The ‘Without Syndrome’: A Qualitative Exploration of Diabetes in Kerala

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ABSTRACT

Introduction: Kerala society is facing double burden of diseases from non-communicable and Infectious diseases. Among the Non-Communicable Diseases, diabetes is emerging as a major health problem. The aim of this study was to understand how people cope up with diabetes and how they conduct themselves after the realization that they are diabetic ‘patients’.

Method: A qualitative study was carried out in Thiruvananthapuram and Malappuram districts of Kerala using in-depth interviews of 75 persons who ordered ‘without’ tea from tea shops and hotels. The transcripts were analyzed thematically.

Result: The respondents were highly aware of symptoms of diabetes. Many respondents felt that shifting to ‘without tea’ was causing minor irritations in the family. Sexual dysfunction and decreased libido were the serious concerns perceived by the respondents. Psychological consequences were highly salient for the respondents. Many perceived disinterest in normal life-events. Others expressed an empty feeling and disorientation. Economic burden of the disease was the major source of psychological responses. Allopathic medicines were the popular treatment strategy at the initial stage of the disease among the respondents but gradually shifting to other systems of medicines at the later stage.

Conclusion: Adequate psychological support and counseling are needed for diabetic patients to cope up with physical and psychological impact of the disease.

Key Words: Diabetes, Kerala, Qualitative study, Non Communicable Diseases


The global scenario in disease control policies is ambiguous even when there are attempts to articulate and evolve challenges to grapple with the emerging situation. The twenty grand challenges evolved by the Bill and Melinda Gates Foundation for public health need a thorough scrutiny from a number of angles. Firstly, the word grand itself could be inappropriate when referring to disease and death (generally it means majestic, impressive, inspiring etc.) and such an adjective need not have been used when it was used by the Bill and Melinda Gates Foundation for public health. It is not surprising that the grand challenges for public health being a technology driven programme to control diseases which kill millions developed into a global programme with liberal funding from the foundation. However, the claim that non-communicable diseases claim more lives than infectious diseases needs much more sound data basis than just estimates. The second issue is with regard to the goals themselves. Even admitting that grappling with the diseases under reference requires a much more technologically oriented approach compared to infectious diseases, the approach needs a thorough debate with regard to its public health logic. It appears that a dichotomous approach to disease control and an extremely technology driven framework would only indirectly help the diagnostic, pharmaceutical, food and information technology industry. What is needed in addressing public health challenges of the new millennium is an integrated vision and reiteration of the primary health care ideals in this third decade since Alma-Ata.

It is against such technological supremacy that we need to understand the current scenario at the micro levels. Societies which have been proclaimed as healthy in comparative presentations are going through several public health crises. For instance, the Kerala society which gained ‘health without wealth’ and which attracted international attention is passing through health crises. While the people face the onslaught of fevers of different kinds in epidemic
form during the monsoon season, they are also struck by a wave of non-communicable diseases. Without being ambiguous one can state that it is a strong wave which has affected the rich and the poor and swept away the economic foundation of many families. Prominent among them is diabetes once a rich man’s disease which now probably cuts across different socio-economic strata and which has to be seen from a multi-dimensional paradigm.

The studies available globally show that there is a strong association between eating out at fast food joints or quick service restaurants and its impact on health. Some of the associated health outcomes are being overweight or obese, having cardiovascular disease or diabetes, as binary health outcomes with a perceived poor health status and higher body mass index. The food culture in Kerala has changed with more people opting for eating out and take-away joints which could be one of the factors responsible for the higher prevalence of non-communicable disease and especially diabetes.

We did a qualitative exploration in order to understand how people cope up with diabetes and how they conduct themselves after the realization that they are diabetic ‘patients’. The focal point of this exploration i.e., tea shops and hotels were chosen based on observations by the authors that a substantial number of people in Kerala who visit them order tea ‘without’ sugar. It was therefore decided to focus on this group to gain an in-depth understanding of the ‘order’ using qualitative techniques. The qualitative interviews using a check-list prepared by the authors were conducted by trained investigators including the authors. We interviewed 75 persons who ordered ‘without’ tea from Thiruvananthapuram and Malappuram districts of Kerala representing different dimensions of development and access to services. Informed consent and complete confidentiality was ensured.

