Improving diabetes care in rural Guatemala: The impact of community-level beliefs

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Introduction

Diabetes in Guatemala is common and increasing. Disease management is particularly challenging in rural Guatemala where poverty is widespread and resources are few. The perspectives and experiences of fifteen Community Health Workers (CHWs) serving remote villages in northwest Petén, Guatemala provide valuable insight on the current state of diabetes care. This report focuses on the CHWs’ perceptions of their communities’ awareness, knowledge, and attitudes about diabetes. These insights will be used to develop targeted community education, transform CHW training and protocols, and inform portable A1c testing in the region.

Setting and Study Participants

The Programa de Salud Comunitaria is a health program serving over forty villages in remote areas of the Maya Biosphere in Petén, Guatemala. Because there is little access to health care, individual community members volunteer to be trained in a three-year program so that they can act as Community Health Workers (CHWs) and care for their neighbors and families. We interviewed fifteen CHWs for this project. Nine men and six women participated. Interviewees range in age from 22 to 45 years old, about one-third each in their 20s, 30s, and 40s. Experience as a CHW ranges from 3 to 19 years with a median of 8 years. All are Spanish fluent although several

Findings

1. The majority (11/15) of CHWs cite susto as the common explanation of why people get diabetes. (Susto is a cultural syndrome involving intense emotion after a traumatic incident or fright.)

2. We consistently heard that community members think diabetes can be cured. Among possible cures, use of plant-based remedies were most commonly reported. God, curanderos, and consumption of chicken bile were also mentioned.

3. 13 CHWs report multiple plant-based remedies that people believe are useful for diabetes treatment. Some patients are suspicious of pharmaceutical medicines because they believe them to be harmful, causing problems ranging from gastritis to blindness and death.

4. Six CHWs reported that common beliefs about diabetes do not affect their ability to deliver care and seven said it affects their work significantly. Two said it affects their work but only moderately.

5. The vast majority (13/15) of CHWs see the need for increased education in their communities, both for diabetic patients and for the community at large. Four CHWs mentioned the need for continued access to testing devices and medicines. One suggested screening campaigns in the community, and two mentioned the idea of direct economic assistance to help patients pay for medications.

Research Questions

1. Cause: According to the CHWs what do rural Guatemalans believe is the cause of diabetes?

2. Cure: According to the CHWs do community members see diabetes as an illness that can be cured? If so, how?

3. Treatment: What beliefs do CHWs encounter about treatments: standard pharmaceutical medicines for diabetes and/or the use of herbs and other traditional remedies?

4. Impact: How do commonly held beliefs about diabetes affect the CHWs’ ability to deliver care?

5. Creating change: What suggestions do CHWs have to improve the health of their communities to reduce diabetes?

Methods

After receiving training and practice in interview administration, both Spanish-fluent student researchers conducted hour-long, in-depth interviews by phone with a total of 15 CHWs. CHWs were selected on the basis of their attendance at a monthly diabetes clinic at the central facility. CHWs reported their perceptions of level of diabetes in their community, reasons for any changes in population with diabetes, and beliefs and attitudes of community members about how one contracts diabetes and whether or not it can be cured. Additionally, CHWs were asked to report on what treatment options community members are aware of and see as effective or harmful.

Conclusions

CHWs say that community members are often misinformed about diabetes in terms of its causes and treatment. Misconceptions related to conventional medications are fairly widespread and can hinder the CHWs’ ability to deliver medically appropriate care. Lack of understanding and fear make it hard to convince patients about the importance of compliance. The need for community education and interventions like screenings is urgently felt with the hope these efforts will mitigate the impact of increased diabetes incidence in this region. CHWs’ impressions of their communities form a significant element of creating change.

References
