People with diabetes in Indonesia: ‘Exploring diabetes care’

Titan Ligita¹, Dr Kristin Wicking¹, Dr Nikki Harvey²,
Dr Intansari Nurjannah¹,³, Professor Karen Francis¹

¹College of Healthcare Sciences, James Cook University, Townsville, Australia
²College of Medicine and Dentistry, James Cook University, Townsville, Australia
³Universitas Gadjah Mada, Yogyakarta, Indonesia
Email: titan.ligita@my.jcu.edu.au

29th International Nursing Research Congress
19-23 July 2018
Melbourne, Australia

Disclosure of Authors

Authors:
Titan Ligita (Speaker),
Dr Kristin Wicking,
Dr Nikki Harvey,
Dr Intansari Nurjannah,
Professor Karen Francis

We declare no conflict of interest to disclose in relation to this presentation

Background

8.5 million
People living with diabetes in Indonesia

5.1% to 6.9%
Diabetes prevalence rate in 2008 and 2013.

4th
Diabetes is a major cause of death

Background

8.5 million
People living with diabetes in Indonesia

5.1% to 6.9%
Diabetes prevalence rate in 2008 and 2013.

4th
Diabetes is a major cause of death
Diabetes education is important, but the process of health education for people with diabetes is unknown.

To generate a theory about the process of providing health education for people living with diabetes mellitus in Indonesia

How do people living with diabetes mellitus in Indonesia learn about the disease?

Grounded theory influenced by symbolic interactionism and constructivism

The Study

Gap

Aim

Question

Methodology

The Grounded Theory Study Process

Initial Phase

• Approved ethics amendment #1
• 17 Participants from 7 settings
• Concurrent data generation & analysis
• Initial coding analysis
• Intermediate coding analysis
• Constant comparative analysis
• Theoretical sampling

Second Phase

• Approved ethics amendment #2
• 4 participants from 2 settings
• Concurrent data generation & analysis
• Intermediate & advanced coding analysis
• Constant comparative analysis
• Theoretical sampling & saturation
• Theoretical integration

Third Phase

• Theoretical sampling
• Theoretical sensitivity, memo writing and field notes

Novak, 2004; Charmaz, 2006; Corbin & Strauss, 2008; Birks et al., 2009; Birks & Mills, 2015

Exploring Diabetes Care

1. Seeking & receiving diabetes-related information
2. Processing received information
3. Responding to recommendations
4. Appraising the results
5. Sharing with others
Seeking and receiving diabetes-related information

What participants said

I was eating and drinking enough, but the body was limp, no energy. I just wanted to have a rest...sleep...kept feeling sleepy. I asked my little brother, he had diabetes before me. So I asked my brother why I have this weak condition. (Haris: G2P1)

I asked questions about how diabetes is managed. It can't be cured but it can be controlled. At least for us to survive. The one strategy that I heard was to exercise. I asked my best who works in a nutrition division. She said, "Do some exercise, try to do exercise." (Widya: G2P14)

When there is information that does make sense, I will accept it; and that which does not make any sense, I will dismiss. I will not try a therapy until I hear it directly from the person who proved it to be effective. (Ranti: G2P10-11)

What they said about their experiences in using this and that [therapy], I received. I received other people's opinion and advice or friends' advice. However, I looked at Google. I do not just directly execute any received advice. No. I have to look at Google, for instance, about the function of leaves A or leaves B. The side effect of them. (Zeta: G2P1)

The doctor told me to have metformin every day, [and] when it's high, twice a day. I take [it] once a day. So I take it after dinner. Regularly. (Larisa: G2P2-3)

Processing Received Information

When there is information that does make sense, I will accept it; and that which does not make any sense, I will dismiss. I will not try a therapy until I hear it directly from the person who proved it to be effective. (Ranti: G2P10-11)

What they said about their experiences in using this and that [therapy], I received. I received other people's opinion and advice or friends' advice. However, I looked at Google. I do not just directly execute any received advice. No. I have to look at Google, for instance, about the function of leaves A or leaves B. The side effect of them. (Zeta: G2P1)

