PSYCHOSOCIAL CHALLENGES OF TRANSITIONING FROM PAEDIATRIC TO YOUNG ADULTS AMONG CHILDREN WITH TYPE 1 DIABETES IN KENYA

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Introduction

More than 410 children with T1DM enrolled on the Changing Diabetes In Children (CDiC) Programme at Kenya Diabetes Management and Information (DMI) Centre. Psychosocial challenges of transitioning to young adults negatively impact glycemic control.

Aims

Challenges encountered by children with T1DM in Kenya during transition to young adults. Suggestions for facilitating a smooth transition.

Methods

Views of adolescent and young adult CDiC beneficiaries collected between 2015 and 2017 during review sessions, diabetes youth camps, telephone conversations Views collated, common themes identified. Beneficiaries’ suggestions for facilitating smooth transition to young adults collated, common themes identified.

Results

Table 1: Characteristics of Beneficiaries

Characteristics	Beneficiaries
Gender	3 male; 6 female
Age range (years)	11 - 23
Education level	Primary school (2) Secondary school (6) Tertiary institutions (4)
Duration of diabetes (range, 2 – 17 years)	
Average duration on CDiC (range, years)	3.6 (0.4 – 6)
HbA1c (% , range)	7.2 to >14

A beneficiary sharing her experience during stakeholders meeting

Table 2: Challenges identified by beneficiaries

General Challenges	School-related challenges	Family-related challenges
Lack of awareness of diabetes in community: <ul style="list-style-type: none">Stigmatization by neighbours and peersVictims of myths and misconceptions of diabetes	School administration unwilling to accommodate requests for modified diet resulting in: <ul style="list-style-type: none">deterioration of healthpoor academic performance	Lack of acceptance of diabetes by parents: <ul style="list-style-type: none">family strife
Fear of : <ul style="list-style-type: none">the unknowndisclosure of diabetes status	Repeated nocturnal hypoglycaemic episodes resulting in: <ul style="list-style-type: none">stigmatisationschool transferspoor academic performance	
Inadequate coping skills: <ul style="list-style-type: none">difficulty adjusting to new situationsloss of a loved onepeer developing diabetes complicationsone attempted suicide reported		

Peer Group Discussion during a diabetes youth camp

Conclusion & Recommendations

- Programs such as CDiC has brought children and youth living with T1DM together, given them hope for their future survival as it is scheduled to end in December 2017.
- Sustained community awareness and advocacy for diabetes in children and youths.
- Sensitisation through school health programs at all levels on management of diabetes in children and adolescents.
- Peer mentoring and strengthening of support groups: workshops on life and coping skills for adolescents with T1DM
- Harmonisation of T1DM services in public sector health facilities - enable optimal access to care.
- Essential components of T1DM management in children and youths post CDiC: Insulin and related supplies and Psychosocial support.

Acknowledgements

Novo Nordisk, James Nduati,Parents and Type I DM cases