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DIABETES PREVENTION IN NIGERIA: MANAGING CULTURAL AND RELIGIOUS PERCEPTIONS USING INFORMATION AND EDUCATION

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INTRODUCTION

- Diabetes Mellitus (DM), a chronic metabolic disorder with abnormalities in carbohydrate metabolism, is gradually emerging as a major health problem in Africa including Nigeria (Nyenwe, Odia, Ihekwaba, Ojule and Babatunde, 2003).

- About 285 million people are estimated to be affected worldwide (Shaw, Sicree and Zimmet, 2010)

- Used to be seen as a disease of the developed countries due to the increase in their aging population, unhealthy diets, obesity and sedentary lifestyle (Lebovitz, 2002).

- Now, there is growing incidence in developing countries due to urbanisation and industrialisation and affects mostly people of working age (Park, 2005).

THE CASE OF NIGERIA

- There are about 3.7million diabetics in Nigeria with many people not even knowing their status (IDF, 2014).

- Has the highest prevalence rate (4.7%) in Africa alongside Senegal and Cote d'Ivoire (Shaw et al, 2010).

- Researchers have discovered that factors such as people's economic and education level, cultural and religious observations and influence of significant others affect health interventions and the adoption of innovations (Sharaf, Naeem, Mohaimeed and Sawaf, 2010)

COMMUNICATION AND DEVELOPMENT

- Health communication is an aspect of development communication.

- Development communication is geared towards bringing about change and satisfaction to the majority of the people in the area of health, education, housing among others.

- The failure of the dominant paradigm has given birth to the emerging alternatives which includes dependency theory, media advocacy, participatory approach and social mobilisation.

- Hence, for this study, communication was not used as an instrument of handing down information but of involvement, of exchange of views and of community participation.

COMMUNICATION AND HEALTH

❑Health communication:

- is the transmission or exchange of health-related information to inform, educate, influence or motivate people about issues that affect their health.

- Efforts of clinical scientists and other health related researchers are not enough to bring about the desired positive health outcome without the application and integration of communication activities.

- Communication activities are necessary to address the misconceptions, change perceptions, modify behaviour/lifestyle and tackle other socio-cultural variables that affect health outcomes.

- Hence, the U.S. Department of Health and Human Services adopted health communication, for the first time, as part of its framework to provide a national disease prevention agenda for the Americans in 2000 (U.S. Department of Health and Human Services, 2000).

RESEARCH PROBLEM

- Type 2 DM, which is the focus of this study, is preventable and not many people are aware of this.

- Most of the researches on diabetes are clinical or epidemiological based.

- A lot of ignorance, fuelled by misinformation and misconceptions, still trails the health condition.

- Knowledge has been identified as the greatest weapon in the fight against diabetes (Moodley LM and Rambiritch V., 2007).

RESEARCH PROBLEM CONTINUED

- There is the need to ascertain the knowledge level of the people.

- Does high knowledge/information level translate to effective preventive behaviour?

- Are there other factors that may be hindering effective diabetes prevention in Nigeria?

STUDY OBJECTIVES

- The study sought to:

- Unearth the misconceptions and myths about diabetes that are prevalent among the study population.

- Determine the sources from where the study population gets diabetes information from.

- Assess the knowledge or information level of the population on diabetes.

- Determine the extent to which the people's perceptions of, misconceptions about and attitudes towards diabetes affected their diabetes prevention behavior.

STUDY OBJECTIVES CONTINUED

- Determine the extent to which the information and education the people received succeeded in clearing the misconceptions and debunking the myths thereby aiding effective diabetes prevention behavior.

- Ascertain the best communication strategy for diabetes information and education aimed at changing the people's negative attitude, wrong perceptions and misconceptions about diabetes.

METHODOLOGY

- Qualitative – Focus Group Discussion (FGD) using FGD guide

- Quantitative – Survey using Questionnaire (DPIEQ)

- Subjects – Workers in two state (Lagos and Ogun states) local government secretariats.

- Sample Size – 507 for the Survey and 96 for the FGD. There were 12 sessions of FGD with 8 participants in each session.