Consumption of ‘without’ tea

Many people reported that they felt minor irritations when they shifted to ‘without tea’ and in many homes, spouses and daughters strictly monitored the non-consumption of sugar and sweets. Asking for ‘without tea’ was initially very embarrassing for many but gradually normalized the request as the waiters themselves started asking about the type of tea. There were a few who started taking ‘without tea’ as precaution but majority of the respondents was diabetic. Although the respondents consume tea without sugar, on special occasions and festivals, they consume ice cream, sweets, sweetened juices etc. discretely without the family members knowing about it.

Awareness of symptoms

There was wide-spread awareness of symptoms among the respondents. The perception of the disease has changed from ‘sugar in the urine’ to just ‘sugar’ in the body or blood. A much more clear perception regarding the disease has emerged with people becoming aware about the disease and its impact, not just on one’s own body but even with respect to interactions with others especially the immediate family. Interviews reveal that people have taken action after experiencing multiple symptoms such as tiredness, debility, sleeplessness, increased appetite, thirst, weight-loss, numbness, joint pains etc. Only a few respondents have experienced co-incidental detection during tests or treatment for other diseases. Internet and health magazines are the main sources of information regarding various aspects of the disease.

Sexual dysfunction

Sexual dysfunction is a serious concern among many respondents. In some cases such as those under treatment for two years or more, people have expressed reduced libido. Some of these respondents are above the age of fifty. A few are worried about possible disinterest in sex and reduced libido in future. Some women also are aware of such problems among men. Some report active support of their spouses in coping with this problem and said they will try to adjust with the changed scenario. There was reluctance to talk about such issues openly and only through probing such problems were revealed.

Psychological consequences

Depression due to the disease was extremely common. Many felt that they have a disinterest in normal life-events. Some expressed an empty feeling and disorientation and reported that for them the future is uncertain and are constantly under tension and stress. Some are worried about possible future physical conditions like loss of vision, diabetic foot etc. A few respondents are unhappy about diet control and about not able to consume the food they liked most.

Peer support was found to be very common among the respondents. Many reported sharing of the problems with their friends and those with similar conditions. Respondents mentioned that such sharing always enhanced their psychological well-being and always felt re-assured.

Use of medicines and other supplements

Majority of the respondents depend on allopathic medicines initially and shift to other systems at a later stage. Some people stop treatment after a few months and depend entirely on supplements and dietary control. Use of non-allopathic medicines is very popular and is often after initiation and discontinuation of allopathic medicines. The use of non-allopathic medicines is influenced largely due to advertisements and also due to a belief in the system. Most of these are ‘ottamooli’ or single exclusive formulations.

A number of people use supplements in the form of juices and extractions of some fruits or vegetables. Bitter gourd juice is very popular followed by gooseberry juice.
(nellikka), black berry juice (njaval pazham) plantain inner stem juice (vazha pindi), cluster beans juice (cheeni avarakkayi), extract from guava leaves etc. All these juices are believed to have an effect on lowering the sugar level.

Maintaining an exercise regimen including evening walks is very common among the respondents. This included practice of yoga and meditation. A few people have turned to spiritual practices such as poojas, chanting of hymns etc.

**Economic impacts**

Most of the respondents are worried about the economic consequences of the disease. Majority of the respondents spent about one thousand rupees and a few had spent more than two thousand rupees per month. While some people are not worried about the cost of treatment and consider it negligible, there are many who thought that the disease is not only a physical burden but it is also an economic burden.

**Concluding Observations**

Kerala society often considered as healthy in quantitative and comparative terms is facing severe dichotomous health crises in the form of both non-communicable and infectious diseases of various kinds. Among the Non-Communicable Diseases, diabetes is emerging as a major health problem along with heart diseases. This is evident from a large number of people opting for tea without sugar. The qualitative interviews with such people in two districts reveal that people have a clear perception of the disease largely influenced by internet sources. The two districts with differing developmental scenario did not show any difference in terms of the responses. Psychological and physical consequences such as present and future disease outcomes were a major source of worry apart from economic burden of the disease. Concerns about sexual dysfunction and reduced libido were also issues which need attention. Evidently, much more attention is needed in evolving an appropriate counseling package suited to the Kerala context for the patients covering both physical and psychological issues including treatment and use of medicines.

**Conflict of Interest:** None declared

**References**