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Using the health belief model to understand barriers to effective Type 2 diabetes management among ethnic Karanga diabetic patients in Masvingo urban

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Study objective: To use the health belief model to establish the barriers to effective type 2 diabetes management among indigenous karanga individuals.

Design: A case study research design was used understand the factors that affected compliance to self care management requirements. Data on frequency and quality of food consumption and medication were collected using three 24 hour diet recalls and structured in depth interviews. A 12 point health belief model interview guide was used to gain insights regarding participant perceptions about the disease and the reasons for the low level of compliance to dietary, physical activity and medication intakes among six diabetic patients.

Study setting: An urban suburb of Mucheke in Masvingo city.

Results: Reported and observed dietary data showed a high a high frequency of meat and alcohol diet among three of the six participants. A grazing eating pattern was observed noted from the diet recalls. In terms of calorie intakes, consumption of dietary fat was higher than recommended among the meat and alcohol group. The use of ultra-processed meats was significantly higher. Data from self reports showed that the blood sugar levels were higher in four of the patients. Peer influence and failure to shake of old habits and tastes was a key barrier among three of the six patients. Two of the patients believed the disease was caused by witchcraft and as a result a solution outside self care management was needed to address the problem. Two of the participants noted that their spouses were not given education on diabetes management; as a result unhealthy diets were served at home.

Conclusion: Glucose control was poor among the participants. The level of diabetes knowledge of complications, risk factors and preventive self care management practices was low. Patient levels of self efficacy related to patient confidence regarding effectiveness of self care interventions was poor. To that end, the study recommended for more empowering diabetes education protocols.

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