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There are Gaps in Diabetes Health Communication-Study

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ABSTRACT

This paper presents results from a study which investigated the impact of messages on diabetes coming from both the print and electronic media. The study used men and women in their various age groups to gauge their understanding of the messages relayed related to diabetes. Simple sampling method was used to get the respondents totalling to 50 representing a population of 10,000 people in the Malawi border districts of Karonga, Mchinji and Malawi's cities of Mzuzu, Lilongwe and Blantyre. The study explored the influence of Health Communication and how it impacts in discussions. The study argues that unless the focus of stories by the mass media change and countries make a deliberate effort to communicate diabetes properly, the disease it will continue to kill thousands of people who suffer without knowinng they are suffering from this disease. It is expected that this study will be useful in many countries of the world, particularly in Sub Saharan Africa.

Keywords: Health communication; Sub Saharan Africa; Diabate; Culture; Diabetes

INTRODUCTION

It is reported that 300 million people in the developing countries are living with diabetes out of the 400 million worldwide and it is expected that by 2035 there would be an additional 100 million if the nothing is done to control the disease [1].

A number of dependent variables directly cause or worsen diabetes and these will be discussed in this literature review. These include but not limited to culture, poverty, as well as ignorance.

Culture

Mazrui defines culture as a "system of interrelated values active enough to influence and condition perception, judgment, communication, and behaviour in a given society. Linton, on the other hand, has described culture as "a configuration of learned behaviours and results of behaviour whose component elements are shared and transmitted by the members of a particular society'. Culture plays a vital role in Africa as it determines the level of health of the individual as well as the family and the community. This element is very relevant in Africa where people live in communal groups and culture binds them together and also connects them with their ancestors. This influences the behaviour of the individual. The behaviour of the individual in a family set up or a community plays a significant role in the culture of a people and has health implications [2]. The respect for culture is therefore very paramount as each person's actions are judged by the standards of the culture of the area or the country and his behaviour is eventually projected. To illustrate how important culture is and how it affects many aspects of life and among them decision-making, the example of the death and funeral of

Michael Wamalwa who was Kenya's vice-president, who died in 2003 is used. Kenya is a country in East Africa rich in culture. According to Kalipeni and Mbugua et al, the traditional funeral was attended by thousands of mourners. Among them was the Kenya Minister of Transport, decked in a traditional colors monkey skin, a traditional headdress, and armed with a spear and shield [3]. The attire was similar to that of hundreds of club and spear-wielding mourners from Wamalwa's ethnic group, who were shouting and brandishing their weapons menacingly at invisible evil spirits, and running to and fro propelled by the sounds of traditional drums, horns, and ethereal funeral.

Just like the case of the funeral above, diabetes has cultural implications as well. A study by Aawah et al, revealed that "most participants distinguished "natural," "supernatural," and "man-made" causes of diabetes [4]. Such aetiologies guided the behavior and approach adopted for treatment and helped explain why biomedical and traditional healing frameworks could so readily be used in tandem". Almost the same sentiments were revealed by another study which revealed that "the cultural backgrounds of the religious beliefs and practices, family structure and diet have a profound effect on the progress and care of people with diabetes". In addition to this, the study also revealed that people attach social as well as cultural importance the same way they attach to clinical and technical importance hence the need for carers to be aware of cultural beliefs of their patients culture can have a bearing on diabetes in the USA as well [5].

Research has revealed that African Americans, as well as Americans of Indian descent, have a high probability of getting diagnosed with diabetes and once they are diagnosed are likely not to maintain glucose control than whites [6,7]. This research agrees with a report by Diabetes Australia which revealed that cultural heritage is also a factor in the prevalence of diabetes [8]. According to the study "People from China, India, and the subcontinent, South East Asia, Middle East, and North Africa are more predisposed to develop type 2 diabetes than people who aren't from these countries".

In South Sudan, for example, traditional customs give explanations to diabetes. According to Ahmed et al, as a punishment by supernatural powers such as witches, evil eyes and the souls of dead family members while others attribute it as a sign of the love of God, sent to test their faith and lead to rewards in the afterlife [9]. Others even advise patients to bear the pain and discomfort of their disease and only to seek medical help if the pain becomes unbearable.

This study in Sudan agreed with another study that took place in Kenya which came to the conclusion that "certain cultural practices such as controversial religious beliefs, associating the diabetic with witchcraft or attributing it as a preserve for the rich similarly interferes with the control and management of the disease" [10].

