

The Sugar Disease Narrative: Local Explanations of Diabetes Aetiology and Their Influence on Diet Compliance in Bayelsa State

Major Iteimowei

Department of Sociology and Anthropology,
Niger Delta University, Bayelsa State

Email: drmajor2014@gmail.com; Phone: +2348037240840

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Abstract

Diabetes mellitus, sometimes called “sugar disease”, has grown into a major public health problem in Nigeria, especially in places where people’s cultural ideas about illness shape how they think about disease and what they do for treatment. This study basically described how diabetes is explained and how these explanations relate to diet compliance among residents of Bayelsa State, Nigeria. In particular, the study focused on local understandings of the aetiology and nature of diabetes, and explored the ways in which local understandings of diabetes impact upon the perception of medical advice and diet adherence, as well as the difficulties encountered by diabetes patients as they juggle local dietary practices and medical advice. The Health Belief Model (HBM) was used as the guiding theoretical framework. In terms of design, the study used a descriptive survey approach. The study population involved diabetes patients, diabetes care takers, healthcare workers, nutritionists, traditional healers, and community elders in the area. A total sample size of 400 respondents was arrived at using Taro Yamane’s formula. A multi-stage sampling process that basically used random, cluster, systematic and purposive sampling was also taken to select Oporoma, Peremabiri, Aleibiri, Eniwari, Kaiama and Okoloba communities. Structured questionnaires were employed to collect primary data, while descriptive statistics such as frequencies, percentages, mean scores, as well as tables and charts were used to analysed the data. The findings suggested that diabetes is strongly influenced by cultural beliefs. This is because many respondents linked diabetes to too much sugar intake, spiritual attacks, and hereditary causes. The study further showed that the traditional explanation of diabetes has a meaningful effect on how patients view medical guidance and whether they stick with dietetic practices. In fact, some patients chose herbal, spiritual remedies over hospital-based care. The study highlighted the need for increased public health education, culturally appropriate health interventions, and cost-effective dietary support programs to help patients manage their diabetes and adhere to dietary guidelines.

Introduction

Diabetes mellitus has become one of the major non-communicable diseases that poses a threat to the public health system around the world, especially in developing parts of the world where cultural values related to disease strongly affect health-seeking attitudes and adherence to treatment. In African countries, diabetes is not only a biomedical disease but a socially and culturally constructed disease. The International Diabetes Federation estimated that in 2021, there were around 24 million adults with diabetes in Africa, and that this could reach up to 55 million by 2045 if this trend continues (IDF, 2021). Nearly 54% of diabetes cases are not diagnosed in Sub-Saharan Africa, contributing to one of the highest rates in the world, where the lack of diagnosis puts people at higher risk of having complications and dying from diabetes (WHO, 2022). In many African societies, the term diabetes is used in vernacular terms like

“sugar disease”, “sweet blood” or “disease of wealth”, which may influence community perceptions of the causes and management of the disease (Aikins, 2005).

In several ethnic groups of Ghana, Kenya, Cameroon and South Africa, the following factors have been attributed with an increased tendency to diabetes: excess of sugary foods alone, spiritual attack, hereditary cursing, stress, witchcraft and violations of cultural norms (Mendenhall et al., 2012; de-Graft Aikins, 2004). These explanatory beliefs have a great impact on the implementation of biological medical rules of health and diet, as most patients' explanations of their disease are not purely physiological. As Kleinman (1980) and others suggest, “patients and healers work within explanatory models of illness that are culturally constructed”, and thus, treatment compliance is impossible to be detached from social meanings assigned to disease. Many cultural, social and spiritual reasons mean that food in many African communities is of significance, and that the dietary restrictions recommended for managing diabetes often do not align with the community's traditional eating habits and food identities (Mendenhall & Norris, 2015). This means that people with diabetes are likely to use both hospital care and traditional care and therapies, switching between them, and some may completely cease following the medical dietary advice and resort to the use of culturally familiar therapies. Cultural food obligations, poverty, family pressure and indigenous beliefs significantly affected the dietary non-compliance of diabetic patients (Kavishe et al., 2017; Pastakia et al., 2017). Therefore, the way in which health and illness are interpreted and lived in Africa has become an important scholarly research focus in medical sociology, medical anthropology and public health in Africa, especially in the context of the growing overlap between them and the medical profession. Fast urbanisation, adjustments to eating habits, less physical activity and more processed foods in recent years have caused a dramatic surge in the burden of diabetes in Nigeria in the last 30 years (Uloko et al., 2018). It is estimated that over 4.3 million adult Nigerians are living with diabetes, and so far, millions are undiagnosed (IDF, 2021). Studies have revealed that diabetes is more prevalent in Nigeria in recent years than it was in the 1960s (more than 5.7% compared to less than 1%), and higher prevalence was observed in the oil-producing areas and urban centres (Ogbera & Ekpebegh, 2014; Uloko et al., 2018). Although biomedical progress towards the management of diabetes has occurred, local conceptions of “sugar disease” persistently influence how patients conceive diabetes treatment and eat within Nigerian communities. In Nigeria, diabetes is understood in religious, supernatural, and socio-cultural manner; some believe that diabetes is a result of a spirit attack, curses handed down by ancestors, overthinking or even a punishment from God (Abubakari et al., 2016). These perceptions usually clash with biomedical perspectives focusing on insulin dysfunction, obesity, genetic and metabolic imbalances. In the management of chronic diseases such as diabetes, scholars have observed that Nigerians frequently resort to informal knowledge systems, family advice, herbal medicine and traditional healers (Ogunsemi et al., 2013).

