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Understanding Type 2 Diabetes Mellitus Among Haitian American Women: A Cultural Perspective

Balkys L. Bivins

Indra R Hershorin

Lonar M. Umadhay

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Balkys L. Bivins, PhD, APRN, FNP-BC
Indra R. Hershorin, PhD, RN, CNE
Lonar Anthony M. Umadhay, PhD, CRNA

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The prevalence of type 2 diabetes mellitus (T2DM) is 19.7% in Haiti (DeGennaro et al., 2018). Haitian American women (HAW) experience difficulties with adherence to T2DM treatment and management (Bivins, 2016; Magny-Normilus et al., 2019; Vimalananda et al., 2011; Huffman et al., 2013); however, no previous study was found that focused exclusively on Haitian American women with T2DM. Van Manen's six research activities guided this phenomenological qualitative inquiry. Recruitment included 25 Haitian American women (N = 25) with T2DM from three South Florida counties. Data were collected using a vignette and audio-recorded semi-structured interviews with open-ended questions. Recordings were then transcribed and analyzed to identify thematic concepts and patterns. Themes of spiritualizing and shifting cultural norms with the subtheme of dietary restrictions were found. In conclusion, to promote health outcomes nurses must incorporate these salient factors in the care of Haitian American women with T2DM.

Key Words: *Caribbean, cultural norms, culture, culture identity, diabetes, diet, Haitian Americans, Haitian American women, Haitians, qualitative*

Introduction

Diabetes is a global crisis with 422 million diagnoses worldwide (World Health Organization WHO, 2018) and 34.2 million individuals affected in the United States (Centers for Disease Control and Prevention [CDC], 2020). It is postulated that disparities in the management of T2DM significantly impact ethnic minority populations (World Health Organization [WHO], 2018). Although diabetes is more prevalent in men than in women worldwide, the prevalence among women is higher than in men among people of African ancestry in the United States and in the Caribbean (Bennett et al., 2015; Gucciardi et al., 2013).

Background and Significance

The prevalence of diabetes is on the rise in the Caribbean, mirroring the global trend (DeGennaro et al., 2018; Yisahak et al., 2014). In 2020, Kwan et al. found an overall prevalence of 19.3% in Haiti. Previously, Rosen, Sharpe, Rosen, Doddard, and Abad (2007) noted a DM prevalence of 33% among individuals of Haitian descent in Little Haiti in Miami, Florida. This prevalence rate is markedly higher than the prevalence rates of 11.7% in Black Americans and 7.5% in White Americans (CDC, 2020). According to the United States Department of Commerce, American Community Survey (2017), among immigrant populations of predominantly African descent, individuals of Haitian ancestry are the fastest growing group in absolute numbers. The population within the United States was 90,000 in 1980 and had grown to 868,000 by 2012. As a result of continued economic and political strife in Haiti, the number of Haitians in the United States may realistically be expected to increase.

The Haitian immigrant population is concentrated, with approximately 376,000 individuals of Haitian descent in Florida and approximately 191,000 in New York City. Economically, Haitians also have the highest poverty rate, at 21.3, among defined immigrant populations of predominantly African descent. Haitians complete college at the lowest percentage among Sub-Saharan Black immigrant groups (19.2%) (U.S. Department of Commerce, Sub-Saharan Blacks, American Community Survey, 2017; U.S. Department of Commerce, American Community Survey, 2010). Given the increasing number of Haitian Americans residing in the United States, and their high level of poverty, the fact that the T2DM prevalence rate is disproportionately high, especially among women, makes it an important health policy issue.

