Attitudes to food and lifestyle choices in women with well-controlled and poorly-controlled type 2 diabetes mellitus from different ethnic groups: A pilot study.

A thesis presented in partial fulfilment of the requirements for the degree of Master of Science in Nutrition at Massey University, Auckland, New Zealand.

Lesley Sanderson

January, 2005

Abstract

Type 2 diabetes has reached epidemic proportions in New Zealand, as it has globally. There has also been a dramatic rise in numbers from different ethnic groups attending the Auckland Diabetes Centre, with interpreters in approximately 60 different languages being employed. Research indicates that good glycaemic control in people with diabetes can dramatically reduce the risk of complications. However there are many barriers to achieving this.

This thesis, by a dietitian working at the Auckland Diabetes Centre, examines the research pertaining to the ethnic groups with the highest prevalence of type 2 diabetes, these being Maori, Pacific, Chinese and Indian, along with European groups. It investigates some of the socio-cultural and psychological issues which may be barriers to lifestyle and dietary modification for optimal diabetes control. A total of 232 women attending the Auckland Diabetes Centre took part in this study, aged from 24 to 78 years, the average being 56 years. Duration of diabetes ranged from one to 44 years, with an average of seven years. A questionnaire, designed to obtain their views on diabetes, how it affects their lifestyle, and their perceptions of food and health, was completed at their followup visit. All had received dietary and lifestyle advice and questionnaire responses indicated a good dietary knowledge. It was evident from comments made that most felt the information given by the dietitian was practical, focused on normal food; it was easy to understand and gave them confidence. Most agreed that not smoking, regular meals, daily physical activity, and taking medication (if prescribed) were very important.

No statistical association was found between diabetes control and age, income, marital status, education, weight, blood pressure or lipid profile. However duration was significant, with more of those with poorly controlled diabetes likely to have diabetes longer ($p<0.001$); there was also evidence of an ethnic difference ($p=0.02$). This was to be expected given that diabetes is a progressive disease, but could indicate frustration and loss of motivation. Psychological issues were significant ($p<0.001$). The number of ethnic differences found in this study suggest that a more holistic approach and a wider knowledge of cultural and psychological issues is required in diabetes education.

Health professionals need to be cognisant of the individual's health beliefs, cultural practices, and any psychological issues, to better assist people of different ethnic groups in management of their diabetes, in order that they may live full and normal lives and avoid complications. At present only 26 (8%) practising dietitians are from minority ethnic groups and not all of these are bilingual. There are only 192 (60%) dietitians employed by District Health Boards, for a population of four million people, 115,000 of whom have diagnosed diabetes.

This pilot has identified more precisely the requirements for effective counselling.

'People would sooner die than change – and most do'
- Mark Twain

Acknowledgements

Sincere thanks to my supervisor Patsy Watson
the research participants,
my friends and family.

'Tell me and I will forget
Show me and I might remember
Involve me and I will understand.'
- Confucius

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