

The Dynamics of Diabetes Care in Africa

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Introduction

According to the International Diabetes Federation Diabetes Atlas; Diabetes Mellitus is one of the most common non-communicable diseases (N.C.D) globally.

Diabetes Mellitus is the fourth leading cause of death in most high-income countries and now there is substantial evidence showing that it is epidemic in many economically developing and newly industrialized countries in Africa and Asia.

Civilization and economic development have resulted in profound changes in African societies, which adopted western lifestyles, especially in urban centers; a direct consequence of this is the increased prevalence of risk factors associated with diabetes, obesity and other NCDs.

Africa's healthcare systems are already overburdened with communicable/infectious diseases like HIV/AIDS, tuberculosis and malaria hence non-communicable diseases such as diabetes tends to compete poorly for the already scarce resources in the continent.

It is indeed time to take the bull by the horn!

To proffer solutions unique to the African settings, a close look and assessment of the fundamental issues on ground is expedient (Figure 1).

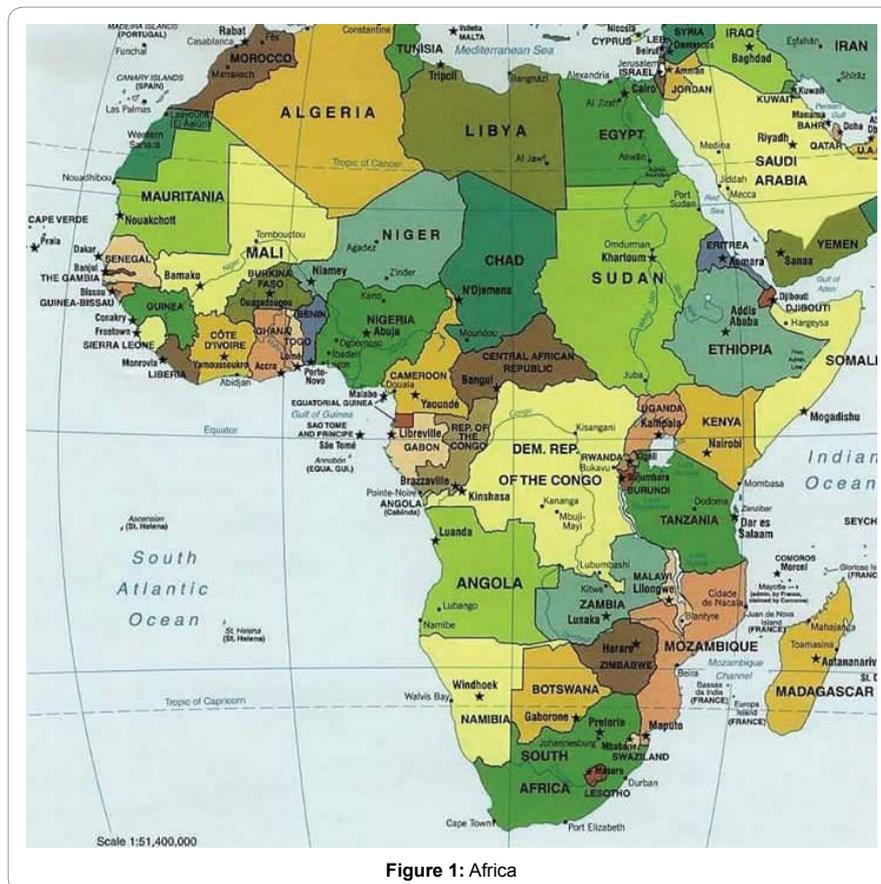


Figure 1: Africa

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Figure 2: Herbal medications for various diseases on sale in southwest Nigeria

Factors Affecting Diabetic Care and Possible Solutions

Africa is a multicultural, religious and ethnically diverse continent characterized by various factors that has slowed down the rate of health care delivery in the continent (Figure 2).

Some of the factors influencing African health care delivery that are noteworthy include:

Religious Beliefs and Practices

The central theme of African religions is the belief in divinity, in protection or cure either through prayers, spells, special objects and astro-numerical knowledge and the ability to tap into the powers. As a result, Africans especially those from rural areas, either rely solely on religious /traditional healers for their healthcare, or they combine both traditional and medical treatments.

Also, the role of religious beliefs in diabetes care and control must not be underestimated as it plays important roles in the attitude of individuals and the community to diabetes prevention and care.

Some traditional religious healers who claim that diabetes is curable have been found to be reluctant to refer clients to medical practitioners.

To ensure active community participation, community diabetology should be encouraged with individual communities coming up with interventions that will put into consideration religious beliefs peculiar to such community.

Diabetes education and enlightenment should also be integrated into all religious and traditional institutions.

Traditional religious healers need to be incorporated into the formal system of care and trained in appropriate referral to the formal health sector.

Education

According to UNESCO Africa fact sheet:

176 million Adults are unable to read to write. 47 million youth (age 15-24) are illiterates. 21 millions

adolescents are out of school and 32 million primary aged

children are not in school.

The data above is a reflection of a continent with poor education record for both the adults and the youths (future leaders). Education is paramount to information dissemination and economic growth.

