AD-0982 Living with diabetes: experiences from Jamaican Diabetes Clinics in Kingston and Morant Bay

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Overview of the Study

Design: Qualitative. Hermeneutic Phenomenological
Conceptual Framework: Health Belief Model
Sample: Heterogeneous purposive with diverse perspectives of diabetics at 2 DAJ Clinics
Methodology: In-depth private interviews with verbatim transcription of interviews.
Analysis: Data coding w/NVivo ®software-exploring for themes

Summary of Findings by Theme

Access to Care
40 (98%) regularly visit MDs
33 (81%) inadequate funds; co-payments difficult
Knowledge about Type 2 DM
21 (51%) learned about DM via symptoms
11 (27%) aware of DM via family
9 (22%) routine check-up
Psychological Impact
10 (24%) “no worries”
Loss
Cravings
Worries about ill effects of Type 2 DM
Psychosocial Supports
38 (93%) named social supports
Daughters (93%), variety of family members
Physiological Impact
38 (93%) at least 1 co-morbidity
Vision Loss
Kidney damage, need for dialysis
Impotence
Difficulty walking
Hypoglycemic episodes/falling
Burning pain, especially in feet
Economic Impact
Cannot keep strict diet w/out money
Must borrow money to buy food/meds.
Gender Differences
Men less likely to seek care or go late
Men concerned about impotence from DM
Men fear medicine, use natural remedies
Same as WHO (2015) women heavier than men
Same as WHO (2015) women > men w/Type 2 DM

Research Questions

- **What are the experiences of being an adult with type 2 DM in the Jamaica?**
 - How do Jamaican diabetics access care and medicines to treat type 2 DM?
 - What is the psychosocial impact of living with type 2 DM in Jamaica?
- **What are the health beliefs of adults about managing type 2 DM in Jamaica?**
 - What motivates type 2 diabetics in Jamaica to seek care?
 - What action do type 2 diabetics take to mitigate the effects of the disease?
- **How does the experience of being an adult with type 2 DM in Jamaica differ between men and women?**

Findings: Faith Beliefs & Relationship with God

- Predominantly Christian participants
- Optimism that God can make things better
- Personal relationship with God
- Partnership with God

Health Beliefs & Disease Management

- 100% said medications were high priority
- ~ 1/3 avoiding ill effects of DM was motivation to change behaviors
- ~ ¼ used natural remedies, e.g. “bush” teas, to decrease “sugar”
- Augment prescribed medications with “the bush”
- > 1/3 participants believed managing diet would control DM

Implications/Recommendations

- Countrywide education about DM
- Emphasize importance of exercise
- Special approaches for genders
- Discuss natural remedies in medical appointments
- Educate about eye care and foot care

Sample References

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Sample Responses

Knowledge about DM	So, I start to see doubles. And I start to get thirsty a lot... I remember one time while I was at work, I went outside and I pee pee like every 15 minutes. I go back and look at the spot, and I notice - I saw a lot of ants.” <i>Diana, age 43</i>
Access to Care	“I keep my doctor’s appointments, yes...That’s an easy one. Even though I have to pay money for it, yes.” <i>Linda, age 52</i>
Psychological Impact	“... if you think about it, all you’re going to do is just break down. So you got to take it one step at a time...” <i>Dudley, 57</i>
Relationship with God	“Well, I trust God. I know he has been seeing me through all this. I pray about it, to be more disciplined. And I know I’m getting there.” <i>Hazel, 68</i>
Gender Differences	“Men have diabetes, but they just don't care. They don't care if they have it, because as long as it doesn't affect functioning sexually they don't care because sometimes a man has it and them don't want to go to the doctor.”