

SEADFCON 2017 theme “Quality diabetes care beyond socio cultural barriers”

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Diabetes is emerging as a major global problem worldwide and is reaching epidemic proportions with global prevalence of 8.3%, affecting 387 million adults and costing 612 billion dollars in health care spending in 2014.¹The IDF estimates that the prevalence of DMT2 in Nepal was 4.5% in 2012 and the predicted number of undiagnosed cases in adults was 294 per 1000 population. Relative to neighbouring countries such as Pakistan, Sri Lanka, and Bangladesh, Nepal has a higher prevalence of DMT2 and impaired glucose tolerance.²

Diabetes is a particular problem in the South Asian community, as people from this ethnic origin are four times more likely to develop the condition than other groups.³South Asian people with type 2 diabetes also have a greater risk of developing cardiovascular disease and renal problems, and a higher diabetes-related mortality rate is seen among this group than in the general population.⁴

Diabetes especially type 2 diabetes is an emerging major health care problem in Nepal, with rising prevalence and its complications especially in urban populations. Several challenges in diabetes management were identified, including high cost of treatment, limited health care facilities, and lack of disease awareness among patients.

The economic burden of diabetes is enormous. Diabetes is costly because of its chronic nature, the severity of its complications, and the modalities required to control them.⁵Consequently, people have frequent and intensive encounters with the health system such as higher use of hospital inpatient care, outpatient visits, emergency visits, and prescription drugs. Moreover, the out-of-pocket expenses associated with diabetes remain a barrier to the prevention of diabetes-related complications in Nepal.⁶

Culture is a shared and dynamic phenomenon displayed by the behaviours and attitudes of a social group, which remains difficult to interpret, but requires a good understanding by health workers.⁷It encompasses beliefs, language, social norms and values, including practices which can create a sense of social support and belonging for individuals who share the same core beliefs. These can both facilitate and impede health coping styles, access to and utilisation of healthcare services, and implementation of professional advice.⁸

Prevention or delay of diabetes in this population would improve quality of life and reduce health care costs. Identifying cultural definitions of health and diabetes is critically important to developing effective diabetes prevention programs.

We conclude that a comprehensive national effort is needed to stem the tide of the growing burden of diabetes mellitus type 2 and its complications in Nepal. The government should develop a comprehensive plan to tackle diabetes and other non-communicable diseases supported by appropriate health infrastructure and funding.

References:

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