- Sampling Technique – Multi-stage sampling procedure.

- Data Analysis – Descriptive and Inferential statistics on SPSS for Quantitative data analysis. Manual content analysis using thematic approach and explanation building for Qualitative data analysis.

RESULT: Respondents' sources of diabetes information

Sources	I have got information from the source(s) below	
	Yes	No
Radio	439(86.6)	68(13.4)
Television	450(88.8)	57(11.2)
Posters/Handbill/Stickers	231(45.6)	276(54.4)
Newspaper/Magazine	312(61.5)	195(38.5)
Community outreaches	170(33.5)	337(66.5)
Village/Town meetings	113(22.3)	394(77.7)
Religious Bodies	189(37.3)	318(62.7)
Fez caps and T-Shirts	167(32.9)	340(67.1)
Bill boards	196(38.7)	311(61.3)
Conference/seminars	218(43.0)	289(57.0)
Friends/Relatives/Neighbours/Colleagues	284(56.0)	223(44.0)
Health facilities/ health personal	303(59.8)	204(40.2)
Text messages/ the internet	219(43.2)	288(56.8)

# RESULT: How effective are diabetes information received from these sources?

Sources	Very effective	Effective	Undecided	Somewhat effective	Not effective	Total	Mean rank
Radio	107(21.1)	130(25.6)	24(4.7)	44(8.7)	202(39.8)	507(100.0)	2.79
Television	81(16.0)	106(20.9)	41(8.1)	38(7.5)	241(47.5)	507(100.0)	2.50
Posters/Handbill/Stickers	60(11.8)	149(29.4)	43(8.5)	40(7.9)	215(42.4)	507(100.0)	2.60
Newspaper/Magazine	107(21.1)	130(25.6)	24(4.7)	44(8.7)	202(39.8)	507(100.0)	2.79
Community outreaches	159(31.4)	95(18.7)	39(7.7)	38(7.5)	176(34.4)	507(100.0)	2.92
Village/Town meetings	71(14.0)	79(15.6)	51(10.1)	31(6.1)	275(54.2)	507(100.0)	2.29
Religious Bodies	154(30.4)	197(38.9)	15(3.0)	15(3.0)	126(24.9)	507(100.0)	3.47
Fez caps and T-Shirts	62(12.2)	90(17.8)	58(11.4)	38(7.5)	259(51.1)	507(100.0)	2.33
Bill boards	71(14.0)	114(22.5)	42(8.3)	39(7.7)	241(47.5)	507(100.0)	2.48
Conference/seminars	98(19.3)	114(22.5)	36(7.1)	31(6.1)	228(45.0)	507(100.0)	2.65
Friends/Relatives/Neighbours/Colleagues	155(30.6)	178(35.1)	22(4.3)	15(3.0)	126(24.9)	507(100.0)	3.39
Health facilities/ health personnel	178(35.1)	123(24.3)	19(3.7)	14(2.8)	173(34.1)	507(100.0)	3.23
Text messages/ the internet	96(18.9)	121(23.9)	41(8.1)	20(3.9)	229(45.2)	507(100.0)	2.67

