

CUSTOMS AND BELIEFS CAN AFFECT YOUR HEALTH

CULTURAL ORIENTATION AND DIABETES SELF-CARE IN LOW-INCOME AFRICAN-AMERICANS WITH TYPE 2 DIABETES MELLITUS

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Everywhere we go, we are immersed in culture. Put simply, 'culture' is the set of beliefs and practices that are shared by a community of people. Families, communities, medical centers, and religious organizations each have their own culture. The way we think about ourselves and our health is defined, in part, by our cultural beliefs and practices. For example, healthcare providers see diabetes as a lifelong disease, which is affected by the way we eat and exercise, and whether we check blood sugar and control other risk factors such as cholesterol, blood pressure or nerve damage. These beliefs guide medical recommendations, such as decreasing dietary fat or exercising several times per week.

Unfortunately, some patients may not have this same understanding due to their own cultural beliefs. For example, what if you believe that being heavier is a sign of beauty and success rather than a risk for heart disease? What if you do not trust medical providers who do not share your cultural background? The answers to these questions may make a difference in the way you might follow doctor's orders. By studying cultural beliefs and practices, doctors and patients can better understand key differences and use culturally sensitive healthcare treatment programs.

In this study, researchers explored the relationship between African-American cultural beliefs and practices and how indi-

viduals took care of their diabetes. Ninety-four African-American men and women with type 2 diabetes were in the study and reported three elements of culture: acculturation, ethnic identity, and self-identification. Acculturation means the degree to which individuals hold traditional African-American cultural beliefs and practices. Ethnic identity refers to the importance one places on being African American. Self-identification was defined as the way that a person labels him- or herself to others. Participants also answered questions about four diabetes self-care behaviors: diet, exercise, self-monitoring of blood sugars, and medication.

The elements of culture were compared to health behaviors and average blood sugar control. Participants who reported traditional African-American beliefs and practices were less likely to follow dietary recommendations than people with less traditional beliefs. Individuals who reported greater mistrust of Whites also reported greater difficulty following dietary recommendations. Traditional African-American beliefs and practices were not related to exercise, self-monitoring of blood sugars, or taking medication as recommended by doctors. Ethnic identity and self-identification were not related to any of the health behaviors or average blood sugar control.

The authors conclude that doctors must make recommendations that fit the patients' lifestyle and should work with patients to improve trust and shared goals for diabetes care.