar intake and its after effects. The perception automatically generates a wide knowledge related to sweets (Meetha) and how it can create problems afterwards. It was also discovered that most of the respondents from three locales believed that it is a curable disease and once you get treated by a good physician, or local doctor or healer it may well vanish.

It was also shared by the respondents that after being diagnosed as a diabetic, they consult various other community members, including Local Peer (Spiritual person), The Imam of the Mosque and in case of ladies the Lady Health Worker. In all of the categories, the perception of diabetes was considered harmful in a way that a patient may lose his or her leg someday. Most of the respondents quoted local examples where the diabetic was taken to the health facility after being infected in the leg due to diabetes. On the other hand it was also found that the diabetics were less active in achieving or adopting the proposed life style by the

Doctors. Most of the respondents were found to be diagnosed by the nearby health facility, but uses their own local treatment methods and also precautions.

The female respondents shared that any disease here are still considered to be a social challenge and out of which the greatest challenge is to get married within the same community. A male respondent clearly mentioned that the diabetes clearly affects the reproductive health and since his diagnose, he is unable to father a new child. The added pressure of culture does not allow female respondents to discuss this disease openly and even if it is shred is taken lightly. Most of the female respondents consult the local peer to heal them with (Dam) or use the blessed water by the same peer. On the other hand, they also consult the LHW but do not go for regular check up.

Most of the male respondents were found smoking during the discussion and it was also observed that the respondents only fear the outcome of losing the leg someday. Apart from this fear, most of the respondents were found less careful in balancing the insulin. It was also discovered that only a few respondents were on proper medication and diet plan. Rest most of the respondents were managing on their own by using the indigenous method of cutting down the food (number of Roti) especially bread.

Most of the respondents also shared that they manage their both Low sugar and High sugar by taking some fruits or sweet tea or sweet lassi (milk drink) in case of low sugar and they walk or go to sleep if feel that their sugar is high. Only a few respondents were found to go for regular check up and tests. It was also found that the respondents both male and female were more interested in the curative dimension of the disease as compared to preventive side.

While discussing the symptoms of Diabetes, most of the respondents shared it as repeated urine (especially at night time), dryness of the tongue and mouth, weakness and constant pain in legs. A respondent from the village locale shared that they discussed the above mentioned symptoms initially with a friend who knew a person who used to work in a rural health center (RHC). He also expressed that he was diagnosed initially though a test conducted at RHC. Since diagnose, he took number of opinions, including local doctor (Hakeem), spiritual healer, Imam Mosque and friends within the same community.

DISCUSSION

Cultural differences between physicians and their diverse clients make cross-cultural misunderstandings inevitable. Culture affects 'patients' and providers' perceptions of health conditions and appropriate treatments. Culture also affects behaviors that expose us to disease and the reasons prompting us to seek care, how we describe our symptoms, and our compliance with treatments. This makes culture central to diagnosis and an important issue for all of the health professions.

The prime role of the health care provider is to help the patient alleviate or free from pain and suffering, however it is also important to know that the suffering and pain both

physical and non-physical varies from culture to culture. It is also evident that few components of the culture like dance, music, religious ritual are explicitly visible, but there is always way much more beneath the surface of it. Thus, it is very important not for the medical anthropologists, but also the health care providers at all levels to understand the cultural construction of a disease and how certain illness is being diagnosed, treated, discussed and lived. The health needs of communities vary widely, requiring an understanding of each community's perceptions of health and illness to develop appropriate services.

According to Dorch, Bailey, and Stoto (1997), "Improving health is a shared responsibility of health care providers, public health officials, and a variety of other actors in the community." This requires people with an ability to engage communities in a culturally appropriate manner and understanding of their cultural systems, health beliefs, and practices [5].

According to WHO, many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact. The determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviors[6]. Whereas, the understanding the behavior of people with diabetes requires some knowledge of their beliefs and attitudes towards diabetes and its treatment [7].

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