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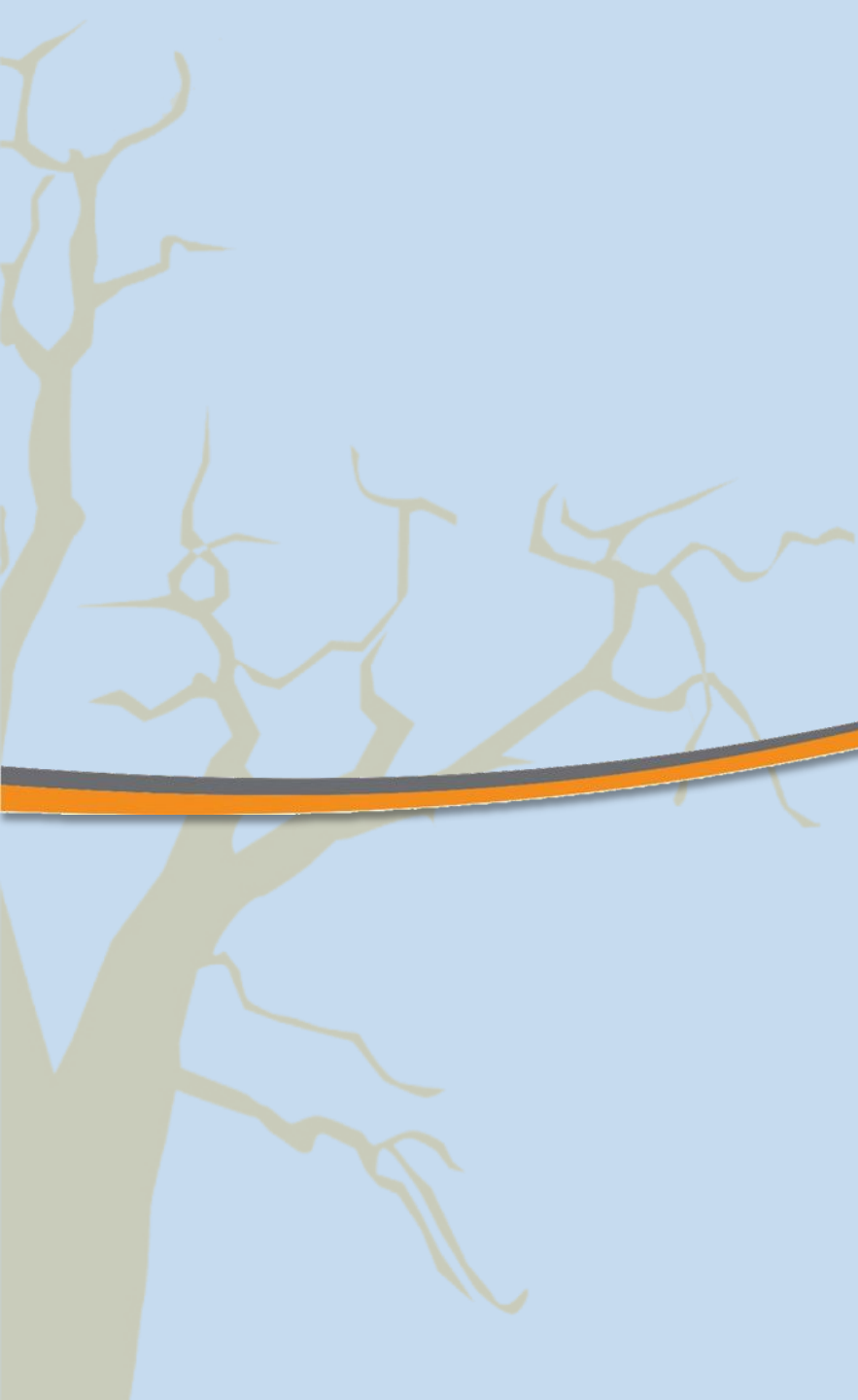
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