How African Immigrant Adult Men Experience their Diagnosis of Type 2 Diabetes Daily: Presentation of Key Findings and Recommendations for Further Research from a Previous Study

Marychristiana E. Uzochukwu, PhD, CHES®

North Carolina Agricultural and Technical State University, College of Health and Human Sciences, School of Nursing. Greensboro, North Carolina, USA

DOI: https://doi.org/10.15520/ijnd.v8i04.2121

Abstract: Diabetes is a chronic disease that affects many people globally. Normally when you eat, the food is broken down, yielding different nutrients including glucose, commonly known as sugar. The body stores some of the glucose in the liver, but majority of it enters the bloodstream to reach the body's cells which use the glucose as energy to carry out their specific functions. Insulin, a hormone made in the organ, pancreas is needed to help the glucose reach most cells of the body, fueling them to perform their specific functions. Diabetes manifest when blood glucose is too high. With type 2 diabetes, there is a problem with the glucose entering the body’s cells to fuel them, while majority accumulates in the blood. Over time without effective management, high blood glucose could cause health issues including damage to the eyes, heart, kidneys, and feet. Minority populations such as African Americans, especially men have borne more burden of Type 2 diabetes when compared to their Caucasian counterparts. Limited research has been conducted to explore this condition with regard to African immigrants, who make up approximately 4% of the African American population.

This paper presents the summary of key findings and recommendations for further research from previous study, Lived Experiences of African Immigrant Males Ages 25-75 who have Type 2 Diabetes (Uzochukwu, 2014). 

Subject Areas: Public Health

Keywords: African Immigrant males, Culturally Sensitive, Diabetes Education, Type 2 Diabetes, Phenomenology.

INTRODUCTION

A phenomenological approach was employed in Uzochukwu, 2014 study to explore how African immigrant adult men with Type 2 diabetes experience this disease on a daily basis. The concept of informing culturally sensitive diabetes education served as the conceptual framework for the study. Participants included 8 men who provided data via in-depth, face-to-face, unstructured interviews that were audio recorded with their permission. Transcripts were analyzed using aspects of Hycner’s method for analyzing phenomenological data (Hycner, 1985, pp. 280-294).

The phenomenological approach used in the study permitted participants to give firsthand accounts of what is like to live with Type 2 diabetes as an African immigrant adult male. Their voices were heard, which satisfy the recommendations on how information can be obtained to enhance cultural sensitivity in diabetes education as proposed by the AADE (American Association of Diabetes Education [AADE], 2007). The study was conducted in North Carolina where many African immigrants reside. Four African countries were represented among the study subjects. Findings included (a) 50% of the participants had a family history of diabetes; (b) participants had initial negative reactions at their diagnosis and perceived that having Type 2 diabetes changed their lives forever; (c) participants lacked or had little knowledge about diabetes prior to their diagnosis, but they acquired extensive knowledge afterwards; (d) participants’ struggles with dietary aspect of diabetes self-management persisted; (e) participants expressed emotional connections to their original homes and blamed coming to the United States for their Type 2 diabetes; and (f) participants offered advices to protect others.

SUMMARY OF KEY FINDINGS

Each of the men provided a brief profile of their life disclosing their demographical information, which included their age, years of living with Type 2 diabetes, marital status, level of education, occupation/profession. Participants’ ages ranged from 40 to 73 years. These men were mature and were willing to discuss how they experience Type 2 diabetes in their lives. A previous research on diabetes involving African American males included participants aged 39 to 71 years who narrated their lived experiences with Type 2 diabetes (Liburd et al., 2004). It appears that participants’ different demographics seemed not to have played a role on how they experience their diagnosis of Type 2 diabetes because all the participants shared many similar experiences.

Family History of Diabetes & Lack of or Little Knowledge about Diabetes Prior to Diagnosis:

50% of the participants disclosed that a family member (parents, siblings) had diabetes. Participants, including those who reported that a family member had diabetes, lacked or had little knowledge of this
disease prior to their own diagnosis. However, this lack of awareness changed after they were diagnosed. Participants acquired extensive knowledge about Type 2 diabetes after their diagnosis through their respective health care providers, the Internet, and by reading books from the library. All the participants attended diabetes education classes or workshops after diagnosis. Participants expressed that having Type 2 diabetes changed their lives forever and they had very strong negative reactions.

Initial Negative Reactions at the Diagnosis and Acceptance:
All the participants had initial negative reactions when they were diagnosed, which included surprise, disappointment, and hopelessness. They later accepted Type 2 diabetes as a life-altering condition and decided to manage it on a daily basis in order to survive and continue to provide for and take care of their respective families. They managed their condition with diet, exercise, and some oral antihyperglycemic agent at one time and they all monitored their blood sugar level regularly. None of the participants had used insulin. All the participants had visited their respective primary health care providers for a check-up at least once every 3 months. Their support systems, which they appreciate a great deal, consisted of their health care providers and families, and one of them specifically included a friend who was a medical doctor as part of his support system. Family members participated in their management of Type 2 diabetes by making sure that the right kinds of food were available, searching for recipes from the Internet, serving variety of foods, reminding them to monitor their blood sugar level, and, for some, exercising with them.

Persistent Struggles with Dietary Aspect of Diabetes Self-Management:
Participants struggled initially with their diabetes self-management strategies. However, the initial struggle relating to regular exercising, monitoring of blood sugar levels, and taking medication seemed to have lightened over time, but their struggle with the dietary component continued. All the participants expressed the difficulties they had in applying diabetes dietary recommendations to their preferred types of food to the extent that eating sometimes becomes an ordeal for them. As indicated by these men, the dietary guideline, sample diets/menu, and suggested food items per their diabetes education materials lacked their cultural food preferences, which continued to make eating an ordeal for them.