Rationale for Higher Prevalence of T2DM Among Haitian Americans

Cultural Factors. Circumstances that may contribute to the variability of this data include fear of deportation, illiteracy, self-identification as American, and cultural beliefs

Balkys L. Bivins, PhD, APRN, FNP-BC, is an Adjunct Professor, University of Miami School of Nursing & Health Studies, Coral Gables, FL.
Indra R. Hershorin, PhD, RN, CNE, is an Associate Professor, Barry University College of Nursing and Health Sciences, Miami Shores, FL
Lonar Anthony M. Umadhay, PhD, CRNA, is Assistant Dean, Barry University College of Nursing and Health Sciences, Miami Shores, FL 33161
Address Requests for reprints and correspondence to: Balkys L. Bivins, PhD, APRN, FNP-BC, Adjunct Faculty, University of Miami School of Nursing & Health Studies, 5030 Brunson Dr, Coral Gables, FL 33146. Email: B.bivins@miami.edu

about reporting. Available data indicates that Haitians value their cultural heritage and face a dilemma when asked to change their traditions to accommodate conflicting treatment plans (Bivins, 2018; Colin & Paperwalla, 2013). Culturally competence models were developed to assist healthcare providers in understanding diverse cultures better and to provide individualized care to persons from different cultural groups (Bivins & Hall, 2017; Campinha-Bacote, 2002; Giger, 2016; Purnell, 2014). Haitian American women with T2DM might not be reached because of socioeconomic, racial, and cultural factors impacting their access to and utilization of care, including dietary rituals (Bivins, 2018; Giger, 2016).

Diet. In Haitian culture, the diet consists mostly of carbohydrates such as rice, cornmeal, and potatoes. Haitian immigrants in the United States and Haitian Americans preserve this diet by preparing traditional foods and eating at home (Bivins et al., 2019; Belizaire & Fuertes, 2011; Colin, 2005; Colin & Paperwalla, 2013). A high carbohydrate diet along with obesity and inactivity are well-established factors that influence the risk of developing T2DM (Craig et al., 2014; Degazon & Parker, 2007); McCloskey et al., 2014; Yisahak et al., 2014; Tovar, 2014).

Purpose of the Study

The sparse research focusing on Haitian Americans has suggested that Haitians have more difficulty with adherence to treatment and management of T2DM than African Americans do, leading to poorer outcomes (Bivins, 2018; Magny-Normilus et al., 2019; Vimalananda et al., 2011; Huffman et al., 2013). Since there was a dearth of research concentrating on Haitian American women with T2DM, the purpose of this qualitative hermeneutic phenomenological study was to explore the lived experience of Haitian American women with T2DM living in South Florida, and to describe the cultural factors that influence the lives of Haitian American women with type 2 diabetes mellitus.

Methodology

Research Design

Phenomenology was used as the design of this study. Phenomenology is both a philosophical viewpoint and a research method. Phenomenological research is a journey to understand the human experience and to aid individuals in achieving a deeper sense of their human nature and who they are as individuals (van Manen, 1990). Van Manen's (1990) six research activities were used as a guide to explore the lived experience of Haitian American women with T2DM and they are as follows: (a) commit to the phenomenon of interest; (b) describe and investigate the lived experience of the study subjects; (c) interpret the phenomenon through hermeneutic analysis as the themes emerge; (d) describe the lived experience of the study subjects through the art of writing and rewriting; (e) commit to the phenomenon, to avoid bringing in any previous knowledge into the research; and (f) balance the research context by consideration of all parts and the whole.

Experiential Context

As this study was guided by van Manen's hermeneutic phenomenological method, transparency about the researcher's culture, history, background, and strong connection to the Haitian culture as a Haitian American woman was required. If the researcher has any personal encounters with the topic being researched, it can affect and guide the direction of the inquiry. For example, the researcher's personal encounter with gestational diabetes and a strong family history of T2DM resulted in a greater awareness of T2DM. Working in a primary care practice as a nurse practitioner generated further interest in understanding how Haitian culture fits into the lived experience of Haitian American individuals with T2DM.