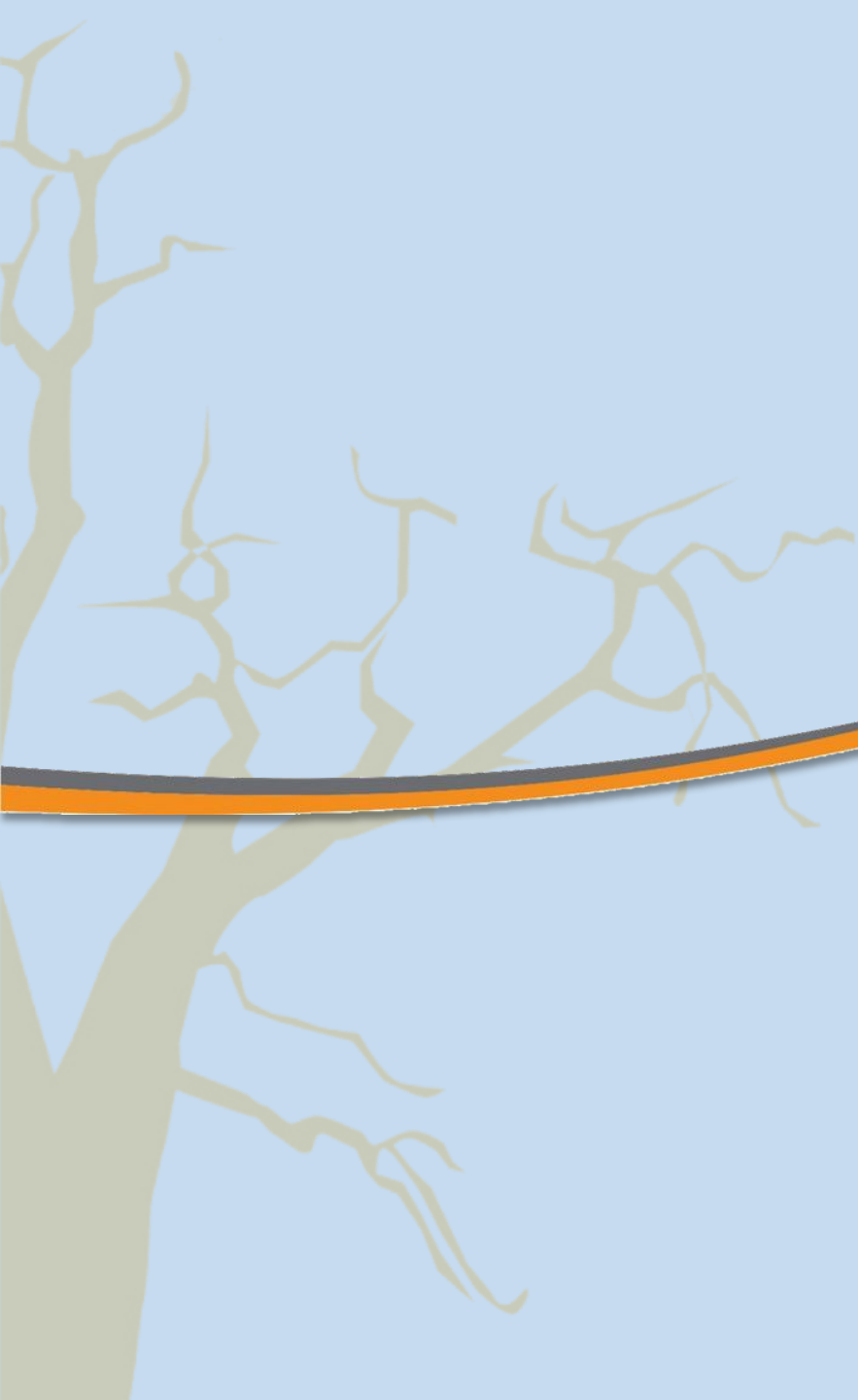
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SUMMARY OF FINDINGS

