



## LIFESTYLE AND MENTAL HEALTH AMONG PERSONS WITH DIABETES IN MIZORAM

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### ABSTRACT

*The study attempts to understand the lifestyle and mental health of Persons with Diabetes. In this study, a 'Person with Diabetes' is a person who has been diagnosed with diabetes and is undertaking treatment for a minimum period of three years. Diabetes is a fast emerging health problem in Mizoram. Diabetes has become a major public health problem and is closely associated with psychological health. The study presents the lifestyle, mental health and challenges of 'Persons with Diabetes'. The findings highlight the need for lifestyle change as a sedentary lifestyle contributes to the illness. Our lifestyle and diet play a vital role in the prevention of developing this condition. There are many challenges due to the illness which may include health complications and economic and psychosocial challenges. Worries about diabetes include physical and financial burdens as well as poor medical services. Some are worried about becoming a financial burden to their family. Diabetes contributes to several health complications and therefore affects the mental health of a person. There could be initial reactions that range from shock, sadness, and denial to mild discomfort. Psychological assistance of a patient is crucial besides medical support. The support of family members is crucial.*

**Keywords:** *Diabetes, Persons with Diabetes, Lifestyle, Mental Health.*

### Introduction

Lifestyle refers to how a person or a group of people lives and works. In other words, lifestyle is the way people live in terms of residing, having things and the kind of doing jobs and enjoying. A disease is caused because of irregular behaviour, habits and practices in his/her lifestyle diseases are called lifestyle diseases. In

addition, the disease is directly connected to his lifestyle in terms of his eating habits, drinking habits, working patterns and so on forth. There are four major lifestyle diseases namely, cardiovascular disease (CVD), diabetes, Cancer and Chronic respiratory disease. *Diabetes* is one of the major diseases. It is a disease caused by a lack of insulin secretion in the body by which the

patient produces a lot of Urine and feels thirsty. In India, it is a serious disease, which is increasing gradually the statistical reports states. In addition to this, a disease in which there is too much sugar in the blood. When a person is unable to produce insulin from his body, which regulates and supplies energy in the blood then the person becomes a chronic patient and is called a diabetic. Insulin is a substance produced naturally in our body which allows sugar to be used for energy. In other words, insulin is a chemical substance produced in the body that controls the amount of sugar absorbed by the blood. Diabetes, therefore, results in raised blood sugar levels which, if not controlled, over time lead to serious damage to many of the body's systems (WHO, 2016).

*Diabetes* was first observed in Egyptian writings around 1500 BC. About AD 230, a Greek Physician named Aretaeus called the disease diabetes, which in Greek means “*to siphon*” or *to suck out* (Kelly, 2002). It is described in Indian Vedic Literature where it is referred to as ‘*Madhumeha*’ or *honey urine*, a reference to the sweet urine (Shah, 2003). According to the guesstimation of the Secretary of *Mizoram Diabetic Society*, there are around 30,000 people with diabetes in Aizawl District and 762 members are registered in *Mizoram Diabetic Society*. Diabetes Association of Mizoram was formed in 1992. (Ralte, 2012).

### **Lifestyle and Diabetes**

Now, diabetes has become one of the most common non-communicable diseases around the globe. Tanamas (2013) highlighted that the disease increases the

rate of prevalence of death due to cardiovascular, eye and kidney complications and diseases. In the 21<sup>st</sup> century, diabetes represents one of the most challenging public health problems and issues. It is closely associated with industrialization and socio-economic development in developing countries raising its prevalence on one side. Some of the major factors include population growth, age structure and urbanization (Park, 2000) on the other side. Further, the risk of developing type 2 diabetes probabilities are quite high; it's because of unhealthy habits of eating, smoking, consuming liquor, and less physical activity in their lifestyle.

There are some empirical studies that cited regular physical activity and burning of calories contribute to the prevention of diabetes. An adult-onset increase in weight and a lethargic cum sedentary lifestyle are linked to Type 2 diabetes. Obesity is the strongest predisposing factor for type 2 diabetes along with family history. The persons who are physically active have less chance of getting diabetes than less active persons. On the contrary, cross-sectional studies have demonstrated inverse associations between the prevalence of type 2 diabetes and physical activity.