To an average African, "the absence of disease is Health" as against the W.H.O definition of health which states clearly that the absence of diseases doesn't necessarily reflect a healthy state. As a result of this mindset, Africans rarely visit the hospitals for checkup nor complain until they start noticing complications; this added to the silent nature of Diabetes Mellitus results in the high complicated cases found at hospitals.

In view of this, international design of diabetes care and education should be revisited with the inclusion of more flexible and grass root friendly programs.

Culture

The African culture is varied and diverse. With the introduction of westernization, Africa's age long culture and traditions are being substituted for western styles.

This has invariably accounted for Africa's remarkable growth leading to an improvement in the living conditions of its inhabitant. However, the overall health outcome is not commensurate as some cultural perceptions still impedes healthy preventive practices in the continent e.g lack of adherence to suggested lifestyle changes like exercise and healthy diet and this is usually reinforced by cultural norms that see obesity as a sign of wealth and affluence.

Although, urbanization has to a greater extent made diabetes care progressive in Africa i.e. through the media, internet, social peer support, community based research and intervention; more still needs to be done in areas of styles, trends and culture that promotes prevention and care.

Poverty

According to a UN report: Half of the population of Africa lives below a dollar a day.

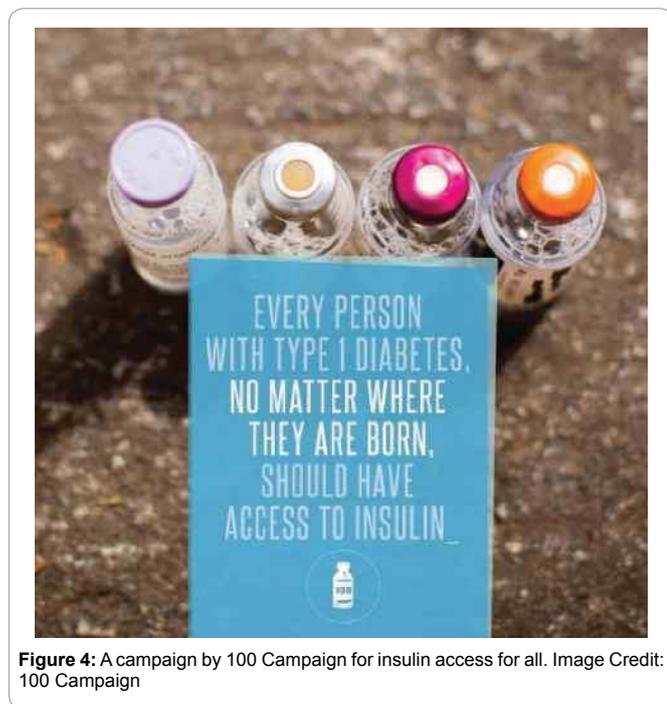
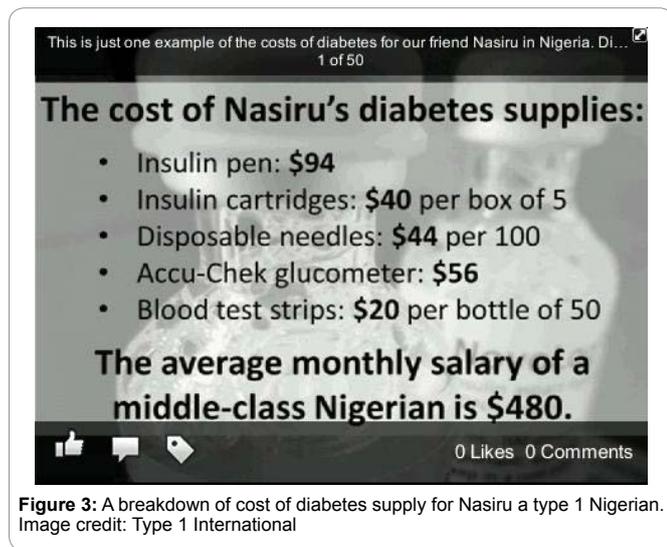
32 of the world's 38 heavily indebted poor countries are in Africa (World Bank). Slums are homes to about 72% of urban citizens.

These alarming facts reveals a continent where half of its population can't afford healthy meals and don't have access to quality health.

Economic factors and poverty are important obstacles to diabetes care - patients often have to pay for medical care through 'out of pocket' expenditure and this sometimes drives the household to abject poverty (Figure 3).

There is a need for a policy framework that incorporates prevention, empowerments of patients and caregivers, organization of care, subsidies for medicines and care, education, disease monitoring, and allocation of appropriate resources with strict monitoring.

Multilateral donors need to recognize and respond to the growing burden of NCDs, including DM, in developing countries (Figure 4).



Conclusion

In Africa, lifestyle diseases like diabetes are spreading at a rapid pace, posing major public health concerns with devastating social and economic consequences.

An effective response to the diabetes epidemic in Africa requires a complete re-organization of health systems, along with adequate diabetes awareness for teaming African population, the focus should be on primary prevention, addressing obesity through the promotion of weight loss, a healthy diet and physical activity.

Sources

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Diabetes epidemic in Africa: Now is the time to act

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