

‘Keep trying and leave the rest to Allah’

How Indonesian Muslim Adults with diabetes manage self-care

Iman Permana

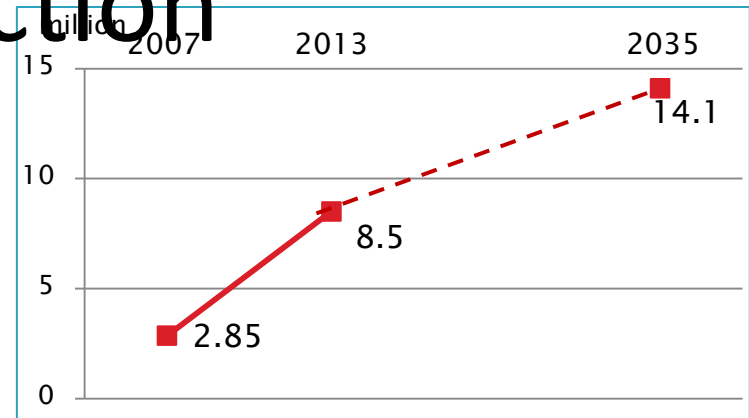
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- Introduction
 - Diabetes
 - Self-care
 - Religion
- Aim and objectives
- Methodology
- Findings
- Limitations
- Opportunities
- Conclusions/ recommendation

Introduction

- ▶ Diabetes prevalence increasing
- ▶ Complications affect QoL
- ▶ 11% global health spending on adults
- ▶ In 2013: 1 die every 6"



Indonesia Source: IDF (2013)

- ▶ Control blood sugar to prevent complications
- ▶ Lifestyle change decreasing diabetes risk and reduce long term complications (Colberg et al., 2010; DeFronzo & Abdul-Ghani, 2011; Diabetes Prevention Program Research Group, 2002)

Need to increase self-care

- ▶ Individuals active involvement in daily life activities
- ▶ Influencing factors: social/financial/cultural (including religion)

Religion in Indonesia

- ▶ Religion a major influencing factor in how to manage and deal with daily life
- ▶ The state involvement:
 - Panca Sila (5 Foundation)
 - UUD 1945 (Basic Constitution 1945)
 - UU no 20 2003 (National Education System Law)
- ▶ Six official religions: Islam, Christianity, Catholic, Buddha, Hindu, Konghucu (Confusianisme)
- ▶ Islam is held by 88% population
- ▶ Not an Islamic state

Religion and Health

- Religion and self-care among diabetes
 - Relationship with God/transcendent (*Casarez et al., 2010; Polzer & Miles, 2007; Samuel-Hodge et al., 2000*)
 - Self-management through a relationship with God - 3 typologies (Polzer and Miles 2007)
 - *self-managed* God is Background / God is Forefront
 - *not self-managed* - God is Healer
 - Religion/spirituality as coping methods (*Jones et al., 2004; Pargament et al., 2000*)
 - Social support (*Carbone et al., 2007; Popoola, 2005; Samuel-Hodge et al., 2000*)
 - Religious practices (*Casarez et al., 2010; Mardiyono et al., 2011*)

Current evidences in Indonesia

- Belief of a miracle
- Allah gives illness and cure (*Asril & Yuniarti, 2012*)
- Family member is important support (*Yuniarti et al., 2013*)
- Health promotion, Prophet's method: eating halal food, abstinence from alcohol and tobacco (*Mardiyono et al., 2011*)

Lack of evidence as to how religion or being religious influences self-care

Aim and Objectives

Aim

- To explore the influence of religiosity on self-care activity among Muslim adults with type 2 diabetes in Yogyakarta, Indonesia