Emotional Connections to their Original Homes and Obligation to Protect Others:
All the participants expressed strong connections to their respective original homes with their reminiscing of their old lives. They maintained that coming to the United State caused them to develop Type 2 diabetes. Participants expressed a strong desire to get their voices heard so that others with similar backgrounds who already have Type 2 diabetes can benefit from their experiences and to protect their future generations from developing this disease. They all concluded their interview sections by offering advices focusing on creating awareness about diabetes among African immigrant communities and the need for lifestyle change as it relates to nutrition and physical activities whether one has diabetes or not.

RECOMMENDATIONS FOR FUTURE RESEARCH EXPLORATION
Uzochukwu, 2014 study by nature is preliminary and descriptive. Findings contribute to knowledge of African immigrant males and Type 2 diabetes and how they incorporate the meaning of this life-long disease into their daily activities. For the African immigrant males who participated in this study, Type 2 diabetes is a disease which challenges their cultural masculinity obligations to their families. It makes them watch what they eat all the time, they constantly worry about what this disease can do to them (complications of diabetes); it puts restrictions to what they do; despite all the above challenges, they have been doing their best to manage their Type 2 diabetes, which underscores their cultural expectations as men-fight and suppress obstacles in the way of providing for your family. Researchers need to continue to explore how African immigrant males who have Type 2 diabetes experience this disease in their lives to further gain more knowledge in order to benefit other members of this population who already have this disease as well as to help prevent those members who are at high risk from developing this disease.

Some specific questions that suggest future research exploration in the context of African immigrant males’ culture include:
- How do African immigrant males with complications of Type 2 diabetes cope with their conditions?
- Does level of education affect how African immigrant males with Type 2 diabetes manage this disease?
- Does length of stay in the United States play a role in how African immigrant males who have Type 2 diabetes manage this disease?
- Does marital status play a part in diabetes management among African immigrant males?
- How does occupation/income size influence how African immigrant males who are diagnosed with Type 2 diabetes manage this disease?
- How do African immigrant males between the ages of 21–25 years who have Type 2 diabetes mange this disease?
- This research was limited to African immigrant males living within 250 miles from Greensboro North Carolina, which makes the findings most applicable to this cohort. Future research with African immigrant males with Type 2 diabetes living in other locations in the United States is needed to explore how they experience this disease in their lives daily. Four African countries were represented in this study; country specific investigation would be a good future research idea.

IMPLICATIONS FOR SOCIAL CHANGE
Findings from Uzochukwu, 2014 study can contribute to positive social change in many ways such as:
- Contributing to existing information about the daily lived experiences of African immigrant males who have Type 2 diabetes
- Enhancing awareness and understanding of these experiences to inform program and interventions for coping with diabetes
- Members of health care team can utilize information from this study in their interactions with this population to better meet their care needs
- Knowledge gained from this study can be used to persuade policy institution towards developing diabetes guidelines and recommendations that include this population’s cultural food preferences
- Clinicians and other members of health care team can apply knowledge gained from results of this study when they advise diabetic individuals in this population on how to manage their condition
- Knowledge from this study can be applied in developing interventions that cater for African immigrants
- Specifically involving diabetic African immigrants who are equipped with their lived experiences in raising awareness about this diseases
- Awareness about the importance of healthy lifestyle changes to prevent complications among those who already have the disease and to potentially prevent those at risk from developing the disease.

CONCLUSION

Uzochukwu, 2014 study was designed to understand how African immigrant adult males who have Type 2 diabetes experience this disease in their lives. The first-hand information provided by the eight men who participated in this study led to the emergence of many details about their lack of or little awareness/knowledge of Type 2 diabetes before their diagnosis and the acquisition of extensive knowledge afterwards; their negative initial reactions when they were diagnosed and the perception that their lives have changed forever because of Type 2 diabetes; their strong emotional connections to their original homes and their perception that coming to the United States caused them to develop Type 2 diabetes; their persistent problem with the dietary aspect of their diabetes-self management because the dietary part of the diabetes education materials provided to them did not include their cultural foods which they prefer; and finally the advice they all offered as their obligation to help protect their future generations from Type 2 diabetes. Findings from this study and previous literature suggest a need for more understanding of what it means to live with Type 2 diabetes as an African immigrant male. Clinicians, public health practitioners, diabetes educators, dieticians, nutritionists and other members of the health care teams may utilize the knowledge from this study to augment their perspective of African immigrant males and Type 2 diabetes. Uzochukwu, 2014 study revealed many aspects of African immigrant life that relate to holistic management of type 2 diabetes. The areas of needs that were identified within the context of Uzochukwu, 2014 study are as follows:
- Raising awareness about Type 2 diabetes among African immigrant populations
- Extending support systems of people with type 2 diabetes among this study population to include friends and extended family members
- Including African cultural food preferences in the food items and sample menu recommendations for diabetic people
- Recognizing the life-long management of Type 2 diabetes and the emotions associated with the uncertainties of diabetes (potential complications) especially as it relates to cultural expectations of masculinity
- Protecting future generations of African immigrants by advancing knowledge of Type 2 diabetes within African immigrant populations to include prevention interventions with focus on diet and increased participation in physical activity.

These needs may appear very simple and could easily be overlooked, but meeting them will make a positive social change impact in many African immigrant populations.

I would like to extend a note of appreciation to Dr. Richard Jimenez for his guidance and input in the original study on which this article is based.

REFERENCES


Sources of Information