



New Trends and Issues Proceedings on Humanities and Social Sciences



Volume 4, Issue 10, (2017) 468-473

www.prosoc.eu

ISSN 2547-8818

Selected Paper of 6th World Conference on Business, Economics and Management (BEM-2017)

04-06 May 2017, Acapulco Hotel and Resort Convention Center, North Cyprus

Imperative in lifestyle modification: The case of diabetic

Tolulope Kayode-Adedeji ^{a*}, Department of Mass Communication, Covenant University, Ota, Ogun State, Nigeria

Olusola Oyero ^b, Department of Mass Communication, Covenant University, Ota, Ogun State, Nigeria

Stella Aririguzoh ^c, Department of Mass Communication, Covenant University, Ota, Ogun State, Nigeria

Suggested Citation:

Kayode-Adedeji, T., Oyero, O. & Aririguzoh, S. (2017). Imperative in lifestyle modification: The case of diabetic. *New Trends and Issues Proceedings on Humanities and Social Sciences*. [Online]. 4(10), 468–473. Available from: www.prosoc.eu

Selection and peer review under responsibility of Prof. Dr. Çetin Bektaş, Gaziosmanpasa University, Turkey

©2017 SciencePark Research, Organization & Counseling. All rights reserved.

Abstract

This study examined the awareness trend of diabetes and its associated lifestyle against the backdrop of increase in the rate of the disease. The rate of increase in diabetes in Africa is predicted to witness a rise from 10 to 20 m by 2015. Using the survey method, 50 respondents were interrogated. The study reveals that there is need for awareness on diabetes and healthy lifestyle. Asides promoting communication campaign through edutainment programmes on the mass media, this study suggests other ways of communicating with the public to provide the knowledge needed in order to reduce the outbreak of diabetes in Nigeria.

Keywords: Diabetes, lifestyle, well-being, health, and nutrition.

* ADDRESS FOR CORRESPONDENCE: **Tolulope Kayode-Adedeji**, Department of Mass Communication, Covenant University, Ota, Ogun State, Nigeria.

E-mail address: tolulopekayodeadedeji@gmail.com / Tel.: +234 903 355 0046.

1. Introduction

Good health is an essential aspect of man as good health is necessary for the wellbeing of man to effectively function and perform daily activities. Therefore World Health Organization (WHO, 2007) defines Health as the ‘state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (p. 1). This basic fact about what health means practically is not far from the truth on human conditions and the search for total wellness of man. This fact about health is also the reason Nordenfelt (2007), further explains that

To establish that a person is healthy does not just entail some objective inspection and measurement. It presupposes also an evaluation of the general state of the person. A statement that he or she is healthy does not merely imply certain scientific facts regarding the person’s body or mind but implies also a (positive) evaluation of the person’s bodily and mental state (p. 1).

According to Czeresnia (1999), ‘Health does not translate into scientific concept’. Health may be defined as the ‘state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized’ (p. 703).

Health is also a significant aspect of any society, because it is one of the determinants in achieving a nation’s development. According to United Nations, in the Millennium Development Goal report 2015, one of the focus of the goal in achieving the fight against poverty which includes, improving maternal health, Combat HIV/AIDS, malaria and other diseases and to ensure environmental sustainability. This focus means that health care and well-being is a significant aspect in every country. The National Institute of Diabetes (2016) affirms that proper nutrition and physical activity in reducing rates of disease and death are important.

While most medical practitioners and professional in medical field believe strongly that more need to be done in terms of research to provide medications that will provide lasting solutions to this health problems, Hyman, Ornish and Roizen (2009) stress the need for a better culture of human lifestyle ‘caused by lifestyle and environmental factors—namely our diet, sedentary lifestyle, smoking, chronic stress, and environmental toxins’ (Hyman et al., 2009, p. 12). There are proofs that eating healthy is directly related to good health especially by different health organisations such as the National Centre for Chronic Disease Prevention and Health Promotion and National Institute of diabetes and digestive and kidney disease through research.

This paper while analysing the increasing challenges of diabetes in Nigeria takes a look at the situation of diabetes in Nigeria and to determine the causes of diabetes in relations to people’s lifestyle. The study further through survey seeks the response of patients, medical attendants, and health specialist on the major environmental causes of diabetes in relations to the lifestyle of Nigerians to determine if the lifestyle is the major causing factor of the increased rate of diabetes patients in Nigeria.

