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DIABETES AND CULTURE IN THE CARIBBEAN

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Manera un clabo (without fail) my grandmother would wake me up with the great smell of plantain and *arroz moro* on the weekends. For many Caribbean families it is usual to wake up in the morning to the smells of what many others would consider lunch or dinner. Some families are used to eating deep fried breakfasts every morning like *pastechi* and *kroket*. More and more people in the Caribbean are now eating fried chicken, hamburgers and pizza for lunch or dinner at the local fast food outlet. Because *pastechi* and *kroket* are part of a traditional culture and because fast food is part of a more recent, but just as entrenched culture, most see no harm in them. The challenge of such cultural patterns, however, is in identifying those that do not benefit our health. Habits are not per se negative or unhealthy. Tradition and culture are part of us, part of our norms, values, and identities and are the explanation for many aspects of our behavior. We often fail to identify those habits that are not the best for ourselves because they simply are part of us.

The life of a diabetic is also full of routines, choices and alternatives. Diabetes is a serious disease correlated with a sedentary lifestyle and the consumption of processed foods. This disease has increasingly become a medical challenge in the Caribbean and elsewhere, as fewer and fewer people do the traditional physical labor required to produce their own food in their own gardens and fewer and fewer people consume the traditional food that they themselves produce. One is diabetic when one's body cannot produce enough insulin or cannot effectively use insulin (insulin resistance). Insulin is a hormone that regulates blood sugar in the body. Hyperglycemia, better known as raised or high blood sugar is a common effect of uncontrolled or inappropriate treatment of diabetes. Inappropriate treatment or lack of treatment of diabetes may lead to kidney failure, heart failure, blindness, amputation of limbs or nerve damage (IDF, 2015).

Most diabetics could have prevented the onset of the condition through changes in diet and more physical activity. The disease does not only affect physical health but also mental health. Just as is the case with many other diseases, diabetes changes the personal and social lives both of the persons it afflicts as well as the lives of those who surround them. Treatment of diabetes calls for drastic and challenging changes to one's lifestyle, especially in the areas of diet and physical activity.

The International Diabetes Federation (IDF, 2015) estimates that people living with diabetes will surge from 382 million to 697 million people by 2035. According to their estimation, 44.3 million people between 29 and 79 years of age suffer from diabetes in the region of North America and Caribbean, the highest level of prevalence compared with the other regions. Around the world, one in six adults has diabetes. Diabetes mellitus is a chronic disease and it is a lifelong condition. This article outlines the link between culture and tradition and the lives of diabetes patients. It explains the barriers and challenges that individuals encounter and experience as a consequence of culture. Culture has an impact on the process of distinguishing good habits from bad habits. To what extent do culture and tradition interfere in the life of a diabetic? To what extent does culture make us blind to better alternatives for our own health?

There are two different approaches to identifying social problems in the social constructivist perspective in sociology: the objective approach and the subjective approach. The objective approach focuses on causal explanations and has generally failed as a theory to explain social behavior. The subjective approach focuses more on how people understand their own behavior and the actions of others, and examines how people cope with social problems and with changing roles in cultures and subcultures (Rubington & Weinberg, 2004). This approach focuses on the process of defining a given problem and the situation that has given rise to it, on what kind of definition is formulated, on how individuals respond to complaints about that problem as well as on how others respond (Rubington & Weinberg, 2004). In the social constructivist approach, a problem may exist or not depending on whether people show interest in it or completely ignore it. A problem is socially constructed when it has been socially defined, its causes have been socially analyzed and its consequences and possible solutions have been socially determined. A phenomenon becomes a social problem when it has been defined as culturally troublesome and as in need of change.

Sociological studies in the medical sector have shown that there are many religious and spiritual beliefs that see the cause of illness as a form of punishment for or the consequences of violating moral and religious taboos. Illness can also be considered to be the result of a failure to maintain inter- or intrapersonal harmony, or in terms of a failure to conform to cultural and traditional norms. In other words, culture and tradition have a lot of influence on the health and behavior of individuals (Adejumo et al., 2015). In the Caribbean, there are belief systems that may lead to unhealthy behavior, such as the idea that a heavier physique indicates that a person is healthy and prosperous. Those who strive to conform to this norm may eat more sugar-laced processed foods and do less exercise, thus increasing their risk of becoming diabetic (Tripp-Reimer et al., 2001). Faith, healing and prayer are also factors that influence the mindset of individuals in dealing with this disease. Certain individuals believe, based upon culture and tradition, that diabetes may be a serious condition but it can be treated and cured effectively by spiritual means and by the reduction of stress (Cooper Brathwaite & Lemonde, 2015).

