

Contents lists available at [ScienceDirect](#)

Journal of Epidemiology and Global Health

journal homepage: www.elsevier.com/locate/jegh

Levels of health awareness in diabetic patients during Ramadan 2015: Focus group discussion in Riyadh, Saudi Arabia

F.Y. Al Slail ^{a,*}, H.U. Afridi ^b, Sahar Mohamed Fadl ^a, O.O. Kheir ^a

^a National Diabetes Prevention and Control Program, Ministry of Health, Saudi Arabia

^b World Health Organization, Libya

ARTICLE INFO

Article history:

Received 19 June 2017

Received in revised form 29 March 2018

Accepted 19 April 2018

Available online xxxxx

Keywords:

Diabetes

Focus group

Management

Ramadan

ABSTRACT

A qualitative study was carried out to explore the health status of people with diabetes during Ramadan. Fifteen patients participated in two focus group discussions. Most respondents reported lack of knowledge regarding their own conditions and do not follow the medical advice of not fasting during Ramadan. Barriers facing the patients seeking healthcare before and during Ramadan were the atmosphere, long distances to facilities, monthly appointments, and monthly prescribed medication. All respondents agreed on the importance of physical activity but their opinions varied on how to conduct it. Regarding the services, most respondents were unsatisfied due to the lack of health services provided in addition to the shortage of essential medication or laboratory investigations. Others blamed primary healthcare-center staff for the delay in laboratory investigation results and the unavailability of glycosylated hemoglobin (HbA1c). Respondents also claimed that self-check glucometer measurements are not as accurate as laboratory results. Doctors may be able to educate patients regarding the effects of fasting with diabetes whereas religious leaders may influence individuals to follow doctors' advice. Evaluation of the quality of healthcare services is necessary to identify defects in health services in order to ameliorate service quality, including availability of drugs and glucometers in pharmacies, and laboratory investigations, including HbA1c, to meet patient satisfaction.

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1. Introduction

Almost two billion Muslims celebrate the holy month of Ramadan globally [1]. Fasting during Ramadan is a well-known worship. Muslims fast by stopping ingestion of food, beverages, and medication, from dawn to dusk and many other daily activities. They eat two main meals, one before sunrise (known as Suhur) and one after sunset (known as Eiftar), to fulfill their religious obligations [2,3]. Furthermore, a voluntary worship (Sunnah) of fasting extra days in particular months (Muharam and Shawal) or specific days throughout the year (Monday and Thursday) can be practiced in addition to the fasting during the holy month of Ramadan [4]. Fasting induces beneficial effects on young healthy individuals. However, it can promote detrimental effects in some patients who have long-lasting diseases. According to the EPIDAR study, during Ramadan people with diabetes who fast are more likely to develop hypoglycemia due to long periods of fasting, time of medication

changed, and low physical activity [5]. Despite medical advice for those who could be vulnerable to harm from fasting, patients usually fast without disclosing this information to their doctor. Moreover, some may feel culturally and religiously offended when asked not to fast [6]. Women with presentational or gestational diabetes are strongly advised not to fast during Ramadan, because fasting may be associated with risks to both mother and fetus. However, many patients still fast even if suffering from other types of diabetes [7,8]. Counseling before Ramadan must be given to all patients planning to fast regarding alternate medication dosage and timing, dietary changes, patterns of physical activity, and the role of self-monitoring blood glucose, particularly during acute symptoms. Epidemiological studies show that individuals who are physically active have 30–50% lower risk of developing type 2 diabetes due to the preventive mechanisms of physical activity, including the regulation of body weight as well as the reduction of insulin resistance and hypertension. Therefore, diabetic patients should be counseled and be aware regarding this kind of information in order to improve their blood glucose level [9]. The READ study showed that Ramadan-focused education on diabetes can empower patients to change their lifestyles during Ramadan. Education leads to a minimized risk of hypoglycemic events and

Peer review under responsibility of Ministry of Health, Saudi Arabia.

* Corresponding author.

E-mail address: fatima.alslail@gmail.com (F.Y. Al Slail).

