

# People with Diabetes in Indonesia Learning about their Disease

“Doing It My Own Way”

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## Background and Aim

### Research Background

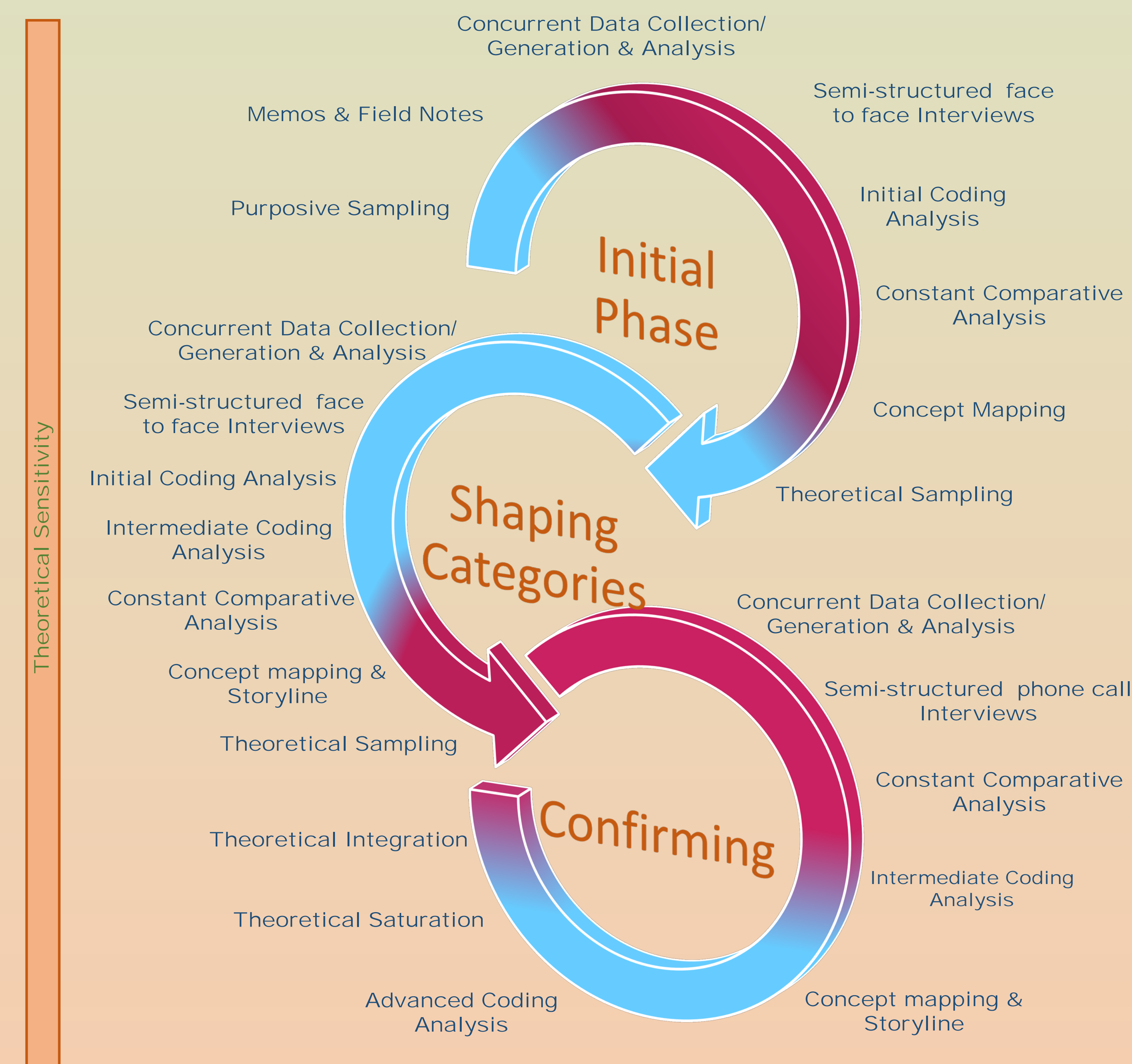
- Diabetes mellitus has been a concern in Indonesia since the 1980s.<sup>1</sup> It is one of the four major non-communicable diseases in Indonesia with the prevalence rate predicted to rise.<sup>2</sup>
- Research has found that diabetes education improves glycaemic control, increases the person's knowledge and positively changes their attitudes towards self-care management, which results in improved health outcomes.<sup>3</sup>
- Several studies examined formal diabetes educational programs in Indonesia.<sup>4,5</sup> The educational programs provided support and advice for people living with diabetes, as well as increasing their knowledge about diabetes and improving self-care management.<sup>4,5</sup>
- Despite these achievements, none of these studies adequately provided a deep understanding of the process of providing health education to people living with diabetes in the Indonesian context. Moreover, there is very little evidence to describe and explain who provides the health education in Indonesia.