2. Diabetes and Lifestyle

Diabetes is a ‘chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys, and nerves’ (WHO, 2007, p. 1). It is said to occur when a person does not produce enough insulin. These forms of excess sugar is said to cause the disease. Diabetes can also be caused as a result of frequent intake of sugar-sweetened beverages such as sweet tea, energy drinks, fruit bunch, regular soda and sugary drinks. These consumables can raise the blood glucose and increase calories in the body leading to diabetes. Willett et al. (n.d.) stress that

In recent years, researchers have recognized the insulin resistance syndrome (also known as the metabolic syndrome) as a common contributing factor to the development of diabetes,

CAD, and some cancers. The syndrome is characterized by increased waist circumference, low high-density lipoprotein cholesterol, high levels of triglycerides, hypertension, and glucose intolerance. The most direct causes are overweight and inactivity, but dietary factors contribute (p. 834).

A patient in this state is therefore at risk of having high blood pressure, which could lead to heart attack. Also this could further lead to high blood glucose damages nerves and blood vessels, leading to complications such as heart disease, stroke, kidney disease, blindness, dental disease and amputations. Other complications of diabetes may include increased susceptibility to other diseases, loss of mobility with aging, depression and pregnancy problems.

Azevedo and Alla (2008) believes ‘as new lifestyles, imported dietary practices, and globalization take roots in the developing world, as Africa is, today, diabetes and its complications are considered an epidemic in Africa, compelling African governments to start paying more attention to its impact as thousands of Africans run the risk of dying young’ (p. 8).

Health organisations such as UNICEF, WHO and other NGOs, International Journal of Diabetes, in developing countries continue to seek diverse ways to curb the problem of diabetes increase in Nigeria and other sub-Sahara countries. For the Nigerian government, on November 14, 2015 which is set aside as world diabetes day, this year marks the 2009–2013 campaign on the theme ‘Diabetes education and prevention’ with the campaign slogan: Diabetes: Protect our future. Another initiative was launched titled: ‘Stop Diabetes Initiative’ by the Minister of Health, Professor Onyebuchi Chukwu.

The initiative aims to ‘bring different stakeholders together to halt the increasing prevalence of diabetes in Nigeria. The initiative will effectively and efficiently implement activities for the prevention and control of diabetes as stated in the National Policy and Strategic plan of action for the prevention and control of non-communicable diseases (NCDs)’ (WHO, 2007, p. 5).

The minister of health made the commitment to fight against NCDs by ‘meet the challenge that NCDs pose to our health, our livelihood and our progress, by encouraging industry to add vitamins and micronutrients into foods’ (International Diabetes Federation, 2009, p. 2).

3. Methodology

To fully understand the situations surrounding the problem of diabetes in Nigeria as it relates to lifestyle and awareness of Nigerian of the disease, the survey method was appropriate in carrying out the research. Health specialists and the public were randomly interviewed on the problem of diabetes in Nigeria and three levels of awareness of the disease. About three hospitals were randomly selected in Lagos state. 50 copies of questionnaires were administered to nurses and health specialists in these hospitals to determine the raising problems. The other 50 questionnaires were administered to the general public to further check the level of the public’s awareness of diabetes in Nigeria.

4. Findings

The research revealed that the awareness of the danger posed by diabetes is not generally created in the environment. This is because data reveal that many people are not conscious of how diabetes could be prevented. However, it was observed that people are aware of the concept and its meaning, but limited in their information of the serious danger posed by the disease.

On the other hand, most respondents think that the issue of diabetes is more hereditary and really has no form of connection with the lifestyle of people. Consequently, it becomes unnecessary for majority of the respondents to believe that unhealthy lifestyle can result in a person being diabetes.

Despite this, respondents stress the need for NGOs, government, medical practitioners and media establishments to create an environment where informative will be provided to create awareness of

the danger, and increase of the disease and the need for people to live a healthy lifestyle in order to reduce the risk of diabetes in Nigeria.

5. Discussion

From the interview, it was discovered that the number of people affected by diabetes in Nigeria has increased but not to a very high rate. It was further observed by the health specialist that although a majority of the patients have heard about the diseases they do not have sufficient and detailed information on the diabetes in Nigeria. According to one of the specialists 'Diabetes is there in the system, but the public, like the ordinary man on the street does not have a deep knowledge of the possible causes and how they can prevent it, or let's say reduce the level of sugar intake'. Furthermore, the interview reveals that most Nigerians still have the habit of not checking their health conditions on a regular basis.