People in Africa trust their traditional medicine and some even substitute it for medications in the hospitals. According to the World Health Organisation: In African traditional medicine, the curative, training, promotive and rehabilitative services are referred to as clinical practices [11]. These traditional health care services are provided through traditional and culture prescribed under a particular philosophy e.g. Ubuntu or unhu. Norms, taboos, tradition, and culture, which are the cornerstones of clinical practice of traditional medicine, are the major reason for the acceptability of traditional health practitioners in the community they serve. The philosophical clinical care embedded in these traditions, culture, and taboos have contributed to making traditional medicine practices acceptable and hence highly demanded by the population.

Epidemiologists have warned about the devastation of diabetes and have hence predicted that its economic impact and death toll as a result of this crisis of diabetes will surpass the ravages of HIV and AIDS in the near future [5]. It is therefore important to urgently look at ways of containing the disease before the situation becomes worse than HIV/AIDS which has ravaged the world.

Poverty

A poor person that has diabetes has a big problem because it is chronic and requires long term care as well as proper medication [1]. Unless the patient with diabetes is taken care of properly, the consequences are sometimes severe as it can lead to complications such as blindness, foot amputation, kidney failure, stroke as well as blood pressure. Among others [1].

Scientists have urged that" the potential severity of diabetes is such that some epidemiologists predict that its economic impact and the death toll will surpass the ravages of HIV and AIDS in the near future. "Abdulrehman urges that economic factors such as poverty and the high cost of biomedical care appear to have more influence in self-management behavior than socio-cultural and educational factors do [12]. Economic and socio-cultural influences on diabetes self-management should not be

underestimated, especially in a limited resource environment like coastal Kenya, where biomedical care is not accessible or affordable to all [12].

In dealing with diabetes, it is, therefore, necessary to address some of the related socioeconomic factors which are the variables that increase the sustainability as well as the health efforts t manage the chronic conditions [13].

In Sudan, for example, the high cost of anti-diabetic treatments is one of the causes of the escalation of the disease [14]. This is common in Africa where inequalities in accessing care are hampering the efforts of controlling the disease as the health care system is overwhelmed by poverty [15].

Research that was done in Zambia and Eastern Cape in South Africa showed that incidence of diabetes was lower among individuals that had better education had a higher household socio-economic position, evidence that economic aspect of an individual is an important variable in the diabetes fight. In Western Cape, those for older age were identified to be in a risk group, among other factors [16]. Research in the USA revealed that "Individual poverty increased the odds of having diabetes for both Whites and Blacks and living in a poor neighbourhood increased the odds of having diabetes for Blacks and poor Whites". The study then recommended the policymakers to address the problem by among others, ensuring that housing and development policies avoid creating what they called "high-poverty neighbourhoods''. The study also recommended access to reasonably priced fruits and vegetables as well as recreational facilities as well as health care services [17].

This research agrees with another research by Diabetes Control who revealed that: Type 2 diabetes is not only are low-income and poor people more likely to get it, but they're also the ones that, once they get it, are much more likely to suffer complications [18]. And the complications from Type 2 diabetes when they're bad are really bad, whether it's amputations, or blindness, or cardiovascular disease. Ignorance. A survey that was conducted around the world revealed that four in five people were not able to identify diabetes symptoms. However, around 70 percent that was polled revealed that a family member is dead or living with diabetes [19].

In Africa, a study by Oloyede et al, showed that: Poor knowledge of diabetes and poor self-management as delineated in the medical literature [20]. The focus of the rural dwellers' self-management of diabetes was hypoglycaemic control through regular consumption of very-high-calorie food, the type of which has been found to lead to a diet that has very high carbohydrate, high in saturated fatty acids, excess salt, and unrefined sugar. The rationale for this is the misconception that hypoglycaemia is a product of low food intake, which would seem to suggest their perception of illness and health belief than the understanding of the chronic illness. It was concluded that the government and health care professionals have to do more to develop interventions to facilitate good self-management of diabetes among the rural people.

Medical care has too not been spared in this ignorance. Research that was done in Mangochi in Malawi revealed that the quality of care regarding diabetes patients was minimal because of the lack of knowledge among the patients. This was as a result of lack of staff that had been trained to deliver diabetes care who later left [21]. Because of ignorance, the prevalence of diabetes had been on the increase in Malawi as evidenced by a large number of patients at clinics. Although there had been large numbers of people suffering from the disease, there was little awareness of the problem, especially among people living in rural areas until the Diabetes Association of Malawi was formed [22]. In Africa, although diabetes is killing more people than HIV/AIDS, many people are ignorant about this pandemic [23].