<https://doi.org/10.1016/j.jegh.2018.04.004>

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Please cite this article in press as: Al Slail FY et al. Levels of health awareness in diabetic patients during Ramadan 2015: Focus group discussion in Riyadh, Saudi Arabia. J Epidemiol Global Health (2018), <https://doi.org/10.1016/j.jegh.2018.04.004>

prevents weight gain during the holy month [10]. However, the majority of patients who aim to fast during Ramadan do not have counseling immediately before Ramadan because it is nonmandatory. Attending the clinic before Ramadan is important, therefore, authoritative exertion is essential in the clinic [11–13]. Treating patients with chronic disease during Ramadan is unlike other months. Therefore, when patients seek advice on fasting, physicians need to take into account the widely accepted compatibility standards for advice against fasting [13]. The specific topics covered by this study include assessing diabetic knowledge, attitude, and practices of patients regarding their condition and to explore health-seeking behaviors before, during, and after Ramadan. These will include opinions and experiences regarding social, cultural, and physical barriers in seeking healthcare. Also, this study focuses on discovering patient satisfaction with diabetic services. The aim of the study is to explore issues that adversely affect the health of diabetic patients during Ramadan. In addition, the study findings facilitate discussions with policy makers, health professionals, etc., regarding provisions dealing with diabetic healthcare improvement (See Table 1).

2. Materials and methods

This qualitative study is based on a focus group discussion carried out in Casablanca Health Center in Riyadh, Saudi Arabia. Fifteen diabetic patients were recruited. The sample included young, middle-, and old-aged participants to explore a variety of opinions. The participants were selected purposively from 10 primary healthcare centers (PHCCs) via Riyadh Health Affairs. The selection of participant was performed according to the following criteria.

2.1. Inclusion criteria

- (1) Patients who were 18 years and older with Type 1 diabetes mellitus.
- (2) Insulin-dependent Type 2 diabetes mellitus patients, diagnosed for >5 years.

All the above who fasted a minimum of 15 days during Ramadan and participants who had met the criteria and agreed

to participate were assigned to each group according to sex, and were involved in the discussion.

Each focus group session was attended by three investigators; one acted as the facilitator and two as note takers. Participants were presented with a brief introduction describing the focus group process, the goals and objectives of the study, and informed that sessions would be taped but that participant-identity would remain anonymous. The purposive sample was collected in two different focus discussion groups.

A total of 15 participants were divided into one female group and one male group with a ratio of 8:7. The age range varied from 18 years to 73 years, with different educational levels and they were from various Arab countries (11 Saudi, 1 Yemeni, and 3 Syrian). Saudi patients represented different regions of Saudi Arabia (north, south, east, west, and central regions). In regards to treatment, type 1 diabetic patients were receiving insulin and type 2 were receiving oral antihyperglycemic drugs, insulin, or both. All participants fasted the last month of Ramadan irrespective of their age and duration of illness.

2.2. Data collection

Focus group discussion was conducted during Ramadan (2015) with diabetic patients attending PHC facilities and diabetic centers. The discussion was conducted separately for males and females. A written informed consent was taken from all participants, and they were assured that identity would be anonymous and confidential. Additionally, they were assured that declining to participate would not affect current and future treatment. Participants in the study were not given any monetary or compensatory benefits. The focus group discussion was led by a moderator who facilitated the discussion. The two sessions were conducted in Arabic and recorded with the moderator beginning with an introduction regarding the study and the expected outcomes of the discussion. Participants were assured no interventions or invasive tests would be taken. Institutional Review Board (IRB) approval was obtained from the Ministry of Health Research Department.

Table 1

"I fast the 30 days of Ramadan followed by the 6 days of Shawwal."
 "I fast Ramadan and Mondays and Thursdays from other months."
 "I will not follow physician advice because the physician will say not to fast."
 "I will not follow the physician advice and will fast according to my case and ability."
 "Insulin will break the fast because it enters into the body."
 "I don't know if insulin will break fasting or not."
 "Fasting is obligatory for every Muslim, male or female, and it is not a choice, all who can fast, must fast."
 "She has to fast and not break the fast even if she feeds her baby because she is a Muslim."
 "If sugar was controlled, let him fast because fasting is useful in reducing sugar."
 "He should take the insulin before breaking the fast and Sahoar."
 "Of course, he should take the medicine before Sahoar."
 "Sport are the main factor in reducing sugar."
 "Physical activity is performed in the kitchen before and after breaking fast."
 "Of course, change will occur; we have it after Fatoor and Suhoor."
 "Changing the dose is done according to the physician instructions"
 "I eat a considerable amount and no harm is afflicted on me."
 "Eat as much as I can."
 "I will continue fasting and according to the activity because it depends on which time of the day I feel hypoglycemic."
 "Health education: it is very important for patients with diabetes."
 "I have been diabetic for 25 years so I consider diabetes a family friend."
 "I visit the physician before Ramadan to instruct me about insulin doses in Ramadan."
 "I am not satisfied; the problem is when I visit the physician, doctor takes the file and writes medications and does not tell me about my case."
 "There are no medicines and you are told that they will reach out to you today; a week later they have not reached out and I have to buy medicines from outside; sometimes you are provided another medicine than what you use because the original is not available."
 "The sugar devices measurements differ from ones we get from private dispensary."

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