### **Mental Health and Diabetes**

Mental health comprises of emotional, psychological, and social well-being of an individual. It affects how we think, feel, and act. It also helps to determine how we handle stress, relate to others, and make choices. Mental health is vital at every stage of human life span from childhood to senescence. Concerning emotions, we feel

when we are diagnosed with diabetes or any disease, denial is natural. Everyone feels that sense of, "not me," or "I don't believe it," or "there must be some mistake." However, at some point, we have to accept the diagnosis and take action to remedy it. If we continue to deny it, we run the risk of not taking action to fight the disease, which may lead complications.

Routing out denial is a vital part because it sounds in the head and it makes avoid critical care (ADA, 2019). Our body is affected by thoughts, feelings, beliefs, and attitudes and is connected to mental wellbeing. Untreated mental health issues and problems related to diabetes make a person's mental health worsen. Many a time people think of diabetes as a physical condition, not a thought process connected to it their lifestyle. Thus, there is a need for a proper understanding of diabetes in terms of regulating and changing the lifestyle patterns facilitate to living with diabetes and leading a harmonious life.

Heyman (2017) emphasised that diabetes is a self-managed condition, which refers to the person with diabetes, not dependent on a physician, who is responsible for taking care of him or herself daily. If someone has diabetes, think about all of the steps to be managed by in-taking insulin like the food intake which needs for the system and to manage day to day that type of mindset is required for coping with diabetes. Hence, the right attitude and mindset to make decisions and resulting behaviours (and their consequences) are critical aspects of diabetes management among persons with diabetes.

Persons with diabetes experience some sort of uncomfortable and unpleasant emotions in their day to day activities. If a person is a chronic diabetic, it is very hard to face the challenges in their life for instance he has to take care of each aspect while walking, eating and drinking. When he walks in barefoot he has to take double care because if any injury happens to cure is very difficult sometimes the diabetic people have to go for amputating their legs.

Again, Heyman (2017) pointed out people often seek mental health treatment because of how their situation, emotion or relationship is causing them to behave. Having diabetes and the stress it involves (the situation), the way it makes you feel (the emotions), and the impact it has on your relationship with others intersect, and can sometimes make it difficult to behave in the way that you want to. However, if a person is struggling with diabetes-related stress issues, he/she has to know that it can get better by changing and modifying their lifestyle.

## **Methodology**

The methodology employs a descriptive design and used qualitative techniques such as case study and focus group discussion. The findings highlight the perceptions of people in care and treatment of diabetes about lifestyle and mental health and their needs about it. The findings would suggest both programme implications and research implications.

### ***Case Vignette 1***

#### ***Health Complication***

Mrs Y was 45 years of age when she was diagnosed with diabetes. She and her husband both are working in business and they have two sons. She enjoys a good family status and they belong to middle socio-economic strata. She is actively involved and contributing to the church and community affairs. She does not use tobacco and has never tried alcohol even as an adolescent. However, when it comes to food she has always had plenty to enjoy. She started to experience blurry vision in the year 2014. In the same year, she was admitted to the hospital due to fever and typhoid and she was also diagnosed with Diabetes. She's a businesswoman and recently turned 50. She is currently not dependent on insulin however is on oral medication. She tries to go on a morning walk whenever she gets the chance. She would often have issues with her vision but does not get regular check-ups and eventually had trouble seeing from her left eye. She is now unable to see in that eye. She gets a lot of support from her family and she is doing her best to stay active as well. Nevertheless, the side effects from being diabetes often give her discomfort and minor issues. However, despite all her minor issues, she can fulfil her social obligations and duties with the support she gets from her family. But she is sometimes worried about becoming a financial burden to her family.

### ***Discussion of case 1***

The health complication of diabetics differs from person to person. Regular check-up is very necessary besides diet control and lifestyle changes as the disease affects various organs. It is expensive to be a

diabetic and therefore early detection is also necessary.