Just like HIV/AIDS which received enough funding in the 1980s, there is need to fund activities of diabetes association in a number of countries t enable them to conduct civic education of the disease before more people die of the pandemic.

Theoretical framework

The UK white paper identified one element that is very important in communicating issues of health. According to the paper" it is not a lack of information in health, but that it is 'inconsistent. Uncoordinated and out of with the way the population lives their lives. This element is very fundamental in communicating health issues because messages may be developed professionally but, in the end, may not be effective. When developing messages of health, it is important to follow a theoretical framework which guides framers of messages how people live.

The U.S. Department of Health and Human Services defines health communication as "the study and use of communication strategies to inform and influence individual and community decisions that enhance

health". It is also defined as "the main currency of healthcare in the 21st century". When there was an outbreak of Anthrax in the USA in 2001, it was defined by the U.S. Centers for Disease Control (CDC) and other federal authorities as "the most important health-care-related science of the twenty-first century. This was because of the ability to have" ready access to relevant, reliable, and culturally appropriate information which enabled the general public, patients, health care providers, public health professionals, and others to address personal and public health concerns far more effectively than in the past". This context makes this theory relevant to health communication issues. It is health communication that is used to changing public and professional minds but at the same time is able to convince parents resulting in a paradigm shift in communicating health issues.

In the context of Africa and Malawi, in particular, this theory has managed to bring to the public new research and ideologies that make health issues relevant. In the fight against HIV/AIDS, the research alerts the people about the dangers of HIV/AIDS which is still pausing a threat to human life although there are medications to prolong life. For example, figures showing that almost one million people in Malawi are living with the virus creates awareness in people that HIV/AIDS is a real disease.

Health communication enables health care providers as well as patients to be provided with the right information about diabetes. This enables the patients to get the right medication and the right dosage [24].

Health belief model

This model of communication was developed by Becker, but he based this theory on the work of another researcher by the name of Rosenstock.

This theory is mostly used when it can be predicted about a person's behaviour. Variable included in this context include vulnerability and the seriousness of the consequences. It is said that "a person's decision to perform the health-promoting (or damaging) behaviour will be based on the outcome of this 'weighing up' process".

For example, for example, making people aware that drinking things that have a lot of sugar could result in diabetes. People may be prevented to drink sugar content foods for fear of diabetes which is an expensive disease because it requires medication every day.

In Southern Malawi in the district of Mangochi this theory is used. Many people come to get tested at the district hospital to find out if they have diabetes or not. The reason is the severity of the disease which makes a response for the turn out for testing at the hospital [21].

MATERIALS AND METHODOLOGY

Some elements of qualitative analysis deal with the traditional beliefs and the way people understand things which have a direct or indirect bearing on findings. This study is bringing in new insights into how people react to messages. In addition to this, various methods will be used because the weakness of one method is always compensated by the strength of a different one.

Focus Group Discussions (FGD)

This formed the hub of the interviews because most people were interviewed using this method. It was easy to capture them because I interviewed them when they were getting out of their buses r were waiting for fr lifts to their destinations. Three-quarters of them were interviewed using this method (75). They consisted of 30 women, 20 men, 15 boys, and 10 girls

Face to face interviews

This method catered for people who were free to talk face to face but were not comfortable in a group of people, especially in focus group discussion where there were six or more people. These were people who felt the issues discussed needed to be told in a camera. Twenty-five people were interviewed using this method and they consisted of 11 women, 8 men, 3 girls, and 3 boys.

Sampling method

Simple sampling method was used to choose the respondents. This was done to give a chance to anyone to be interviewed.

Themes

Two themes were explored in this study and these are:

- Knowledge gaps among the people
- Attitude towards diabetes

Findings and discussions

I will summarise some themes through the recordings I made of the focus group discussions. After summarizing the findings in tables, this section will show what the people know about diabetes.

Table 1: Knowledge gaps among the people.

Item	Percentage of those knowing	Percentage of those not knowing	Percentage of neutral people or not ready to answer questions
Causes of diabetes	57	37	7
Prevention of Diabetes	55	34	11

Table 2: Attitude towards diabetes.

Item	Percentage of those that have gone for testing	Percentage of those that have not gone for testing	Percentage of Neutral people or not ready to answer questions
Men	24	67	9
Women	48	40	12

Theme 1- Knowledge gaps

This theme was important because without knowledge there could be a crisis of diabetes. Already every year Malawi sees m0re diabetic cases [24].

These were samples of feedback from people. Each one represents a number of people. The study has not used the real names but initials to hide their identity.