In Bayelsa State, the situation is not simply a vector of advancement of indigenous cultural beliefs and practices, but also a manifestation of how environmental conditions and the health challenges of modernization and urban transition interrelate. In the local vernacular, diabetes is commonly referred to as “sugar disease,” but the perceptions of what caused it differ significantly across communities, age groups and families. Excessive consumption of sugar, spiritual manipulation, stress due to economic hardships, hereditary destiny and changing “western” lifestyles are associated with diabetes in many communities in Yenagoa, Ogbia, Nembe, Sagbama and Southern Ijaw (Ebegbe & Binebai, 2018). These beliefs can affect the compliance of patients with biomedical interventions and prefer alternative healing or fasting regimes, spiritual interventions, herbal mixtures or traditional healing approaches. Historically, the daily diet of an average Bayelsan is problematic for managing diabetes, as many staple foodstuffs like garri, starch, plantain, seafood soups, and high-carbohydrate meals are integral to their culture and social interaction (Pindar & Iwilade, 2019).

Failure to eat communal meals at ceremonies, festivals or family events could be interpreted as a social criticism or suspicion, which can put diabetic patients in a difficult position when it comes to maintaining their diet. Changes in lifestyle and nutrition transition in the Niger Delta States have contributed to a rise in diabetes and hypertension (NCDC, 2022). Despite the widespread occurrence of the disease, there is no sociological and anthropological enquiry that particularly addresses local diabetes explanations in relation to their influence on dietary behaviours and compliance in Bayelsa. The literature currently available is mostly focused on the biomedical dimensions of managing diabetes, and does not reflect the cultural storylines, traditional understandings and everyday food practices that shape people's diabetes choices. This gap is great because the perception of the illness contributes strongly to its treatment; for instance, whether patients acknowledge medical advice, cut back on their food intake, or reject biomedical treatment entirely. The study of the sugar disease narrative in Bayelsa State, therefore, is important because it reveals how far the cultural belief in the aetiology of diabetes can shape the compliance to diet and its perception of treatment and health outcomes. This understanding can be a useful factor in culturally competent diabetes interventions, good diabetes education, and more effective public health strategies that reflect the socio-cultural context of communities in Bayelsa.

Objectives of the study

The following objectives guided the study

- i. To examine cultural beliefs surrounding the causes and nature of diabetes (“sugar disease”) among residents of Bayelsa State.
- ii. To investigate how local explanations of diabetes aetiology influence patients’ perceptions of medical advice and compliance with prescribed dietary practices.
- iii. To identify the challenges faced by diabetes patients in balancing local dietary traditions and cultural food practices with modern medical recommendations for diabetes management in Bayelsa State.