Misconceptions:

There are a lot of misconceptions and misinformation about diabetes among the people that affect good preventive behaviour. Most of them are culturally, religiously or socially based. Some of the identified misconceptions and misinformation are:

- *Diabetes is a disease of the old people.*

- *Diabetes is caused by eating oyibo (foreign) food.*

- *Diabetes is curable with traditional medicine – herbs and charms.*
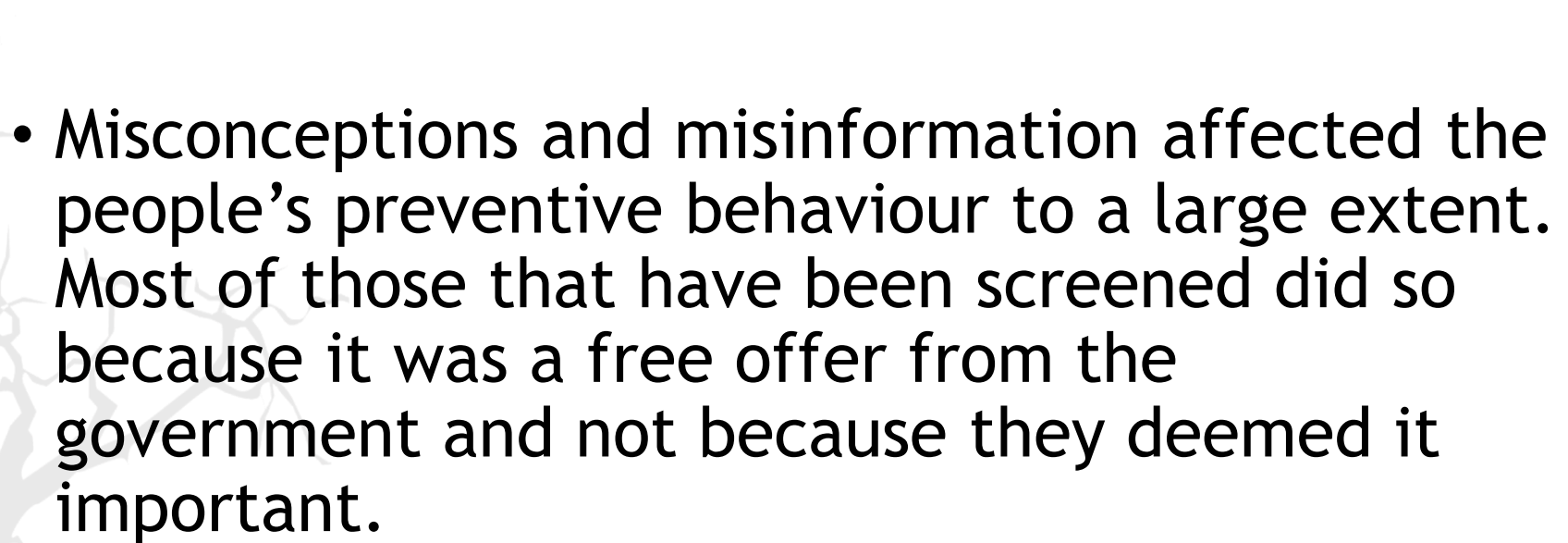
Misconceptions continued

- *Diabetes is not going to affect any one that believes in God irrespective of the person's health behavior and lifestyle.*

- *Diabetes is like HIV; once diagnosed, you are immediately stigmatized and then begin to await your death. It is; therefore, better not to know your status.*

- *Diabetes screening usually always produces a positive result; everyone has a little of diabetes.*

- *If diabetes runs in your family, you will definitely have it no matter what you do and vice versa.*

- *Shedding excess weight rather than help prevent diabetes is a sign of internal disease and poverty.*

FINDINGS CONTINUED

- Traditional media sources of diabetes information are available to the people but the information received from them is little and did not address the culturally embedded misconceptions.

- Respondents demonstrated an average knowledge level about the factors that predispose one to diabetes and symptoms of diabetes.

- Diabetes information and education received from health personnel/centres, family, friends and colleagues are rated high on reliability than the ones received from the traditional media, and were said to be more effective in changing attitude and perceptions about diabetes.

FINDINGS CONTINUED

- Interpersonal (face-to-face) communication and participatory approaches work best for diabetes prevention behavioural change communication.

- Misconceptions and misinformation affected the people's preventive behaviour to a large extent. Most of those that have been screened did so because it was a free offer from the government and not because they deemed it important.

FINDINGS CONTINUED

- A direct relationship is established between information level and effective diabetes prevention. Also, there exists a positive relationship between self-efficacy level and prevention of diabetes; thus, justifying the IMB theory.

- High information/knowledge level alone cannot bring about effective diabetes prevention. This confirms the position of the Information, Motivation and Behavioural Skills (IMB) theory which states that information, motivation and behavioural skills when combined together will lead to behaviour change, in this case, diabetes prevention (Munro et al, 2007).

CONCLUSION

- Tailored diabetes information and education, which addresses the identified socio-cultural and religious myths and misconceptions about diabetes, using the participatory approach, has been established as key to effective diabetes prevention among the study population.

- Information given through interpersonal and group interactions using community health workers, known diabetics, religious and community leaders were considered more credible and easily acceptable than those from the traditional media.

THANKS FOR LISTENING

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