Knowledge, Attitudes, Beliefs, and Behaviors of Diabetes Among Afro-Caribbeans Living Near Brooklyn
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Abstract

Literature has found Afro-Caribbeans with diabetes have a negative perception of medical professionals. Using a cross-sectional design, Afro-Caribbeans with type 2 diabetes were recruited across 7 churches to determine whether shared knowledge and beliefs about diabetes screening and complications exist and whether they would attend a workshop at their church.

Relevant Literature

This quantitative study used the social ecological model (SEM) and cultural consensus model (CCM) as frameworks to address the research questions posed. The SEM provides information on the social influences on health behaviors and the multiple levels of influence, which include individual, community, and social context factors. The CCM is a set of analytical techniques and models used for shared information pooling among informants. The model was used in this study to provide a quantitative analysis and provide objective ways to find answers to questions about culture among Afro-Caribbeans.

Procedures

From January 2014 through April 2014, 67 informed consent forms, including an explanation of the study with participant criteria, and KABB questionnaires were distributed via face-to-face meetings at churches in NYC and Long Island. A 114-item questionnaire, adapted from reliable and validated national health surveys, was administered to participants aged 35 to 90 to collect demographic, health, and cultural belief information. This study used trusted church leaders (pastors) to gain access to participants. Data was collected during Sunday morning services or mailed to my home address.

Data Analysis

Data were analyzed using ANTHROPAC 4.98 and SPSS 21. A total of 39 participants returned completed questionnaires, resulting in a response rate of 58%. The sample size of 39 was reduced to 28 to include participants that met study criteria. A cultural consensus analysis of the 28 eligible participants was used to infer trustworthy answers to cultural questions. Descriptive statistics and binomial test procedures were used to describe the sample and distinguish a cultural preference among participants from chance.

Findings

Participants demonstrated an above-average knowledge of type 2 diabetes as a result of the cultural consensus analysis with a level of agreement of .52 (± .192 SD). The lack of knowledge and negative childhood experiences were not the main reasons for not being screened for type 2 diabetes. Statistically significant relationships existed between four of the five KABB areas and participants that developed complications from type 2 diabetes. A binomial test indicated that the proportion of “yes” responses (.85) to attending a diabetes class or workshop if offered at their church was higher than the expected .50; p = .000 (2-tailed); 95% CI [.66-.96].

Social Change Implications

Findings promote social change by educating Afro-Caribbeans about diabetes, and by facilitating partnerships between churches and doctors. Future community-based research with churches could help to improve glycemic control and delay the onset of type 2 diabetes.