Literature Review

Cultural Beliefs and Indigenous Explanations of Diabetes Aetiology in Africa

Cultural beliefs and indigenous explanations of diabetes aetiology denote shared cultural understandings, traditional explanations and locally created meanings that individuals use to explain diabetes mellitus, other than a purely biomedical explanation. Diabetes is perceived, in various societies, not just as a metabolic disease but also as a spiritual, moral, hereditary, and emotional disease related to lifestyle changes, especially in Africa and among the developing world. (Kleinman, 1980; Helman, 2007). Diabetes is referred to as “sugar disease,” “sweet blood” or a “disease of affluence” in many African countries, such as Ghana, South Africa, Kenya and Tanzania, and is associated with over-consumption of sugar, witchcraft, ancestral punishment, spiritual attacks, emotional distress and uptake of Western lifestyle (Aikins, 2005; Mendenhall et al., 2012; Kavishe et al., 2017). Beliefs permeate the way people interpret symptoms, their approach to seeking treatment, and their attitude towards medical guidance, with many individuals seeking hospital treatment while also believing in traditional healing remedies and herbs or practising traditional healing (de-Graft Aikins, 2004; Pastakia et al., 2017). Diabetes in Nigeria is also understood from indigenous and religious perspectives, and has been attributed to spiritual poisoning, family curses, stress, divine punishment, social hardship and much more, apart from merely insulin dysfunction and obesity, as described by Ogunsemi et al., 2013; Abubakari et al., 2016. These explanatory models have important implications for treatment-seeking and dietary adherence, particularly in the context of food sensitivity in Nigerian cultures and societies. Medically recommended dietary restrictions will be difficult for many patients, particularly in the context of staple foods, which for many in the

study populations are symbols of hospitality, identity and communal belonging in their communities (Adebayo et al., 2017). Likewise, the localization of diabetes in the Niger Delta is shaped by the indigenous cosmology, which considers the contribution of spiritual imbalance, hereditary factors and stress induced by socio-economic conditions and lifestyle adjustment of the locals (Ebegbe & Binebai, 2018; Pindar & Iwilade, 2019). Consequently, these indigenous explanations remain influential on diabetes awareness, health care choices, food consumption and adherence to medical care in rural and semi-urban areas where traditional and modern medical knowledge are intertwined in the Niger Delta Region and beyond.

Illness Narratives and Perceptions of “Sugar Disease” in Nigeria

Illness narratives and concepts of “sugar disease” in Nigeria denote the culturally mediated ways in which people, families and communities construct, explain and construct meaning around diabetes mellitus using culturally constructed experiences, vernacular language expressions and socially shared meanings of the illness. Diabetes is not necessarily a medical term used to describe the disease; instead, the popular term each society uses for diabetes is “sugar disease,” which simply identifies diabetes as a disease of eating too much sweet food, drink and sugar (Chinenye & Young, 2011; Uloko et al., 2018). These stories are informed by Indigenous cultures/values, religion, family beliefs and lived experience, and thus impact people's understanding of the aetiology, manifestation, and management of diabetes (Ogunsemi et al., 2013). Kleinman (1988) defines illness narratives as manifesting the “personal and cultural stories people try to make sense of their suffering” and that they play an important role in health-seeking behaviour and compliance with medical advice. Many Nigerian people believe that diabetes is an abnormal illness that cannot be cured; it is a disease of the spirit, an emotional stress, a hereditary curse, excessive worry, old age or a punishment of God and not just a metabolic disorder caused by insulin dysfunction only (Abubakari et al., 2016). For instance, a study conducted in SW Nigeria revealed that stress over a long period of time, family enemies, witchcraft or the spiritual impact of immoral actions were all believed to cause the onset of diabetes, and many seeking treatment in hospitals also prayed, fasted and used traditional herbs (Adejoh, 2014; Ogunsemi et al., 2013).

Perceptions of illness in Northern Nigeria may be cultural and religious, which may also support the idea that these diseases are ultimately a punishment by the divine and affect the day-to-day compliance of dietary recommendations and medication over time (Muhammad et al., 2015). Similarly, some patients with diabetes thought that the “sugar disease” can be totally cured using local herbs or by spiritual means rather than maintaining a diet and using biomedical drugs for life in a study done in south-east Nigeria (Okolie et al., 2009). While these perceptions can affect attitudes toward dietary adherence, patients can perceive diet recommendations to be restrictive, culturally insensitive or too expensive. Moreover, the existence of widespread poverty and the lack of access to quality health education feed into the misunderstandings and lack of knowledge about diabetes management, including among rural communities, which have low awareness of non-communicable diseases (WHO, 2022). Therefore, the lasting impacts of the illness narratives on the sugar disease have portrayed how religion, indigenous knowledge systems, social relationships and cultural beliefs have continued to impact on the lives of people living with the condition in Nigeria. These experiences influence the perspective individuals have about their diabetes and also how they go about their social and cultural lives with advice, diet, and treatment.