### ***Case Vignette 2***

#### ***Mental and Emotional Effect***

He was the age of 42 years when Mr A realized that he was starting to show signs of being diabetic. He is a businessman and his wife is a government employee. Unfortunately, his wife had passed away leaving behind three children. Mr A remarried however they did not have any more children. There were times when he would occasionally indulge in alcohol but he has now completely given it up after he was diagnosed with diabetes. He is neither particularly active at church nor in any other social organizations. Mr A started having issues in his kidney due to his diabetes to the point where he had to be admitted to hospitals and is now on dialysis since 2017. The reason for this is because it took a while since they had discovered that he was diabetic and his diabetes has, unfortunately, had permanent and irreversible damage to his body. Fortunately for him through all of his sufferings, his wife has been a tremendous support. His condition not only has adversely affected him physically but mentally and emotionally as well to cope with challenges. Eventually, he was unable to work and he is now fully dependent on his family for support.

### ***Discussion of case 2***

The effects that diabetes has on a person are not only physical but most certainly mental and emotional as well. It is therefore extremely important to have early detection when it comes to diabetes. Our

lifestyle and diet play a vital role in the prevention of developing this condition. Having self-control when it comes to food and drinks and an overall balanced lifestyle is very important. A late detection in diagnosing diabetes in a person leads to irreparable damage to the body's organs which leads to several issues at a fairly younger age and affect both physical and emotional wellbeing.

### **Case Vignette 3**

#### ***Psychological Effect due to the illness***

Mrs X was born in 1969 and she is 50 years of age. She completed her Graduation and is working as a Government servant. She has two sons and one daughter. Her husband was working as a businessman and passed away 7 (seven) years ago. They belong to middle socio-economic strata. She enjoys a good relationship with her family. Her lifestyle could be described as sedentary and she is particularly fond of meat. She admits to being easily anxious and also mentioned that it may be because she is a single mother. After crossing the age of 45 years, she began to experience weight loss, frequent urination and continual thirst. In 2014, she was then advised by her friends to consult a doctor and examine her blood. The report of the blood examination confirmed that Mrs X is a diabetic. She was shocked and she never expected herself to be a diabetic. She is a highly anxious person and she would even panic in certain minor cases of her illness. She is also having cardiac problems and Urinary Tract Infection. She also consulted a dietician regarding proper diet for her health. She has also changed her lifestyle and goes for a morning walk

regularly. In 2016, she was taken to the hospital because she was unconscious as her blood glucose was very low. She almost died, she laments – “*That was a traumatic experience*”. She even consulted a psychiatrist and was prescribed medication and she was also given counselling by a counsellor.

### ***Discussion of case 3***

The above case has been presented to show the psychological effects of persons with diabetes who loved her loved ones, which aggravated and her lifestyle more vulnerable to diabetes. Certain diseases and health complications could affect the mental health of a person. Psychological assistance of a patient is crucial besides medical support. The support of family members would also be necessary for certain conditions.

### **Analysis of the three cases**

The above cases illustrate that Diabetes is an illness that has psychological/emotional effects. It highlights the trauma of living with the illness. There are certain challenges due to the illness which may include health complications and economic and psychosocial challenges. They indicate the definite need to increase social support and lifestyle change.

### **Focus Group Discussion (FGD) with Persons with Diabetes**

FGD was held between the age group of 45–65 years of age. The theme for discussion was on the topics of their lifestyle, health, psychosocial challenges,

mental health and current situations. Ten members participated and a mixed group in terms of gender, occupation and diabetes type.

The details of the participants are listed below in **Table 1**.

Based on above-mentioned topics there was a discussion for about 30 minutes, during the discussion the participants involved themselves and highlighted the following points:

- The majority of them found out that they are suffering from diabetes from a doctor apart from experiencing signs and symptoms themselves.
- A sedentary lifestyle can lead to higher chances of developing diabetes.
- There have been few awareness campaigns; however, the general public do not seem to be paying much attention to subjects related to this matter. It was discussed that there seems to be a lack of knowledge when it comes to diabetes.
- It was mentioned that there could be initial reactions that range from shock, sadness, and denial to mild discomfort.
- Some consider themselves as averagely anxious persons while few of them considered themselves highly anxious.
- Worries related to diabetes include physical and financial burdens as well as poor medical services. Some women are worried about the problems caused due to diabetes and are also worried about becoming a financial burden to their families. Mental health is an important aspect to be considered about Diabetes. The importance of understanding mental health was highlighted in Diabetes.
- Treatment can prove to be quite expensive and also the need for diet control can become a challenge when in the company of friends and at social gatherings. They often need to decline invitations for dinner and other food-related activities. A lot of time their -