They do not see the need to come frequently to the hospital to check their sugar level, blood pressure and so on. Nigerians need to start getting used to this culture. They only visit the hospital when a problem occurs concerning their health.

From the survey, results revealed that respondents are aware of the existence and presence of diabetes but do not have in-depth knowledge about the disease. The lack of knowledge especially from the survey shows that respondents lack the knowledge of how their lifestyle could put people at risk of having diabetes. Respondents generally are of the opinion that the frequent intake of sugar is the only way diabetes can be caused.

Furthermore, more than half of the respondents do not understand or know the relationship that exists between the lifestyle of man and diabetes. On the other hand, the result reveals that more than 90% of the respondents believe that many Nigerians rarely have a healthy lifestyle. Although there is no clear evidence that unhealthy lifestyle directly result in the increase in diabetes in Nigeria, medical practitioners believe strongly that having a healthy lifestyle could solve most of the health problems easily encountered by man on of which is diabetes.

6. Challenges and Solutions

Hawk (2013) believes 'most of these NCDs in which diabetes is one of them are caused as a result of unhealthy eating patterns' (p. 1). Patterns of eating have also changed, with an increase in snacking, skipping meals, eating meals out of a family setting and eating out of the home.

To further verify the claim stated above, research has been carried out by several health organisations especially those concerned with diabetes issues. According to a research carried out by Hu (2011), with the support of the American Diabetes Association which includes Epidemiologic studies and randomised clinical trials, reveals 'type 2 diabetes is largely preventable through diet and lifestyle modifications' (p. 1249).

Hu (2011) further stresses 'translating these findings into practise require fundamental changes in public policies, the food and built environments, and health systems' (p. 1249). To curb the escalating diabetes epidemic, primary prevention through promotion of a healthy diet and lifestyle should be a global public policy priority. It has been discovered that the quality of fats and carbohydrates play an important role in the development of diabetes, and it is therefore necessary for some basic changes in our lifestyle as Nigerians. According to Jamison, Feachem and Makgoba (2006)

Key lifestyle risk factors included a poor diet, alcohol consumption, tobacco use, and lack of physical exercise. Concurrently, these organizations have proposed dietary and other lifestyle medications to the general public, and in some cases to subgroups of the population at high risk, to lower their risk of chronic diseases such as cancer, coronary heart disease, non-insulin dependent diabetes, hypertension, and obesity, among others (p. 180).

Presently, I have been noted that as a result of globalisation which has encouraged in influx of manufacture products from across the borders, it is necessary to critically check and certify the contents of this food been imported into the country. Policies should be made to ensure that processed food contains the required nutrients.

It is also important to educate the young generation to imbibe the culture of eating healthy especially with the growing culture of modernisation that seem to encourage the habit of consuming drinks and alcohol and also eating out. While noting that ‘the main risks driving prevalence of diabetes upwards are related to poor diet, lack of physical activity and obesity’, Halpin, Morales-Suárez-Varela and Martin-Moreno (2010) believe that ‘The westernization of lifestyles and increased urbanization originating in industrialized nations has spread’ (p. 2). Children should therefore be encouraged by their family to cook fresh made meals at home properly. This will go a long way in changing our orientation about food and also educate people on their diets and the importance of eating healthy.

7. Recommendations and Conclusion

It can be observed from this research that since our lifestyle could be a contributing factor to diabetes, it is essential for proper information with the public to reduce the risk of diabetes in Nigeria. It is well established from the research that majority of Nigerian do not live a healthy life style. There is therefore need to educate Nigerians through effective communication. These various ways are stated below.