Socio-Cultural Barriers to Diabetes Treatment and Medical Adherence

Social, cultural, religious, and financial factors within a community can prevent diabetes patients from adhering to medical advice and lifestyle recommendations they receive to

effectively manage their disease. Diabetes management goes beyond biomedical treatment precautions as behaviours are deeply shaped by cultural beliefs, family roles, expectations, food culture, religious beliefs and indigenous perceptions of illness in many African and developing societies (Mendenhall et al., 2012; Kagee et al., 2017). In many African communities, including Nigeria, a major socio-cultural factor contributing to treatment delays for diabetes is the belief that treatment is not necessary and can be achieved by spiritual means, traditional medication or divine healing instead of the biomedical care needed for the treatment of diabetes (Ogunsemi et al., 2013; Abubakari et al., 2016). This attitude makes many patients give up treatment or come off medications when their symptoms subside or when a prayer from a religious leader or traditional healer is given. A large number of the diabetic patients in some of the communities use herbal medicine mixture, fasting or sacred consultations that may interfere with their medicine and adherence to the recommended diet (Adejoh, 2014).

Financial constraints and socio-cultural barriers are other major obstacles, as many diabetic patients are unable to access supplies of healthy food, a glucose monitoring device, health care and/or regular access to health care, especially for rural communities where health care units are not well served (IDF, 2021). High inflation and unemployment have led to a reduced uptake of diabetes care in Nigeria, making it difficult to supplement their care with the use of regular medication (Ezenwaka et al., 2020). Likewise, low health literacy and inadequate knowledge about diabetes in the public cause's misconceptions about diabetes pathophysiology and treatment in rural populations (Uloko et al., 2018). Others also avoid disclosure of a chronic condition or adherence to treatment due to stigma associated with discriminatory and judgmental behaviours, attitudes and practices.

In all, these socio-cultural obstacles demonstrate that diabetes treatment and medical adherence are not solely dependent on patients' decisions but are also a phenomenon tied to entities and lived experiences within the broader context of the patient's community.

Theoretical Framework

The Health Belief Model (HBM)

The Health Belief Model (HBM) was developed by Hochbaum (1958), Rosenstock (1974) and Kegels (1981) to explain why people fail to engage in preventive health behaviours, given access to healthcare services. The theory suggests that health behaviour is formed by personal beliefs and perceptions regarding illness, not actual medical facts. Perceived susceptibility, perceived severity, perceived barriers, cues to action, and self-efficacy are all primary constructs of the theory (Janz & Becker, 1984; Champion & Skinner, 2008).

The conceptual framework of the HBM is useful in this study because it puts emphasis on the importance of cultural beliefs of “sugar disease” (Diabetes) on the dietary behaviour and treatment decision-making of patients in Bayelsa State. Many residents consider diabetes mainly as a result of excessive amounts of sugar, family inheritance, blood sugar levels not being controlled properly, or spiritual attacks; these all have an impact on how they respond to medical advice. Based on this, a diabetic may also look at diabetes in spiritual terms, so he or she might make more use of herbal medicine or fasting instead of biomedical control, and more of prayer and worship. Some studies found that people with diabetes seek traditional healthcare in addition to hospital treatment due to traditional beliefs and low confidence in public health care services among Nigerians (Ogunsemi et al., 2013; Abubakari et al., 2016). The theory also elucidates the role of perceived barriers (e.g., financial difficulties in acquiring foods that are acceptable for diabetics, attachment to certain foods such as garri and yams, and peer pressure at communal feeding time) in minimising adherence to recommended diets. Therefore, the HBM is pertinent for analysing the relationship between beliefs, cultural practices, and influences on diabetes management and dietary compliance among the residents of Bayelsa State.