Some people are aware of the disease since they heard it from those suffering. An example is below:

“My cousin used to suffer from the disease and that is how I came to know how deadly this disease is. They say one should avoid putting a lot of sugar in tea. To me it is like a death sentence (Woman, Chipata-Mchinji (Zambia-Malawi border 1 [007 1130]).

There were equally others, particularly from rural areas, who do not know how this disease is caused. This is what a lady, in her 50s, said about the disease:

I hear about the disease but I don’t know the cause. Others have said it is caused when someone bewitches you while others say it is because of eating some foods. The world has really become dangerous, my child (Malawi-Tanzania border 10 [010 14.51].

They were equally others who said they have heard about the disease but they do not care because it is a disease of the rich:

I hear about it from some health officials but what I see is that this disease affects people who are wealthy, just like high blood pressure. It is not for us the poor. For us the poor our diseases are malaria and others (Mzimba, 22 [11 15.40].

Prevention

While a good number knew the causes of diabetes, a smaller number did not know the prevention procedures. This is a sample of what people were saying:

I was going to buy things at the market and I fund people dressed in white with their loud speakers telling people the causes of diabetes. They were advising people to go for testing at an early stage. I have just fears. What if they find me with the disease? I will die with grief not by the disease but the realisation that I have the disease (Zomba 25 [09 8.50]

This is what others said about prevention:

The problem with this campaign is that it is focused in urban areas and not the rural areas where over 80% of the people live. With many radio stations many have their own radio preferences and if they put on air of a radio people do not want such advertisements miss the target audience (Blantyre, 17 [005 10.10]

Others think diabetes cannot be controlled because it has a cultural connection. This is what some other people said: Diabetes is in the blood. Our great grandfathers suffered from this disease, then our grandfathers, then our fathers. This time it is us. There is nothing we can do (Mzuzu, 19 [009 11.23]

DISCUSSION

The research revealed that many people who are not aware of the causes of diabetes are found in rural areas of Malawi and the rural areas of the surrounding countries. This shows that the rural areas are lagging behind in terms of awareness about the disease. It was revealed that most people heard about the disease in market places where health officials would visit and alert the people about the disease. Others heard it from doors of supermarkets where students from nursing colleges converge to test people of diabetes and their ailments in their fundraising drive for their organizations. Governments should, therefore, start planning a diabetes campaign before things get out of hand in terms of large numbers of diabetes cases.

There are equally another group of people who know about the existence of the disease but have fears of getting tested. They are afraid of knowing their status. In the past, many people were afraid to know their HIV/AIDS status [25]. Governments, non-governmental organizations took turns in civic education through seminars with opinion leaders that included chiefs, politicians, and heads of institutions, among others. Governments and organizations can also do the same. It was also discovered that more women are able to test than men. Most of the women that tested were those that went for antenatal clinics at the hospital and in addition to getting antenatal services, they got tested. In contrast to this, most men who tested found nurses at the doors of supermarkets or produce market and were captivated by the messages they heard. This shows a lack of civic education in areas people stay about the disease. Some people feel that diabetes is in the blood and that there is nothing that can be done because no matter what, people will still get it as it is hereditary. These sentiments agree with issues that have been discussed in the literature review under culture [8]. Lastly, they were others who were saying diabetes is an expensive disease because once one has it, he or she has to spend a lot of money in terms of medication. They say because of poverty, it is difficult to survive hence many people dying once they get this disease. This agrees with issues that have been discussed in the literature review on poverty [1,21,26].

CONCLUSION

The research has shown that there has been a lack of civic education, particularly in Malawi. Similar studies were done in hospitals in Malawi which only interviewed diabetes patients showed ignorance of the disease. Recent research on obesity, hypertension, and diabetes, and cascade of care in sub-Saharan Africa has already shown that out of 566 participants with diabetes in Karonga in Northern Malawi and Lilongwe in central Malawi, 233 that represented 41% were undiagnosed. Past research and this research shows that not much is being done to arrest the problem of diabetes. Malawi and other countries are therefore sitting on a time bomb. With a prevalence rate of 5.6%, diabetes mellitus is a public problem in Malawi. Lastly, people are conscious that poverty is making diabetes worse but most do not know how they can prevent it because of a lack of civic education. Because they know it as an expensive disease, it is easy people for people to follow preventive ways. However, nobody has gone to them to teach them preventing measures, especially in rural areas.

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Conflict of interest

The author declares that there are no competing interests.

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The authors contributed to the conception, design, analysis, interpretation, and writing of this manuscript.

Ethical approval

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Consent for publication

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Availability of data and materials

All data generated or analysed during this study are included in this published article. Additional information can be provided by the corresponding author upon reasonable request.

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