Noakes (2010) explains that some people in the Caribbean do not believe in the use of insulin as a treatment for diabetes, but instead prefer to leave their destiny to nature's will. In many such cases, diabetes appears to be a taboo topic that cannot be discussed openly, so that affected individuals feel that they must suffer the disease in silence.

The way individuals deal with diabetes does not only depend purely on diet and exercise, but also depends crucially on religion, tradition, economic status, influence of family members and psychological and personal factors (Tripp-Reimer et al., 2001). Carr (2012) states on the basis of her research that certain ethnic groups in the Caribbean have cultural and economic constraints that make changes in dietary habits problematic. Therefore, medical experts should not disregard cultural factors when they give medical advice. The impact of beliefs, culture and tradition is not a phenomenon that can be denied and has to be taken into account in treatment and prevention. This problem is extremely complex and differs from culture to culture and from community to community. As such it cannot be viewed only as a health problem but it must instead be approached as a global challenge that requires an understanding of the diversity of culture and beliefs regarding health and illness in the Caribbean region.

How individuals react to complaints concerning a particular problem is a focus of study in the subjective approach to sociology (Rubington & Weinberg, 2004). The process by which a given problem is defined is often not linear. It requires time and research to understand a problem within its own context. Research conducted on diabetes in Aruba suggests that there is a lack of understanding of the prevalence and seriousness of the disease in the community. Research is required to gain better insights and a deeper understanding not only of the diagnosed diabetic community, but of the community in general, in order to comprehend behaviors related to the disease more profoundly, and to remove barriers to positive behavioral change.

Up until recently, diabetes was relatively rare in the Caribbean, so that traditional culture can only be partially held responsible for its spread. Besides, being related to already existing Caribbean habits, diabetes is very closely related to new cultural patterns that have swept the region through the influence of, for example, the United States. The lifestyle marketed by the U.S. media and advertising industries has for the most part been one of overindulgence in processed foods and under-indulgence in exercise, which has replaced traditionally healthy cultural practices with dangerously unhealthy ones. U.S. based fast food and supermarket supplier chains have been allowed to dominate many Caribbean markets, resulting in increased intake of processed sugars and starches and making unhealthy foods and meals much less expensive than healthier alternatives. At the same time, automobile manufacturers have aggressively enticed the peoples of the Caribbean to avoid walking in favor of driving whenever possible. Devices have now replaced physical activity as the preferred source of recreation and entertainment throughout the region. Needless to say, this new culture has given rise to engrained habits which are difficult to change.

In Aruba, there are many initiatives to educate, inform and motivate individuals to make a change in their lifestyle in order to prevent diabetes and other diseases. These programs are aimed at influencing the way individuals think about this illness and how to deal with it. It is often assumed that lifestyle changes are only for those who have already become ill, in order to improve their health. In other words, those who do not suffer from a condition do not change their habits because they don't feel the need to do so.

Culture has a development path of its own. It is part of the people and the people keep it alive as time goes on. What can change is the way people manage culture and tradition in balance with health. Tackling the problem by attempting to directly influence behavior is less effective than exerting a positive influence on mentality and beliefs. Much of the awareness raising being done around diabetes and health in general is not reaching those on whose lives it could potentially have the most impact: younger people. Young people can be said to have created their own culture around health, illness and healthy lifestyles. The way to capture their attention is to gain a deep understanding of their views on health and then to connect with them on their own turf, through social media, etc. It seems that in some ways, younger people have more the understanding of health than other groups in Aruba. According to research conducted by STEPS Aruba (2006), people are ingesting more fruits, vegetables and less unhealthy high fat and high carbohydrate meals. This means that there has been a shift in culture.

Diabetes has affected communities in many ways which has led to the understanding that the disease is not only an individual problem, but also a social problem, which calls for solutions that lie in the areas of culture and education. To deal with this problem, people must be engaged with on their own terms in relation to whether they see it as a problem or not, how they define it, how they analyze its causes, and how they might go about solving it. To do so, it is important to understand the community, their traditions, their beliefs and their cultures, old and new, local and imported. Change in behavior is a difficult process, especially when there is a U.S. fast food outlet on every street corner and you don't have enough money to afford healthy food. For all of these reasons, diabetes prevention requires a holistic non-clinical approach prepared to tackle issues at every level and in all aspects of social life.

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