Methodology

The descriptive survey research design was used for this study. The design was suitable for obtaining detailed information regarding the cultural beliefs, indigenous interpretation and behaviour regarding diabetes among the residents of the State. The study population consisted of residents in Bayelsa State, whose estimated population size is 2,500,000 (the projection of the National Population Commission and City Population 2025). The targeted population consisted of people with diagnosed diabetes, caregivers, health care providers, nutritionists, traditional healers and community leaders, who knew the local beliefs regarding diabetes and food habits. The sample size of $n = 400$ was determined with Taro Yamane's (1967) formula at the level of significance 0.05

A multi-stage sampling technique, which combined probability sampling and non-probability sampling methods, was used. Three Local Government Areas (LGAs), namely Southern Ijaw, Ekeremor and Kolokuma/Opokuma, were randomly selected from the eight LGAs in Bayelsa State. Subsequently, Oporoma, Peremabiri, Aleibiri, Eniwari, Kaiama and Okoloba communities were identified using cluster sampling methods. For diabetes clients and members of the household, systematic random sampling was used to select the respondents; for the health practitioners (traditional healers, community elders, and nutritionists), purposive sampling was carried out. Structured questionnaires were used to collect primary data, which included information on perceptions of diabetes causation, treatment option choice, cultural dietary practices and patient compliance with their medical dietary recommendations. The validity of the research instrument was achieved by using face and content validity by experts in sociology, public health and medical anthropology, while reliability was achieved by applying the Cronbach Alpha reliability method through a pilot study in selected adjacent communities outside the study area with a coefficient of reliability >0.70 . Descriptive statistical tools used for analysis of data collected included frequencies and percentages, mean scores, tables and charts for ease of interpretation and presentation of findings.

Data Analysis

This section analyses data obtained from the field. Out of the 400 questionnaires that were distributed, only 349 questionnaires were returned.

Table 1: Socio-Demographic Distribution of Respondents (n=349)

Variable	Category	Frequency	Percentage
Gender	Male	161	46.1
	Female	188	53.9
Age Bracket	18 – 27 years	79	22.6
	28 – 37 years	140	40.1
	38 – 47 years	95	27.2
	48 years and above	35	10.0
Marital Status	Married	241	68.5
	Divorced	52	14.9
	Widowed	59	16.6
Educational Attainment	Primary Education	52	14.9
	Secondary/WAEC	162	46.4
	Tertiary (Diploma/Degree)	118	33.8
	No Formal Education	17	4.9
Have you or any member of your family been diagnosed with diabetes?	Yes	214	61.3
	No	135	38.7

How long have you known about diabetes (sugar disease)	Less than a year	69	19.8
	1-5 years	123	35.2
	6-10	91	26.1
	More than 10 years	66	18.9

Source: Field Work (2026)

The gender distribution of the population is relatively even, with slightly more females (53.9%) than males (46.1%) responding to the survey. The biggest group of respondents are between the ages of 28–37 years (40.1%), followed by 38–47 years (27.2%), with youth (18–27 years: 22.6%) and age 48 years and above (10.0%) being the smallest age categories respectively. This could mean the study mainly captures the opinions of economically active and middle-aged people. Most respondents are married (68.5%), while a small minority are widows (16.6%) and divorced (14.9%). The level of education shows that almost half of the respondents have secondary education (46.4%), while another third (33.8%) have completed tertiary education, a small proportion (14.9%) have primary education, and a small proportion (4.9%) have no formal education, suggesting a largely literate population who possibly can read and understand basic health information. In addition, there was a high prevalence of self-reported or family member history of diabetes (61.3%). Moreover, knowledge about diabetes seems to be moderate, with a good part of the respondents (35.2%) familiar with the disease for 1-5 years and 26.1% for 6-10 years, while 19.8% knew about the disease within less than one year and 18.9% for more than 10 years.

Table 2. Cultural Beliefs Surrounding the Causes and Nature of Diabetes (“Sugar Disease”) among Residents in Bayelsa State