**Table 1: Profile of the Respondents**

| Sl. No. | Gender | Age | Marital Status | Occupation    | Diabetes Type | Duration Since diagnosis |
|---------|--------|-----|----------------|---------------|---------------|--------------------------|
| 1       | Female | 50  | Married        | Business      | II            | 2014                     |
| 2       | Male   | 45  | Re-Married     | Business      | I             | 2016                     |
| 3       | Female | 50  | Widow          | Govt. Servant | II            | 2014                     |
| 4       | Female | 55  | Married        | Housewife     | II            | 2014                     |
| 5       | Female | 54  | Married        | Housewife     | I             | 2015                     |
| 6       | Male   | 59  | Married        | Business      | II            | 2014                     |
| 7       | Male   | 62  | Married        | Pensioner     | II            | 2012                     |
| 8       | Male   | 65  | Married        | Pensioner     | II            | 2013                     |
| 9       | Female | 58  | Married        | Business      | II            | 2016                     |
| 10      | Female | 48  | Married        | Govt. Servant | I             | 2016                     |

family has to partake in their diet control and this kind of support can go a long way and help out with their condition.

- There are several related physical pain and hardships that come with living with this condition and therefore help and support from family give them part of the treatment that they need.
- It is believed that family support has really helped but on the other hand, tertiary support (at the community level) is certainly not seen. Most people do not have a comprehension of a diabetic's life and situation.

From the Focus group Discussion, the following are the main findings:

- Awareness of the care and prevention needs to be increased.
- Lifestyle change has come about which has increased sedentary behaviour.
- Challenges of *Persons with Diabetes* are several and they are in great requirement of family support in terms of spending time, counselling, taking care about their diet etc.

## **Conclusion**

Diabetes is a non-communicable disease, a lifestyle illness and it is a chronic illness that cannot be cured. Diabetes can result in some unpleasant and uncomfortable emotions. It can cause feelings of anxiety and guilt. However, one should know that such a situation can get better. Support from spouse, family, relatives and friends are

tremendously essential. The study employs a descriptive design and was cross-sectional. Three case studies and FGD were conducted. The findings highlight the perceptions of people in care and treatment of diabetes about lifestyle and mental health and their needs about it.

From the analysis of the study, diabetes is an illness that has psychological/emotional effects. It highlights the trauma of living with the illness. There are certain challenges due to the illness which may include health complications and economic and psychosocial challenges. They indicate the definite need to increase social support and lifestyle change. Challenges of *Persons with Diabetes* are several and they are in great requirement of family support. Intervention for lifestyle change is necessary. Awareness of the care and prevention needs to be increased. Worries about diabetes include physical and financial burdens. Some are worried about the problems caused due to diabetes and are also worried about becoming a financial burden to their family. Mental health is an important aspect to be considered about Diabetes. Case studies no. 2 and no. 3 both highlighted the importance of understanding mental health with Diabetes.

Diabetes is a serious issue and gradually increasing among the people of Mizoram too because of changing lifestyle patterns and adopting a sedentary lifestyle as well as less involvement in physical activity. The case studies and FGD stated that there is a need for awareness in the general public regarding the importance of their mental

well-being and a clear-cut understanding of the lifestyle disease especially diabetes could be prevented by understanding that a healthy body makes a healthy mind. However, if a person is prone to diabetes or is struggling with diabetes-related stress issues, he/she could be educated and provided counselling with help of the Mizoram Diabetic Society or other health care institutions. Lifestyle modification and changing lifestyle pursuits like regular exercise, healthy food habits, and adequate sleep and sufficient rest may support to control and regulate their health condition.

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