

People with diabetes in Indonesia: 'Exploring diabetes care'



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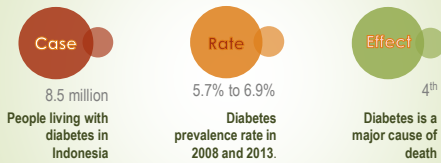
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Disclosure of Authors

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

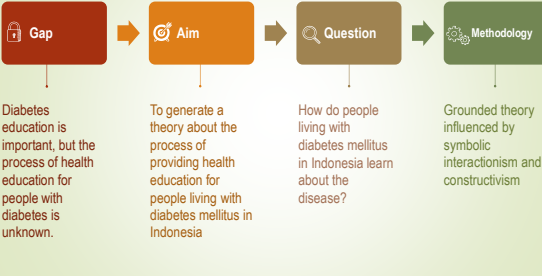
Background



WHO, 2014. dx.doi.org/10.1186/s12916-014-0214-0 | National Institute for Health Research and Development, 2008, 2013

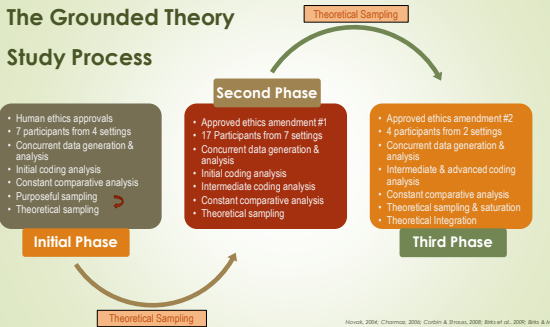
The Study

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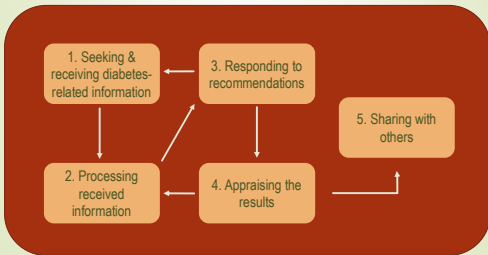
The Grounded Theory Study Process

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Exploring Diabetes Care

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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 has 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 friend who works in a nutrition division. She said, "Do some exercise, try to do exercise".' (Widya: G2P14).

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: G3P1)

Responding to Recommendations

'UTAMA'

'I have been prescribed with insulin but I don't use it. 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)



Following



'LARISA'

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

Not Following

Responding to Recommendations

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

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)

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

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

Appraising the Results

What they said

'Viola'
 '...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)

'Oscar'
 '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

'Zeta'
 'I [have diabetes myself and I] teach exercise in a medical clinic. [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)

'Widya'
 '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)

Participants

Highlights

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- **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

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- 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.

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Thank You



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Questions?



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