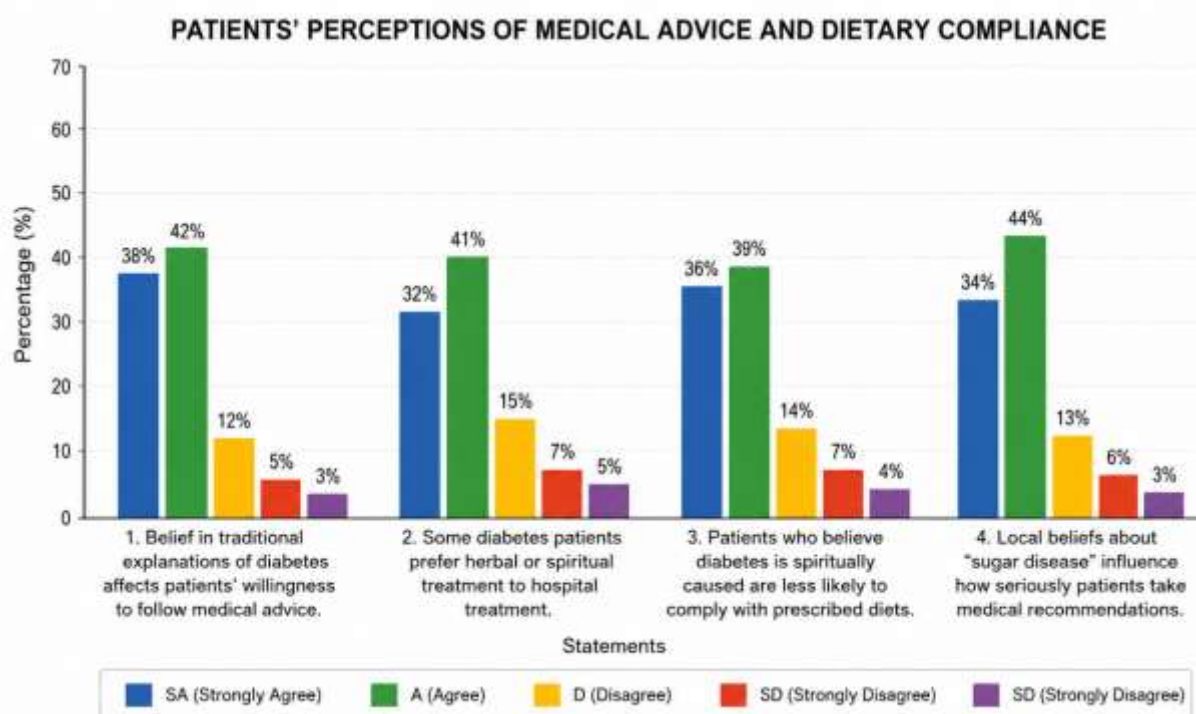
S/N	Items	SA (4)	A (3)	D (2)	SD (1)	Mean	Remark
1	Many people in my community believe diabetes is caused mainly by excessive sugar intake.	112	134	62	41	3.20	Accepted
2	Some residents believe diabetes can result from spiritual attacks or curses.	126	118	67	38	3.23	Accepted
3	Diabetes is commonly viewed as a hereditary or family disease in my community.	101	129	74	45	3.10	Accepted
4	Traditional beliefs strongly influence how people explain the causes of diabetes in Bayelsa State	139	121	55	34	3.55	Accepted

Source: Field Work (2026)

In Table 2, the first segment assessed whether many people in the community think that diabetes is mostly due to excess sugar consumption (112 strongly agreed, 134 agreed), (62 disagreed, 41 strongly disagreed). This is above the acceptance benchmark mean score of 3.20, suggesting that the majority of respondents consider excess sugar intake as the primary cause

of diabetes. Similarly, the second statement, reflecting the notion that spiritual attacks or curses might cause diabetes, also yielded a high level of agreement (126 strongly agreed, 118 agreed, 67 disagreed, and 38 strongly disagreed). With an average score of 3.23, it is clear that spiritual and supernatural explanations still play a role in the community's perception of diabetes. The third statement was about the perception of diabetes as a hereditary disease or family disease; 101 strongly agreed and 129 agreed, 74 disagreed, and 45 strongly disagreed, resulting in a mean score of 3.10. This is not far off the mark in recognizing the potential role of heritable causes of diabetes. In addition, there was the greatest level of agreement that traditional beliefs strongly influence the causes of diabetes, with 139 respondents strongly agreeing, 121 agreeing, 55 disagreeing, and 34 strongly disagreeing. The mean score is quite high (3.55), suggesting that traditional and cultural beliefs hold significant influence over community perceptions and explanations of diabetes.

