# Abstract

**Background**

Diabetes mellitus is one of the most occurring chronic diseases. The disease occurs more in Hindustanis than in other population groups. After diabetes type 1 or diabetes type 2 is identified, the treatment starts. De treatment exists of nutrition and physical exercise suggestions and medication. Severe complications can arise in diabetic patients after a period of time. If a patient learns how to deal with the disease, they are able to manage the disease themselves. For this self management however knowledge is needed. Even though various initiatives are taken, there is difficulty in the education of Hindustani diabetes patients. This is because of differences in culture and visions between patient and professionals and communication problems. To bridge these problems, culture sensitive material has been developed. This material consists of brochures made for the Hindustani diabetic patients. However this material does not take into account the applicableness of the information into the Hindustanis lifestyle and/or daily lives and is often unattractively made. For low educated patients it is therefore difficult to incorporate the nutrition and physical exercise advices in their lives.

**Purpose**

The purpose of this qualitative research is to describe the experiences of low educated Hindustanis with culture sensitive diabetes care in Amsterdam and Rotterdam and to describe how the culture specific material needs to be adjusted.

**Methods**

A literature study has been done to get a general impression. Semi structured interviews have been taken with six Hindustani patients, from which three live in Amsterdam and three in Rotterdam. Further interviews are taken with two general practitioners, two nurse practitioners and two dieticians. They differed in ethnical background. Next the data was analysed and processed into results.

**Results**

Various professionals provide the patients with information verbally or give brochures to patients. The patients also use the internet to find complementary information. Except of general material there also is culture specific material available for the Hindustanis. However not all patients know about the existence of this material. And when the patients do know,

they show little interest. That is because the advices are difficult to apply for the patients, as the naming and terms of nutrition products and recipes that are used are not familiar to the low educated Hindustanis.

Hindustani diabetic patients give their own motives for following the advices or not and give different explanations for getting the disease. From these explanations it occurs that the metabolic knowledge (about the workings of the body) is low by low educated Hindustani diabetic patients. The professionals however are occupied mainly with this metabolic activity of the body and this knowledge seems to be far too specialised for the patients. The patients define diabetes with the lifestyle rules that have to be applied. To explain getting the disease they use narrative reconstruction. They link the disease of nowadays with the happenings and problems from their past. Religion is also connected with the occurrence of the disease.

The professionals, on the one hand, have the opinion that they adjust the information to the culture of the patients. The patients, on the other hand, do not experience it like that, because in their opinion the professionals do not listen. To convey knowledge however it is important for the professionals to listen. The patients seem to make choices between applying of not applying the advices in their lives.

The patients try to maintain their culture as much as possible and the advices they receive do not always go along with the nutrition and exercise habits of the culture. They also do not want to create a negative image of themselves as a diabetic patient in the rest of the community. Therefore it seems difficult for the patients to incorporate the advices, that the professionals provide about metabolic control of the disease, into their daily lives.

**Conclusion**

The Hindustani patients in Amsterdam and Rotterdam give the disease a place in their lives by applying narrative reconstruction. In that way they give explanations for getting the disease. It seems to be difficult for them to incorporate the advices that they received within their lives, because the advices are not applicable. Hence they make choices between the advices by deciding themselves what is important to them. The embellishments of the culture specific material needs to be adjusted, as well as the content that has to take into account the culture of the patient and the terms en namings of nutrition that is known in the culture of the patient.