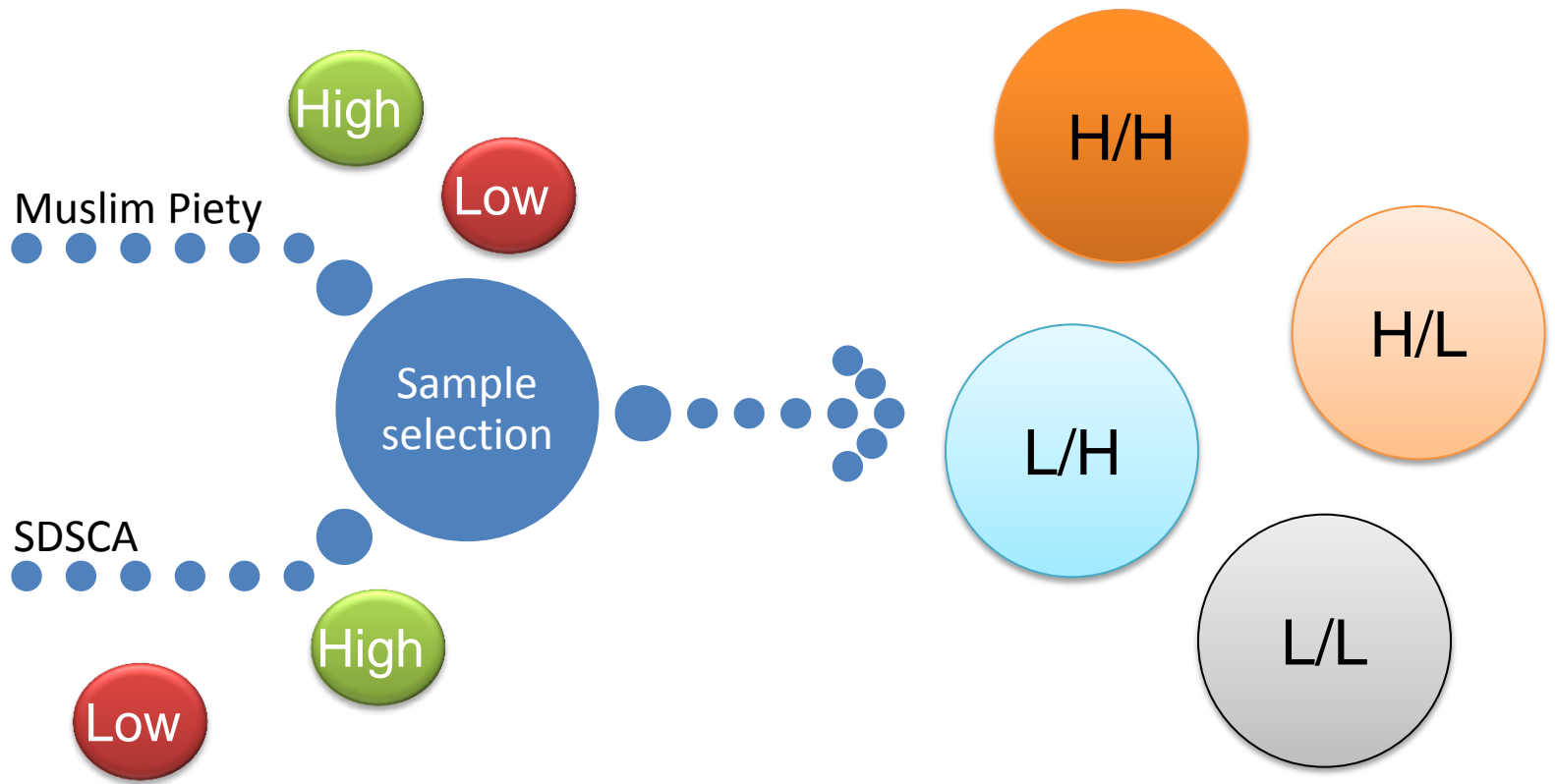
Objectives

- To determine the level of religiosity and self-care among Muslim people with diabetes
- To explore the meaning of religiosity in everyday life of diabetes self-care among Muslim people with diabetes
- To generate new knowledge of how or if religion may be utilised to influence healthy behaviour and inform self-care education programmes

Methodology

Mixed method study - Explanatory sequential design (*Creswell, 2014*)

- ▶ Questionnaires (n=100 purposive diabetes clinic sample)
 - Muslim Piety (*Hassan, 2007*)
 - 5 aspects: religious beliefs, ritualistic, devotional, experiential, and consequential
 - Scored 0 – 1, based on the teaching from Qur'an or Sunnah
 - The Summary of Diabetes Self-Care Activities (*Toobert et al., 2000*)
 - 5 aspects: diet, physical activities, medication, blood glucose, foot care
 - scored 0 – 7 based on how many days in a week performing particular activities
- ▶ Semi-structured Interviews – patient experiences of managing self-care and religion (n=24)



Sample Demographics

Questionnaires N=100
From 610 patients, 2010

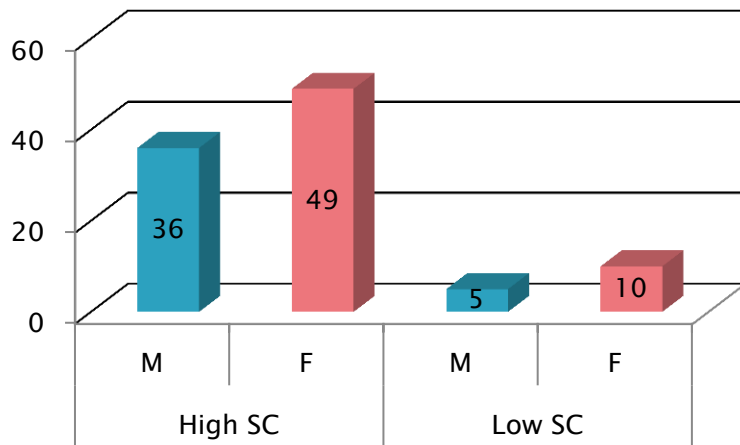
characteristic	n
Female	58
Male	42
Age 18-39	3
Age 40-59	55
Age >60	42
Low Education < degree	60
High Education > degree	40
Regular income	57
Irregular or no income	43