Figure 1. Diabetes Aetiology and Patients' Perceptions of Medical Advice and Dietary Compliance

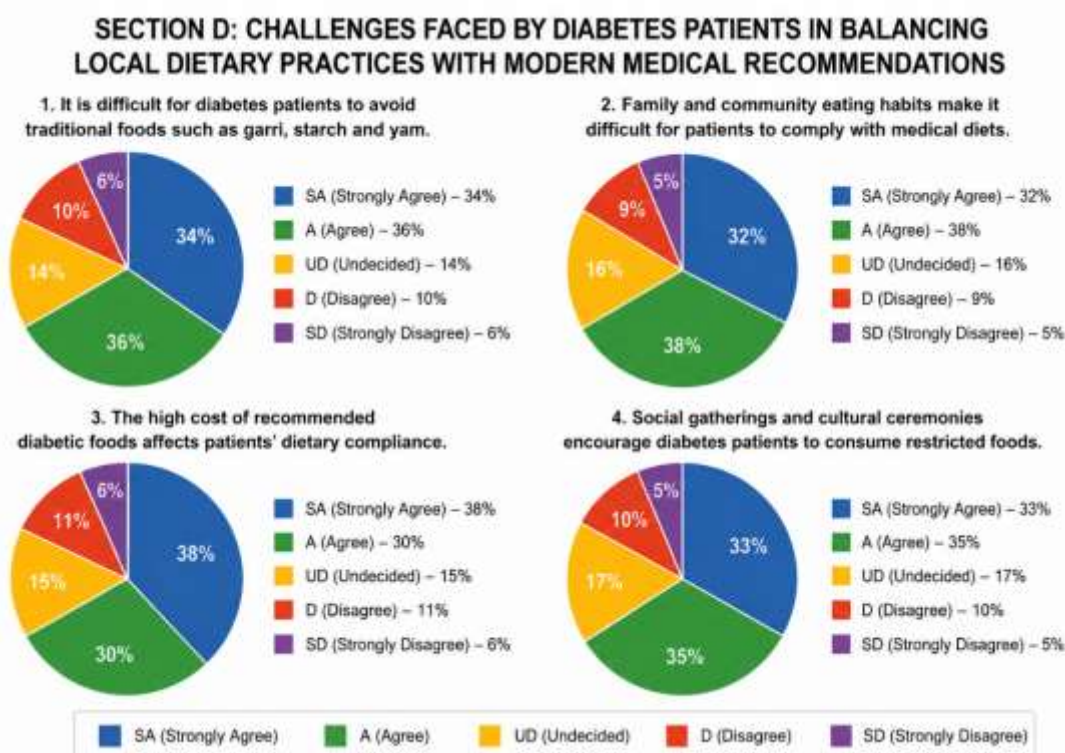


Source: Field work (2026)

As revealed in Figure 1, there is a consensus among participants that beliefs regarding Diabetes causes have a significant impact on the patients' attitudes towards medical advice and dietary compliance. For the first statement (Does an attitude toward traditional causes of diabetes influence patient adherence to medical advice), the results were 38% strongly agree, and 42% agree, which gives a total of 80% positive answers. Only 12% disagreed, 5% strongly disagreed, and 3% were undecided, while 70% of respondents agreed. It shows that traditional notions of diabetes have a significant impact on patient acceptance of medical advice. Likewise, the third statement that 'Some diabetes patients prefer herbal or spiritual care for diabetes over hospital care' showed high consensus with 15% Disagreed, 41% Agreed, 32% Strongly Agreed, 5% Undecided, and 7% Strongly Disagreed. This indicates that there is a continued impact of alternative or spiritual healing methods on diabetes treatment decisions. In addition, 75% of those who believe diabetes is caused by a spiritual problem are not more likely than the remaining population to adhere to the prescribed diet, with 39% agreeing and

36% strongly agreeing. 4% were unsure, 7% strongly disagreed, and 14% disagreed. This can lead to negative consequences for treatment-recommended dietary change by adversely affecting their spiritual beliefs about diabetes. Likewise, the highest degree of agreement was also observed when participants were asked whether they strongly agree that "local attitude towards 'sugar disease' has a significant impact on the patient's approach towards medical advice" (34% strongly agreed and 44% agreed with the statement; total 78%). There were 13% that disagreed, 6% strongly disagreed, and 3% undecided. These findings illustrate that individual cultural attitudes and values may affect a patient's compliance with health-related recommendations and dietary guidelines.