### Research Aim

This study aims to generate a theory about the process of providing health education for people living with diabetes in Indonesia.



## Methodology: Our Grounded Theory Study Process



### Data Collection One - “Initial phase”

- Aimed to explore the phenomenon through semi-structured interviews.
- Participants were asked to describe their experiences related to health education for people with diabetes.
- Seven participants were recruited from four different settings: one public health center, two general hospitals and a school of nursing.
- The participants included a person with diabetes, a nurse academic, nurse clinicians in primary and secondary healthcare settings, a pharmacist, a dietician and a specialist doctor.

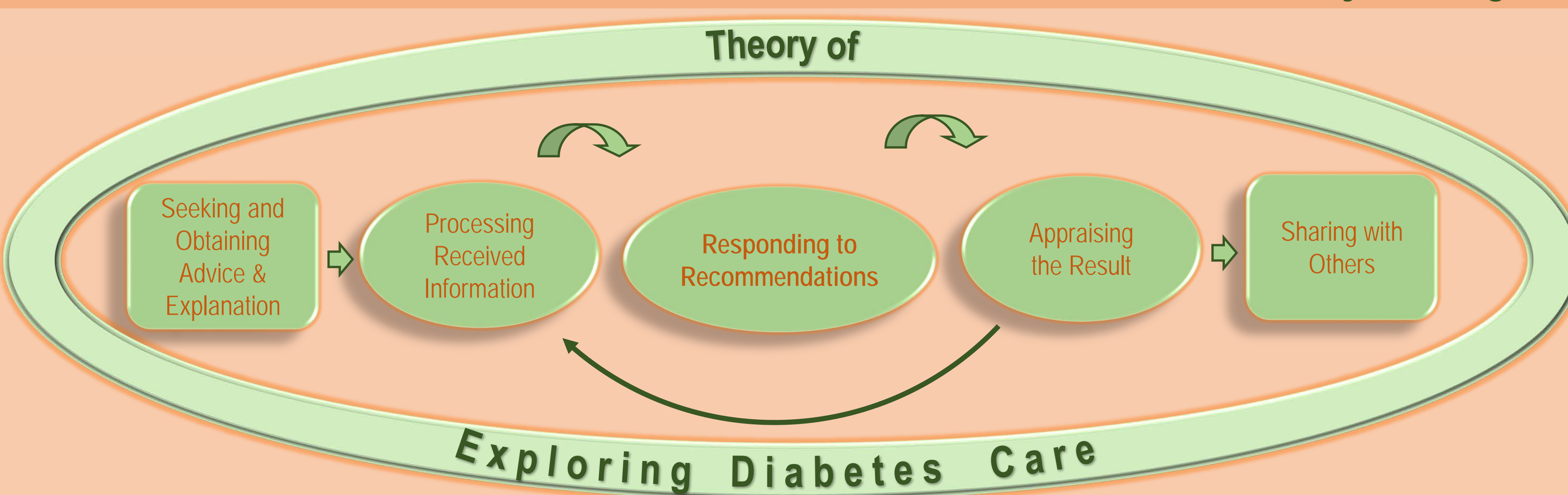
### Data Collection Two - “Shaping the Categories”

- The aim was to fill the gaps of emerging concepts or codes developed during the initial phase as the collected data was not yet sufficient to achieve fully developed categories.
- Five additional groups of participants from seven settings were included: a family member of a person with diabetes, a diabetes exercise instructor, a hospital health promotion staff, a student nurse and a *kader* (a lay health worker). This phase involved seventeen participants.
- Five tentative categories emerged: “Seeking and obtaining advice and explanation”, “Processing received information”, “Responding to recommendations”, “Appraising the results”, and “Sharing with others”.

### Data Collection Three - “Confirming”

- Aimed to validate the developed categories that were narratively explained in the storyline.
- Four additional participants from two settings, consisting of people with diabetes and health care professionals.
- Two of these participants were from the previous phase of data collection, while two were new to the study.