Interviews N=24

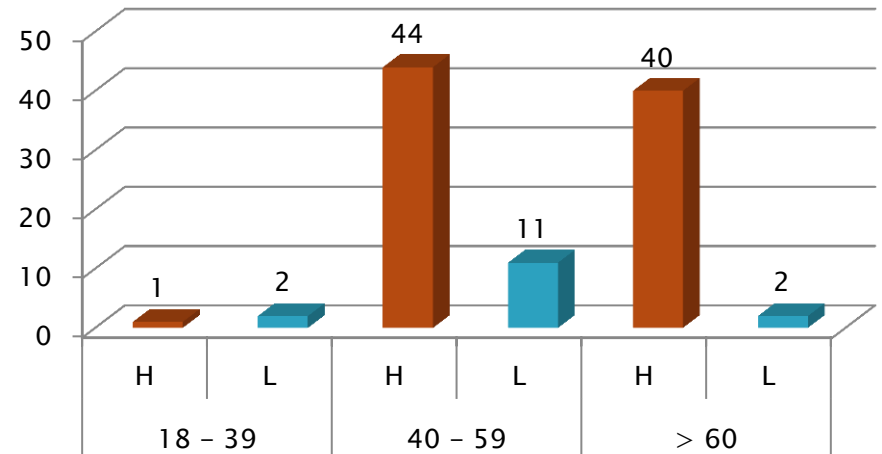
characteristic	n
Female	14
Male	10
Age 18-39	2
Age 40-59	14
Age >60	8
Low Education < degree	16
High Education > degree	8
Regular income	14
Irregular or no income	10

Self-care

Level of Self-care by Gender



level of Self-Care by Age

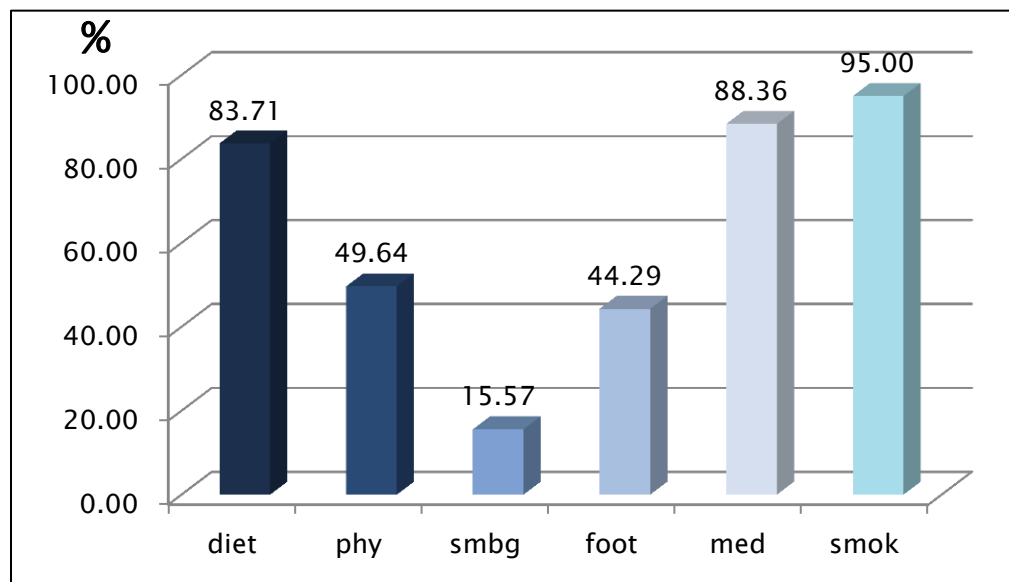


Key findings on Self-care

- No structured educational program
- Peer support → Persadia (Indonesian Diabetics Association)
 - *‘I did aerobic there, meet a lot of friends, sharing about sugar thing, informed each other on how to manage a treatment’ (Mrs U2, 56 years old).*
- Relationship with the doctors
 - The feeling of distance
 - *‘yes, he does (looks quite scary),, laugh.. i have never been done like this (touching her hand to her chest, as a gesture of examination),, usually he only took a look at me.. he usually looks at me’ (Mrs A1, 77 years old)*
 - Taken for granted

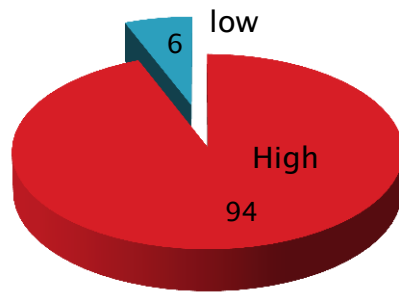
- Lack of self-monitoring blood glucose practice
- Higher level of foot care related to religious activity

- On how many of the last SEVEN DAYS did you check your feet?
- On how many of the last SEVEN DAYS did you inspect the inside of your shoes?
- On how many of the last SEVEN DAYS did you keep you wash your feet ?

