Background

8.5 million People living with diabetes in Indonesia

5.7% to 6.9% Diabetes prevalence rate in 2008 and 2013

4th Diabetes is a major cause of death

The Study

GAP
Diabetes education is important, but there is little known about the process of health education of people with diabetes in Indonesia.

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

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

METHODOLOGY
Grounded theory influenced by symbolic interactionism and constructivism
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 coding analysis
- Constant comparative analysis
- Advanced coding analysis
- Theoretical saturation & integration
- Theoretical sampling

Third Phase
- Theoretical sampling

Theoretical Sensitivity, Memo Writing and Field Notes

Theory of ‘Exploring Diabetes Care’

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

Sharing with Others

• Definition: When people with diabetes inform other people about their experience of living with diabetes and/or implementing their chosen therapeutic interventions to manage their chronic condition.
• Has two components:
  ♥ Whom to share with
  ♥ What to share

Novak, 2004; Charmaz, 2006; Corbin & Strauss, 2008; Birks et al., 2009; Birks & Mills, 2015
I said to my wife and children, 'I have this disease. This disease affects everywhere. I inform them so that they know. I am not frightening them. Eat well, drink well and have your sugar properly [limit sugar intake]. Don’t eat too much sugar.'

I often inform them [friends]. It is about the symptoms. They do not know what diabetes looks like. I said, 'The symptoms are dizzy, fatigue, weakness and thirst. You just want to have water (drink a lot) or sweet drink.' Those are the symptoms I said to them.

Do not stop [the medication] because the doctor said that it [diabetes] is no ending. That’s what I want to say to friends… if you have symptoms of sweet urine disease… Be quick to do something… don’t eat food too much. This disease cannot be cured. That is what I told to my friend 'if there are symptoms, go get treated.'

I told about all my experiences… about my illness in a [social] gathering, in my office or anywhere. Any experiences were shared. I am not embarrassed that I have the disease [diabetes]. Many friends know it and many of them also pray for me [hope that I will get better].

I said to other [people with diabetes] who sometimes asking me why I don’t lose my weight drastically. Well, I have exercise. Also, I take medication. I have my meal three times a day but with different portions. I reduce the carbs.

I am afraid of becoming dependent on the medication. My sister [lived with diabetes] said ‘don’t you use that insulin’.
This study’s findings confirm those of other studies:

- They share information with those they regard as reliable people that can provide support and to ask for feedback – USA (Peng et al., 2016) and Indonesia (Ligita et al., under review)
- People with diabetes learn from their peers – United Kingdom (Greenhalgh et al., 2005) and Indonesia (Ligita et al., under review)
- People usually share their experiences to support and educate one another such as raising awareness of diabetic symptoms and complications – Indonesia (Ligita et al., under review) and Saudi Arabia (AlQarni et al., 2016)

Distinctive findings from this study

- People with diabetes are likely to share information with families and significant others with or without diabetes
- Aims of sharing can be:
  - to protect their families from having diabetes or
  - to let other people know their condition in order to elicit others’ prayers and good wishes for a positive outcome
- People with diabetes can sometimes share misinformation (incorrect/inaccurate information)
Implications

- People with diabetes need to be aware that misinformation may be shared amongst themselves
- Health care professionals need:
  - To check the accuracy of information being shared amongst people with diabetes
  - To provide clarification when the information being shared is inaccurate
  - To assist people to determine the credibility of information

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Thank You
Questions?

References


Peng, M., Yuan, S., & Holtz, B. E. (2016). Exploring the Challenges and Opportunities of Health Mobile Apps for Individuals with Type 2 Diabetes Living in Rural Communities. Journal of Medical and e-Health, 22(6), 723-733. doi: 10.1089/jmhc.2015.0180