



Healthcare-seeking behaviour and management of type 2 diabetes: From Ugandan traditional healers' perspective



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ARTICLE INFO

Article history:

Received 22 March 2016

Received in revised form 8 August 2016

Accepted 6 September 2016

Available online 13 September 2016

Keywords:

Complementary Alternative Medicine

Healthcare-seeking behaviour

Nursing

Traditional healers

Type 2 diabetes

Uganda

ABSTRACT

Background: Healthcare-seeking behaviour has been investigated to a limited extent in persons with diabetes, and the way traditional healers manage diabetes still needs exploration.

Aim: To explore healthcare-seeking behaviour and management of type 2 diabetes from the perspective of traditional healers in the folk sector to understand how traditional medicine is integrated into the professional health sector.

Design: A qualitative descriptive study.

Method: A purposeful sample of 16 traditional healers known in the area. Data were collected by individual semi-structured interviews.

Findings: Healthcare was sought from the professional health sector, mainly from the public hospitals, before the patients switched to the traditional healers. Reasons for seeking help from traditional healers were mainly chronic conditions such as diabetes, high blood pressure and the perceived failure of western medicine to manage diabetes. The cost at the healers' facilities also influenced healthcare seeking because it was perceived to be affordable as it was negotiable and accessible because it was always available. Traditional medicine therapies of patients with diabetes were herbal medicine, nutritional products and counselling, but many patients whose conditions were difficult to manage were told to return to the public hospitals in the professional health sector.

Conclusion: Healthcare seeking was inconsistent in character, with a switch between different healthcare providers. Living conditions including treatment costs, healthcare organization, patients' health beliefs and general condition seemed to influence healthcare seeking practice.

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What is already known about the topic?

- Healthcare-seeking behaviour among persons with type 2 diabetes has been investigated to a limited extent, and the way traditional healers manage diabetes still needs exploration.
- Persons with diabetes mellitus use a variety of healthcare providers, and switching between different health sectors may interrupt glycaemic control and negatively affect health.

- Limited resources, poor availability of health facilities, individual beliefs about health and illness affect health-related practices including healthcare-seeking behaviour.

What this paper adds

- Healthcare was sought from the professional health sector, mainly from the public hospitals, before the patients switched to traditional healers in the folk sector.
- Reasons that compelled patients to seek help from the traditional healers were mainly chronic conditions such as diabetes, hypertension and the perceived failure of western medicine to manage diabetes.
- Traditional medicine therapies were mainly herbal medicine, nutritional products and counselling, but many patients whose conditions were difficult to manage were told to return to the public hospitals in the professional health sector.

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1. Introduction

Healthcare-seeking behaviour of persons with type 2 diabetes (T2D) has been investigated to a limited extent in developing countries, with a few exceptions (Atwine, Hultsjo, Albin, & Hjelm, 2015; Hjelm & Atwine, 2011). A switch between different healthcare providers may interrupt glycaemic control and negatively affect health (Kalyango, Owino, & Nambuya, 2008). Healthcare can be sought in different sectors in society: among family and friends in the popular sector, or traditional healers (sacred or secular) in the folk sector or from healthcare staff in the professional sector in different health institutions (Kleinman, 1980). Healthcare-seeking behaviour is influenced by multiple factors, some of which are the availability, accessibility, affordability, and acceptability of the service facilities to the care recipients (Kroeger, 1983; Rutebemberwa et al., 2013).

The incidence of type 2 diabetes (T2D) is increasing globally, with a pandemic mostly affecting people in developing countries in Africa and Asia under development (International Diabetes Federation (IDF), 2015). The waves of pandemic are driven by the combined effects of obesity, inactivity and longevity among patients with diabetes (Van Dieren, Beulens, Van der Schouw, Grobbee, & Neal, 2010). Uganda's estimated prevalence of diabetes was 4.1 in 2013 with a projection of 4.9% by 2035 (Guariguata et al., 2014). The nation has experienced a rapid increase of diabetes with a prevalence of 7.4% and pre-diabetes of 9% within half a decade (Mayega et al., 2013).