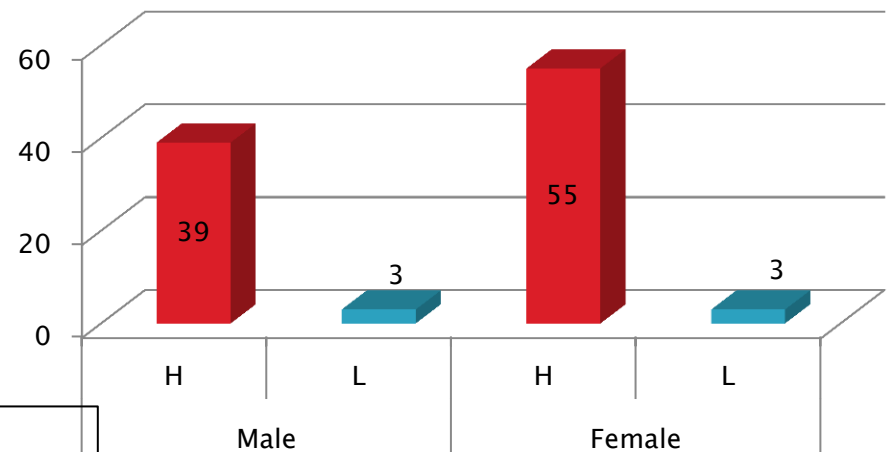


Religiosity (Muslim Piety)

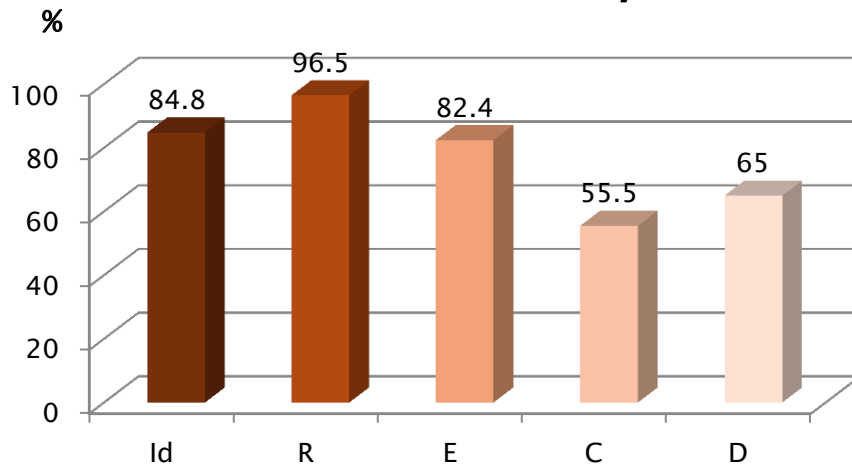
The Level of Religiosity



Level of Religiosity by Gender



The Muslim Piety



Id = ideological,
R = ritual,
E = experiential,
C = consequential,
D = devotional

Religiosity and Self-care

- ▶ Establishing faith: ‘everything is worship’
 - ▶ *‘All human activities, socially or on company’s order must consider them worship to Allah’ (Mr S32, 49 years old)*
- ▶ Establishing health through faith: ‘a Mandate to be preserved’
 - ▶ *‘It (our body) is amanah (a mandate).. laugh.. our body is a mandate from Allah for us to be preserved’ (Mrs I2, 71 years old)*
- ▶ Establishing The Responsibility: Keep trying and leave the rest to Allah
 - ▶ *‘The one that determines the end result is Allah, but human should make an effort. It is an effort. To give up is a sin, it’s been said’ (Mr S24, 48 years old).*



Tawakkal

Relationship and responsibility with God (Polzer & Miles, 2007)



- No clear dichotomies between typologies
- Across 2 typologies
 - The main role of Allah
 - Our own effort as human being
 - Surrendering after the effort
- The influence of Javanese culture
 - Take it for granted

'basically, according to Javanese way, everything we do we should do

Limitations

- No self-efficacy and God locus of control
- No perspectives from the Muslim cleric

Opportunities

- Education program with embedding the religious beliefs and activities
 - Beliefs that our body is a mandate
 - Our effort is still important
 - Foot care as a part of religious activity
- Collaborative work with Muslim cleric

Conclusion/Recommendations

- The concept of self-care has not been fully understood
- Religiosity is important part in managing the illness
- Need to put effort despite Allah's decision, a concept of Tawakkal
- To do a structured educational training embedded with religiosity aspects