Perceptions and Management of Diabetes in Senegalese Patients and Family Caregivers

Phoebe Nivedhana Canagarajah1,2, Rhonda BeLue PhD (Advisor)3

1Department of Biobehavioral Health, College of Health and Human Development, 2Department of Anthropology, College of Liberal Arts, 3Department of Health Policy and Administration, College of Health and Human Development

OBJECTIVES

Considering the increasing prevalence of diabetes in Sub-Saharan Africa (SSA) and worldwide, this study sought to
1. Understand the experiences of diabetic patients, specifically their quality of life and disease management ability, and
2. Understand the experiences and roles of diabetics’ family caregivers, and the effects of caregiving on personal diabetes knowledge and prevention
to inform diabetes prevention efforts globally and in SSA.

BACKGROUND

Sub-Saharan Africa (SSA), has one of the highest rates amongst WHO regions for non-communicable disease mortality (650 people per 100,000 persons)[1], and one of the highest diabetes mortality rates[2].

Diabetes impact on patients’ lives:
• Physical change: “Before I was diagnosed with diabetes, I was so beautiful….Now all my beauty is gone….Diabetes is a disease that destroys people. It takes the beauty away.”
• Diet change: “I used to be able to eat what I wanted. Now, it’s like being in prison: no freedom in food whatsoever.”
• Financial strain: “My family needs money to pay for the hospital and prescription. It is tough on the family financially.”
• Affect on family relationships: “Now my diet is different and I feel isolated [from my family] because of the fact that I have to eat by myself.”
• “My family is closer to me than before and I feel lucky.”

Management barriers:
• “Managing my disease is not easy. I am poor, I don’t have money to take care of myself well….I don’t always have money for medications or diet.”
• “If we have more diabetes education, that would help us manage diabetes better.”

RESULTS: DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Diabetics (n=20)</th>
<th>Caregivers (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age</td>
<td>60.84</td>
</tr>
<tr>
<td>Sex (% Female)</td>
<td>80</td>
</tr>
<tr>
<td>Married (%)</td>
<td>65</td>
</tr>
<tr>
<td>Have Children (%)</td>
<td>95</td>
</tr>
<tr>
<td>% Work Outside of Home</td>
<td>5</td>
</tr>
<tr>
<td>% Went to School</td>
<td>30</td>
</tr>
<tr>
<td>Ave. Years in School</td>
<td>17.25</td>
</tr>
<tr>
<td>% Hypertensive</td>
<td>50</td>
</tr>
<tr>
<td>Average Duration of Hypertension (Years)</td>
<td>9.07</td>
</tr>
<tr>
<td>% Diabetic</td>
<td>100</td>
</tr>
<tr>
<td>Average Duration of Diabetes (Years)</td>
<td>8.08</td>
</tr>
</tbody>
</table>

†: Only 1 caregiver had diabetes.

RESULTS: NARRATIVE INTERVIEWS

Diabetics

Diabetes impact on caregivers’ lives:
• Stress: “[Taking care of my sister is] mentally stressful at times because of a lack of financial support.”
• More busy: “I am more busy now because I help after school.”
• Affect on family: “My family is used to it now, but it was scary at first because me and my family didn’t understand diabetes.”

Motivation to prevent diabetes:
• “I am more motivated now [to prevent diabetes]. I go to the doctor regularly for check-ups, because dad never got check-ups.”
• “I have learned to see the doctor before I get sick for prevention and also about how to treat diabetes through exercise and diet. I didn’t know anything about diabetes before my wife’s diagnosis.”
• “No, I’m not changing my behavior [to prevent diabetes]. I don’t know how to prevent diabetes.”

DISCUSSION

Findings about diabetics’ and caregivers’ experiences are consistent with other studies.[6], [7]

Diabetes education initiatives in SSA should include both diabetic patients and their family members, leveraging families’ influence on diabetes management to improve management in diabetics and inform caregivers on prevention methods to curb diabetes’ prevalence.

Future Research:
• Focus groups with diabetics, family members, and physicians to design effective education programs that align with Senegalese culture and address management barriers.[8] For example, programs can teach participants how to modify traditional diets to fit diabetics’ dietary regimen.
• Methods to address financial issues with diabetes management.