1. As already stated by Agu, Agu, Nnaji and Ugochukwu (2014), the problem of diabetes is mostly noticeable at old age. This is why it is important for this education to start from the younger generation. According to Mesch (n.d.), the technological deterministic view presents the Internet as an innovative force that has profound influence on children and youth; technology generates new patterns of expression, communication, and motivation as avid users. They therefore use a lot of gadgets for surfing the Internet, accessing social network sites, gaming and the likes. Presently, there are applications that help motivate people to stay healthy. Some of them are fitnet, argus, swortkit and MapMyFitness. These applications can be introduced to these gadgets by the sellers. This will ensure easy access to the public. Once readily installed on the gadgets before distribution to the customers, young people can have access and begin to understand the importance to stay healthy.
2. Jamison et al. (2006, p. 180) suggest that ‘one major focus should be the use of group’s activities is the use of mass media, particularly in the form of a series of short or long television programs intended to inform the public about self-help steps to improve their own health’. Also Halpin et al. (2010, p. 2) believe that ‘In light of the increasing prevalence of diabetes mellitus in both developed and developing countries, it is particularly relevant to explore the kinds of communicative challenges that can emerge in culture and language discordant consultations and potentially impact on the management of this chronic illness’.
3. A healthy lifestyle could reduce the risk of diabetes. Medical practitioners can engage in organising seminars and workshops to serve as a platform in educating the public about the risk of the disease.
4. Edutainment programmes have been a powerful tool that has proven to affect change especially in health issues. Short edutainment programme can be used to educated people about the disease and the need to live a healthy lifestyle.
5. Local government and village heads such as chiefs have been known to have great influence on the people in their community. They can also be used as a medium of communication to educate people on diabetes.

Acknowledgment

This conference paper was funded by the Covenant University Centre for research and development.

References

- Agu, U., Agu, M., Nnaji, G. & Ugochukwu, D. (2014). Socio-demographic determinants of the knowledge of diabetes mellitus in Onitsha-North Local Government Area, Anambra State, Nigeria. *Orient Journal of Medicine*, 26(1–2).
- Azevedo, M. & Alla, S. (2008). *Diabetes in sub-Saharan Africa: Kenya, Mali, Mozambique, Nigeria, South Africa and Zambia*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2822152/>
- Czeresnia, D. (1999) The concept of health and the difference between prevention and promotion. *Cadernos de saúde pública*, 15, 701–709.
- Halpin, H. A., Morales-Suárez-Varela, M. M. & Martin-Moreno, J. M. (2010). Chronic disease prevention and the New Public Health. *Public Health Reviews*, 32, 120–154.
- Hawk, C. (2013). *Promoting health diet through nutrition education and changes in the food environment: an international review of actions and their effectiveness*. Rome, Italy: Nutrition Education and Consumer Awareness Group, Food and Agriculture Organization of the United Nations. Retrieved from www.fao.org/ag/humannutrition/nutritioneducation/697
- Hu, F. (2011). Globalization of diabetes the role of diet, lifestyle, and genes American Diabetes Association. *Diabetes Care Journal*, 34(6), 1249–1257.
- Hyman, B., Ornish, D. & Roizen, M. (2009). Treating the causes of disease. *Perspective on Healthcare Reforms*, 15(6), 12–14. Retrieved from <https://drhyman.com/downloads/Lifestyle-Medicine.pdf>
- International Diabetes Federation. (2009). *International diabetes day*. Retrieved from <https://ncdalliance.org/sites/default/files/rfiles/NCDA%20Summary%20of%20Commitments%20at%20and%20Post%20Summit.pdf>
- Jamison, D., Feachem, R. G. & Makgoba, M. W. (2006). *The international bank for reconstruction and development*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK2290/>
- Mesch, G. (n.d.). *The Internet and youth culture*. Retrieved from <http://iasc-culture.org/THR/archives/YouthCulture/Mesch.pdf>
- National Institute of Diabetes. (2016). *Causes of diabetes 2014*. Retrieved from <http://www.niddk.nih.gov/health-information/health-topics/Diabetes/causes-diabetes/Pages/index.aspx>
- Nordenfelt, L. (2007). *Understanding the concept of health*. Retrieved from <http://www.fil.lu.se/hommageawlodek/site/papper/NordenfeltLennart.pdf>
- Willett, W., Koplan, J., Nugent, R., Dusenbury, C., Puska, P. & Gaziano, T. (n.d.). *Prevention of chronic disease by means of diet and lifestyle changes*. Retrieved from <http://www.dcp-3.org/sites/default/files/dcp2/DCP44.pdf>
- World Health Organization. (2007). Horn of Africa: emergency-affected countries 2007 (Communicable disease epidemiological profile). Retrieved from <http://www.who.int/diseasecontrol/emergencies/toolkits/Hoa2.pdf>