Figure 2. Challenges faced by diabetes patient in balancing local dietary practices with modern medical recommendations



Source: Field work (2026)

The responses in Figure 2 revealed that the local diet poses serious problems for diabetes patients to manage in line with the recommendations of modern medicine. For the first statement, it was noted whether it is difficult for the diabetes patient to avoid traditional foods like garri, starch, and yams, which yielded 34% strongly agree and 36% agree (with a combined agreement of 70%). Meanwhile, 14% were undecided, 10% disagreed, and 6% strongly disagreed. This means that people's traditional diet has a strong impact on their eating culture, and it is not so easy for many people with diabetes to adhere to the diets recommended by their doctors. Likewise, the premise of how difficult it is for family members and the community to follow medical diets had 32% strongly agree, and 38% agree, and another 70% affirming. 16% were undecided, and 9% disagreed, while 5% strongly disagreed, indicating that social and communal eating habits play a significant role in compliance with diet among patients.

In addition, for the question of whether high cost of recommended diabetic foods affects patients' dietary compliance, the percentage of strong agreement was the highest at 38%, comprising 38% strongly agree, and 30% agree. But 15% were unsure, 11% disagreed, and 6% strongly disagreed. This means that access to medically recommended foods and a lack of access to affordable food are significant challenges in the management of diabetes. Similarly,

the response to the question of whether social functions and cultural events encourage diabetes patients to eat foods restricted to them yielded a significant level of agreement (33% strongly agree and 35% agree, for a 68% total). While 5% strongly disagreed, 10% disagreed, and 17% were not sure. It raises awareness that cultural festivities and communal gatherings can sometimes present an opportunity for the diabetes patient to make dietary choices that can make it difficult to follow a recommended nutrition plan.

Discussion of Findings

The first objective examined cultural beliefs surrounding the causes and nature of diabetes (“sugar disease”) among residents of Bayelsa State. The result of the first goal showed that cultural beliefs have a significant influence on the understanding of diabetes amongst the people of Bayelsa State. Excessive consumption of sugary foods was generally identified as the primary cause of diabetes by many respondents, while others identified spiritual attacks, curses and heredity as the causes of diabetes. The results also revealed that the traditional attitude of the community is still dominant in explaining the causes of diabetes. This indicates the importance of cultural interpretations in the local understanding of the disease and how they might affect individuals' reactions to symptoms, prevention, and therapy.

The second objective investigated how local explanations of diabetes aetiology influence patients' perceptions of medical advice and compliance with prescribed dietary practices. The second objective demonstrated that local explanation of diabetes has a significant impact on patients' perceptions and compliance with recommended dietary practices. Patients' belief in the traditional and spiritual explanations affects their acceptance of medical recommendations, and many diabetes patients still prefer to seek herbal or spiritual treatment rather than seek care in the hospital. Additional findings suggested that patients who believe that diabetes is caused by the spirit are less likely to follow the strict diet specified by the healthcare providers. This suggests that cultural and spiritual beliefs could hinder trust in the biomedical approaches and lead to low levels of uptake of health professional advice.

The third objective identified the challenges faced by diabetes patients in balancing local dietary traditions and cultural food practices with modern medical recommendations for diabetes management in Bayelsa State. The results for the third objective were conclusive and showed several difficulties related to the diabetes patients' situation in balancing local food culture with medical advice. Avoiding traditional food, including garri, starch and yams, is challenging because these foods are culturally valued and accepted within the household and community, as indicated by the respondents. Also, the study revealed that certain family eating habits, social events, and cultural celebrations can reinforce the intake of limited foods that can be hard to follow. The high cost of recommended diabetic foods was also reported to be one major challenge that has an impact on adherence to the medically recommended diet. Both socio-cultural and economic factors emerged as important barriers to effective diabetes management and control.

Recommendations

- i. The government and health institutions must be more urgent in educating the masses about diabetes to correct misconceptions and cultural myths in the State.
- ii. To include culturally modest interventions in the care of diabetes, community leaders, traditional healers and religious institutions should be involved in awareness campaigns. This would help in patients' confidence in medical advice and adherence to prescribed diets and treatment plans.
- iii. The government or health professionals should establish low-cost dietary support programmes for diabetes patients, ensuring that there are alternatives to foods that have a high nutritional value, and that there is financial recovery for diabetic based diets.

Conclusion

In conclusion, it was concluded that cultural beliefs and traditional perceptions have a considerable effect on the understanding and management of diabetes among people in the study area. Results indicated that there are locally available explanations of diabetes that impact the acceptance of medical advice and adherence to recommended dietary tasks, and that socio-cultural and economic factors also impede the management of this disease. The study thus underscores the need for culturally responsive dental health education, heightened awareness of the community and available dietary assistance to enhance the management of diabetes in the state.

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