T2D is a chronic, progressive condition with micro- and macro-vascular complications (affecting eyes, kidneys, heart, and lower extremities) likely to develop over time in relation to glycaemic control (IDF, 2015). T2D requires self-management over time to maintain health through dietary adjustment, exercise, medication (if needed), continuous education and regular medical follow-up (American Diabetes Association (ADA), 2015).

In developing countries diabetes care is largely managed in medical centres in primary healthcare, but it is different in Africa. A previous study reports that patients with diabetes seek healthcare from traditional healers in the folk sector to get some relief from symptoms/signs of diabetes such as polyuria, fatigue because of the perceived failure of western medicine to manage diabetes (Atwine et al., 2015). Females describe using more free-of-charge government institutions; the perceived failure of healthcare to manage diabetes or related complications leads many people, particularly women, to seek alternative treatment from traditional healers in the folk sector (Hjelm & Atwine, 2011).

Diabetes care in Uganda is run in the general healthcare system of public and private facilities. Some hospitals have established outpatient diabetes clinics that operate once weekly across the country in public hospitals. (Ministry of Health (MoH), 2010). There is no national health insurance system. The government is the main provider of health services free for the clients, but health services are underfunded and frequently drugs are not available, which forces patients to purchase from private pharmacies (Xu et al., 2006). Consequently, some patients turn to traditional healers in the folk sector to manage their diabetes (Atwine et al., 2015).

The use of traditional medicine (TM), complementary and alternative medicine (CAM) is widely acknowledged and growing in both low- and high-income countries (WHO, 2013). Due to high levels of poverty traditional medicine is considered essential for physical and mental welfare, especially of rural black households in South Africa, with more than 60% of all healing taking place outside the formal/western medical system (Semenya & Potgieter, 2014). Underlying living conditions, affordability of drugs, food, and equipment for self-monitoring of blood glucose, and individual

beliefs about health and illness greatly influence self-care practices and care-seeking behaviour (Hjelm & Nambozi, 2008). In Tanzania traditional healers are reported to manage and claim to cure T2D (Moshi & Mbwambo, 2002).

With good self-care management and health-professional support, people with diabetes can live a long, healthy life (IDF, 2015). Nurses are integral members of interdisciplinary team of health professionals and often serve as the primary care managers to guide patients in maintaining self-care. Patients under the nurse-led management are provided holistic care to meet their needs with their families based on individual beliefs about health and illness, aimed at teaching patients to become experts in their own disease and self-management (Hjelm & Atwine, 2011). Healthcare-seeking behaviour of persons with T2D is influenced by multiple factors, coupled with the complexity of diabetes process; the trend of care seeking is likely to continue with switches between different healthcare providers (Atwine et al., 2015). It is important, therefore, to explore healthcare-seeking behaviour and management of diabetes from traditional healers' perspective.

1.1. Aim

The aim of this study was to explore healthcare-seeking behaviour and management of type 2 diabetes from the perspective of traditional healers in the folk sector to understand how traditional medicine is integrated into the professional health sector.

2. Method

2.1. Study design

A qualitative descriptive study design was used. Data were collected by individual semi-structured interviews in order to give the participants freedom to express their own perceptions and experiences to reach a deeper understanding of the topic being studied (Flick, 2009).

2.2. Participants

Purposeful sampling of information-rich participants was applied (Patton, 2015), and known traditional healers in the area who reported to manage diabetes were studied. Participants were recruited by the principal investigator (FA) from their facilities found in different places in the district in order to explore healthcare seeking and management of diabetes from traditional healers. The inclusion criteria were: traditional healers aged ≥ 18 years that freely consented to participate. All people who reported to be helpers and not traditional healers found at the traditional healers facility were excluded. The sample comprised 16 participants, 7 females and 9 males, aged 35–84, (Md 52 years); born and living in south-western Uganda (Table 1). Most were low-educated and trained on the job by relatives or traditional healers through practical experience, with the exception of one who had acquired formal education in nutrition.

2.3. Ethical considerations

The study was approved by the Institution Research Ethics Committee of the university in the region. Research procedures were carried out in accordance with the Helsinki Declaration and written informed consent was obtained from all participants (World Medical Association (WMA), 2013).

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