POSTER ABSTRACT

Qualitative inquiry into the experiences of diabetes management among low-income women in Singapore

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Background: Diabetes epidemic is increasing, globally and in Asia. Singapore has the second highest prevalence of diabetes among developed nations, projected to rise due to population ageing and rising obesity. Diabetes complications and altered health practices exacerbate the vulnerability of older women in low-income populations. The buzz about the war on diabetes in Singapore reifies the ethnic stratification wherein voices of women from disadvantaged socioeconomic background have yet to be fully explored.

Aims: This study seeks to explore the experiences and complexities of diabetes management among low-income women in Singapore.

Methods: In-depth interviews were conducted with 22 low- and middle-income women diagnosed with Type 2 diabetes. Purposive sampling strategy was adopted. Interviews were conducted in English and Malay and coded using QSR Nvivo12 software. Analysis was done deductively by adapting a conceptual framework based on Bourdieu’s theory of social practice while inductively, emergent themes inform a fuller analysis of the results.

Results: Findings suggest that participants’ accounts of ill-health are contextualized by the access to healthcare and stress arising from power struggles that are gendered and class-based. Medication adherence is a prominent cited factor to keep diabetes under control, however, the experiences of diabetes management vary with the accumulation of capital and the doing of gender roles. Main coping strategies are mapped onto the tactical approaches framework: 1) concealment of illness symptoms and diabetes management, 2) mobilizing cooperation to support adherence to diabetic care, 3) repositioning to negotiate tensions that accompanied illness and routine care, and 4) pushing back to reinstate autonomy and seek complementary alternatives.

Conclusion: The complexities of diabetes management manifest in the coping strategies are founded on structural factors e.g. financial resources, cultural capital, social support and gender roles. These factors may be considered in the efforts to facilitate effective diabetes management through both institutionalized diabetic care and self-management practices.

Keywords: diabetes; diabetes management; women; low income; qualitative research