Rural people living with type 2 diabetes: a qualitative inquiry

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Study rationale: The objective of the study was to explore if and how rural culture influences type 2 diabetes management and to better understand the social processes that rural people construct in coping with diabetes and its complications. In particular, the study aimed to analyse the interface and interactions between rural people with type 2 diabetes and the Australian health care system.

Theoretical framework and methods: The research applied constructivist grounded theory methods within an interpretive interactionist framework. Data from 39 semi-structured interviews with rural and urban people with type 2 diabetes plus a mix of rural health care providers were analysed to develop a theoretical understanding of the social processes that define diabetes management in that context.

Results: The analysis suggests that although type 2 diabetes imposes limitations that require adjustment and adaptation, these processes are actively negotiated by rural people within the environmental context to fit the salient social understandings of autonomy and self-reliance. Thus people normalised self-reliant diabetes management behaviours because this was congruent with the rural culture. Factors that informed the actions of normalisation were the relationships between participants and health care professions, support and access to individual resources.

Conclusions: The findings point to ways in which rural self-reliance is conceived as the primary strategy of diabetic management. People face the paradox of engaging with a health care system that at the same time maximises individual responsibility for health and minimises the social support by which individuals manage the condition. The emphasis on self-reliance gives some legitimacy to a lack of prevention and chronic care services.

Success of diabetic management behaviours is contingent on relative resources. Where there is good primary care a number of downstream effects develop, including a sense of empowerment to manage difficult rural environmental
circumstances. This has particular bearing on health outcomes for people with fewer resources.