LARISA

The doctor told me to have metformin every day, [and] when it's high, twice a day. I take [it] once a day. So I take it after dinner. Regularly. (Larisa: G2P2-3)

UTAMA

I have been prescribed with insulin but I don’t use if. I have never [used it]. I was prescribed [the insulin] when I was discharged from the hospital. I am afraid of being dependent on the insulin. I am afraid to inject it. (Utama: G2P5)

Responding to Recommendations

Following

Not Following
Participants

'Larisa'  'Ranti'

Partially following:  
'I do not take doctor's medication anymore... I balance it [the disease symptoms] with exercise. After I pray at dawn, I take a walk. Because I want to be healthy, I exercise. Walking is acceptable to me. [I] take a walk for about one hour, then go home.'  
[Ranti: G2P5-6]

Conventional and non-conventional together:  
'I take prescribed medication by turns [intermittently], sometimes I also take herbals.'  
[Kevin: G2P1]

Fully following:  
'I do regular exercise… every Saturday. [They offer free] blood pressure and blood sugar tests, and I always have them.'  
[Larisa: G2P3]

Non-conventional only:  
'Previously I took potions. The potions that my friends informed me, "Temu lawak" with bay leaves and "Sarang Semut" [ant plant]. I combined it with red "sirih". Then there is insulin plant. Well, I plant many of those plants.'  
[Haris: G2P4]

Responding to Recommendations

Appraising the Results

What they said

We have tried a herbal medication for several years. No progress... So, we decided to be managed by a doctor. To regularly go to doctor consultations so that he [her husband] can be cured.'  
[Viola: G2P8]

'I tried [herbal therapy] from browsing the internet. It really decreased it [the BSL]. Then I became more motivated to keep taking it [the herbal therapy].'  
[Oscar: G2P3-4]

Sharing with Others

1 [have diabetes myself and I teach exercise in a medical clinic. If I tell them...]

We are people with diabetes. Diabetes is a self-managing disease. When we don't have sweet drinks [but] our eyes are blurred, that must be hypoglycemia [but] when the blood sugar increases, our body will get limp and it also can impact on [our] eyes. That's my own experience. I feel comfortable to share about it because what I say is what I have experienced myself.'  
[Widya: G3P6]

I told all about my experience to my friends, about my illness in [social gatherings, in my office at work] or anywhere. Any experience was shared.'  
[Zeta: G3P7]
Highlights

- Filtering information to be trusted: prior knowledge, experiences, personal judgement and second opinion
- People’s trust is needed during the provision of information (Price, 2017).
- Decision to choose diabetes care: physical, psychological and resource factors
- Choosing the treatments: own experience, efficacy, negative outcomes, the practicability, cost-effectiveness and approachability (Low et al., 2016).
- Experiential insight affects people’s further decisions
- Discontinuing of diabetes regimes: feeling tired and frustrated with the difficulties when incorporating the regimes in life (Bockwoldt et al., 2017).

Recommendations

- Stakeholders including a national diabetes organization and healthcare facilities should provide reliable sources for diabetes related information which are accessible and understandable
- HCPs providing diabetes care should use person centered care as every person with diabetes has their own personal symptoms of diabetes condition
- HCPs including nurses should acknowledge people’s difficulties in implementing diabetes care to help them survive with their diabetes and continue their management regimes.

Acknowledgement

- DFAT Australia (Australia Awards Scholarship)
- PhD Advisors: Dr Kristin Wicking, Dr Nikki Harvey, Dr Intansari Nurjannah, Professor Karen Francis
- Families and Friends in Townsville and Indonesia
- Professor Jane Mills (Former Primary Advisor)
- Participants, healthcare facilities, a nursing academic institution in West Kalimantan Indonesia
- Alex Salvador and Team (International Office), Learning advisors and anyone assisting me during my candidature at JCU
- Nursing and Midwifery academics and staff at JCU
- Colleagues and managers at Universitas Tanjungpura Indonesia
Thank You

Questions?

References


