

**Local ideas and practices among
diabetic patients
in Myanmar pluralistic health care
context**

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1. Introduction

- pattern and direction of socio-economic development in Myanmar
- change the pattern of morbidity and mortality of disease affect the country's epidemiological profile and health planning priorities
- impact of CDs and NCDs in Myanmar due to rapid urbanization and increase in industrial activities

2. Prevalence of Diabetes

- The world prevalence of diabetes is 6.4% in 2010, and will increase to 7.7% by 2030
- In South-East Asia there are currently 54 million people with diabetes
- Myanmar prevalence of diabetes mellitus is 8-12 %

3. Different perspectives of Health & Illness

- The medical perspective on diabetic mellitus
- The epidemiologist perspective
- The ideas of lay person
- People's right to receive health care then, has been transformed into the duty to be healthy

4. Health Care System

- Myanmar health care system
- Based on Kleinman's ideas of health care system as a cultural system, it included patterns of beliefs, norms, social statuses, power relationships, interaction settings, and situations
- Society was composed of three overlapping parts; the **popular**, **professional** and **folk sectors**.

5. Diabetes as social disease

- What are the sociological view of diabetes?" their individual conditions and health care service accessibility? their ideas of health, disease and illness? their choice of treatment in the socio-cultural context? burden of diabetes is attributable to specific socioeconomic, physical, cultural and political environments and a need for a different approach.

6. Research Questions

- What are the patients' ideas of the diabetic disease?
- What are the practices of the diabetic patients in dealing with disease?

- How do the patients change their perceptions and treatment in different stage of disease?
- How many health care resources can be accessed by the diabetic patients and how do they perceive?
- What conditions influence their seeking treatment in daily life?

7. Research Objectives

- To investigate local patients' ideas and practices of diabetic mellitus
- To find out how patients' experiences of the illness influence their management
- To explore the relationship between such ideas and practices to diabetic mellitus in the seeking of treatment within the context of pluralistic health care system

8. Research Methodology

- Qualitative study was conducted in Chan Mya Thar Si Township, Mandalay in Myanmar
- Six patients at different stages of diabetes and suffering from varying levels of severity of the disease, plus with different socio-economic statuses, were interviewed at home
- The informants were asked to talk about their experiences in terms of diabetes, their ideas on its cause and the treatment being provided, as well as the impacts of the disease upon their lives

- In depth interview with the key informants will be carried out to cover the objectives of this study
- This is because of the inherent strengths of these methods to generate rich, detailed, and process-oriented data which can generate broad and abstract meanings integral to the actors' construction of their own experience

- Qualitative method is also suited to addressing the problems and research objectives which can be summarized according to four issues:
 - (1) it presents the **relationship between patient ideas and behaviors,**
 - (2) it is able to gather data which patients themselves may find difficulty explaining or expressing, **related to their cultural life and/or sensitive issues,**

(3) qualitative data show how patients **respond to actual contingencies**, based on their **perception** and **experiences** of such events

(4) it is compatible with **triangulation** that is, the use of the multiple methods in order to understand the complexity of diabetic problem

9. Result

- The study reveals the different ideas and perceptions on diabetes held among lay people in Myanmar
- The Myanmar people's ideas of diabetes mellitus and their seeking treatment behaviors are complex based on their experience of illness and socio-cultural habits

People ideas about causes of diabetes

- Eating habit
- Hereditary
- By chance
- Old age
- Interaction of body, mind and environment

- Patient-held ideas derived from a variety of experiences of individuals, which can be changed over time in relation to new information, circumstances and experiences, rather than comprising a stable or fixed set of beliefs, while meanings may vary according to cultural values, expectations and experiences

9.1. Ideas on disease causation

- *“---due to the excessive and prolong eating of sweet food”*
- *“--- transferred from parents to their children”*
- *“According to old age and incorrect habit of feeding”*
- *“Impurity of blood”*
- *“By chance-----”*
- *“--due to imbalance interactions of body, mind and environmental conditions”*

People's perceptions of disease

- initial stages of the disease ----- they felt generally unwell and so regularly sought treatment from a variety of health resources
- having identified the presence of the disease - ----- stabilizing the blood glucose level in order to control it is not compatible with their lifestyles

- The key stage in patients' experience of illness is the ascription of a medical diagnosis of "labeling" – put people in "risk group"
- The range of responses to the initial diagnosis of diabetes is influenced by both situational (incidental, accidental) and personal factors

9.2. Meanings of initial diagnosis

- *“very worried----”*
- *“-----sad to hear”*
- *“no serious one!”*
- *“-----upset for me”*
- *“unfortunately arrived to me”*
- *“Shattered for my family-----”*

Experiences of disease

- informants' ideas on holism and their perception on quality of life undermines their ability to adjust their behavior in line with the medical advice provided
- the informants try their best to manage the disease ---- having learned to live with it and having developed skills and strategies to cope with the symptoms and their consequences

9.3. Dealing with disease

- *“----So, there is need to avoid sweet food if you don't want to get diabetes”*
- *“I am trying to have good and peace mind to avoid such bad situation in the coming life----”*
- *“Now I think my body can't accept the imbalance of substances”*

Practices of living with disease

- informants also changed their perceptions on disease and treatment in transition to chronic stage
- they often commented that they were not perfectly healthy because they has a medical problem
- they generally viewed themselves as not ill nor quite healthy, but somewhere in between

9.4. Coping in different stage of disease

- *“I just carry on as normal”*
- *“the symptoms I suffered were not by the disease. It was caused by my habit of taking sweet food”*
- *“—not curable (wut nar kan nar)”*
- *“that is the way to pass life long”*

People's seeking treatment

- In making treatment decision people tend to be guided by some perceived relative efficacy of the modern and traditional health systems
- management pattern of diabetes was constructed by the experiences of individual patients

- At the same time, there is a persistent belief that traditional medicine has effective cure for certain complex diseases such as diabetes
- Therefore, the role of traditional medicine is important in chronic disease in the context of Myanmar culture and society

9.5. Treatment Seeking Pattern

- At the time of suffering illness/symptoms
- Early time of disease
- When disease became chronic

10. Conclusion

- This study challenges the current medical view on the strategic management of diabetes
- Realize the importance of the social and pluralistic health care context in Myanmar, plus the patients' own ideas and actions in relation to managing the disease
- However, the final goal of management of disease must be the assuring of quality of life of the patient

- Ideas of the diabetic patients about the disease (eg. disease causation) depended on individual experiences which are so different from the biomedical causal factors
- Giving emphasis of diabetes as a social disease, it requires to realize that not to treat the blood sugar level, but to treat the patient as a whole

11. Recommendations

- Holistic approach of management is the choice of management strategy for the health care providers
- Moreover, medicine is part of society, and its relationship to lay people can be considered within that wider context

- Thus the understanding of concepts of different ideas, perceptions, practices, beliefs, norms, values, hopes, limitations, and self reasoning practices in health and illness of people are necessary in implementation of health plan including prevention, education and health promotion of the people

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THANK YOU

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