## Preliminary Findings

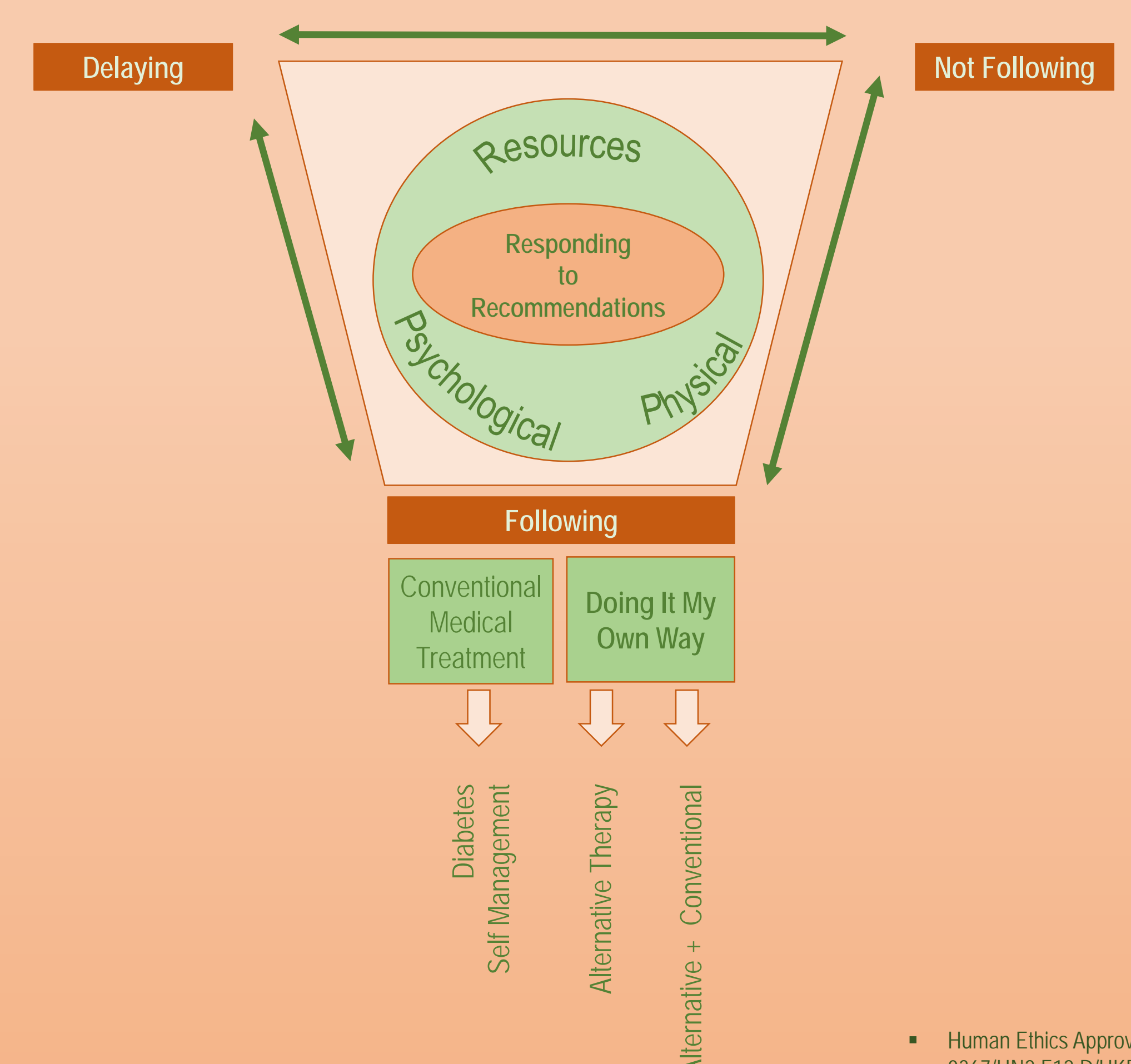


### “Exploring Diabetes Care” Theory

People with diabetes exploring diabetes care is a core category of the basic social process of learning about their diabetes. Five major categories comprise this core category: ‘Seeking and obtaining advice and explanation’; ‘Processing received information’; ‘Responding to recommendations’; ‘Appraising the results’; and ‘Sharing with others’.

### “Doing it my Own Way”

Three factors influence how people with diabetes respond to recommendations that they perceive as trustworthy: physiological factors; psychological factors; and resource factors. Once people perceive recommendations as valid, there are three ways that people with diabetes respond: delaying implementation of recommendations; not following recommendations; or following recommendations. People who follow recommendations choose one of two options: conventional medical treatment or ‘doing it my own way’. ‘Doing it my own way’ includes two options: trying alternative therapies exclusively or concurrently taking medical treatments and alternative therapies. When people with diabetes choose to use alternative therapies, they will take homemade traditional or herbal potions orally, purchase and ingest factory-made herbal medication and/or wear a device on their body. After individuals with diabetes choose the methods they will adopt to manage their diabetes, they then appraise the result of the applied recommendations.



### References

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