Sampling Criteria and Study Setting

Laguerre (1998) defined Haitian Americans as individuals living in America who identify with the Haitian culture. In this study, the inclusion criteria were as follows: (a) self-reported with T2DM for at least a year; (b) self-identified as Haitian Americans; (c) resided in South Florida; (d) female gender, 20-79 years old; and (e) willing and able to express or verbalize their experience of the phenomenon in English or Haitian Creole. Individuals not meeting the inclusion criteria were excluded from the study. Purposive and snowball sampling strategies were used to recruit 25 Haitian American women (N = 25) with T2DM from primary care offices, local churches, schools, beauty salons, and restaurants located in Miami-Dade, Broward, and Palm Beach counties.

Institutional Review Board Approval and Procedures

Institutional Review Board Approval was sought and was granted by the University. Each participant's language preference was determined. When necessary, communications in either English or Haitian Creole were done, including the review and completion of any written forms. Signed informed consent was obtained before initiating the interviews. Once the consent form was signed, the researcher gave a $25 Visa gift card to the participant. Two digital audio-recorders were used to record the interview. The 25 interviews lasted approximately 50 minutes each.

Instrumentation

Bivins Questionnaire. As suggested by Creswell (2013), a semi-structured interview with open-ended questions was used to gather information for the qualitative study. The Bivins Questionnaire permitted in-depth and rich information to be obtained from the conversations with the Haitian American women with T2DM. All face-to-face individual interviews were initiated by reading a fictitious vignette about two diabetes-stricken Haitian American sisters, Marie Elise and Marie Jose, to elicit dialogue (Gourlay et al, 2014). Following the vignette, the

opening question posed was, "What do you think about Marie Elise and Marie Jose's experience?"

Throughout the interviews, follow-up questions in the form of prompts and probes were used to gain a deeper level of sharing and to facilitate conversation that added important information about the lived experience of the participants. The primary research question posed to the participants was "Please tell me what it is like to have type 2 diabetes mellitus," as this was the first study to explore the lives of Haitian American women with T2DM and given the scarcity of available literature on the topic. Although data saturation occurred at 15 participants, the researcher continued until a maximum of 25 participants ($N = 25$) were recruited as additional calls through snowballing interviews were received.

Data Collection

Translation and Interpretation

Following the interview, the digital audio-recordings were labeled with a pseudonym. After each participant interview, the interview was imported to a password-protected personal computer and sent by email to the transcriptionist. The participant was then contacted and scheduled with a date and time for the 30-minute follow-up interview to be conducted with the aim of a member check. Member checking was done with the participants to make sure the information was accurate and it was also a way of determining the credibility of the data gleaned. Once member checking was completed, the audio-recordings of the interviews were destroyed. All interviews conducted in Creole were translated to English to maintain the accuracy of the information prior to data analysis.

Data Analysis

In this qualitative phenomenological study of the lived experience of 25 Haitian American women with T2DM in South Florida, explicit first data gathering and analysis was done concurrently. Once the transcripts were received from the transcriptionist, they were reviewed against the digitally audio-recorded interview for each participant. For interviews conducted in Haitian Creole, the data from each interview was transcribed the data into English.

The qualitative Data Analysis Software NVivo Version 11 was used to organize and analyze the data. A table was used to manage, display, explore, and find patterns in the data collected. The historical context of the emerging themes and the Haitian American women's cultural background was taken into consideration. To ensure accuracy, the transcripts were read again and the information was reviewed by going through the data line by line.

Rigor in Qualitative Research

Research rigor ensures that a qualitative study is relevant, true, and free of bias, all of which are essential to having trustworthiness in research. Lincoln and Guba (1985) found that four criteria must be present to ensure trustworthiness in qualitative research. These criteria include: (a) credibility, (b) dependability, (c) confirmability, and (d) transferability. Thus, the veracity of the data collected was ensured by taking field notes, writing memos, and giving each interviewer the opportunity to participate in member checking to maintain credibility. Dependability was assured because all data were collected under the same conditions that included thick, rich description and detailed journaling of the experiences of the Haitian American women participants. For confirmability, memoing was used to analyze and connect key concepts and patterns and to develop an audit trail, thus guaranteeing that the data provided by the participants were reflected in the study. To attain transferability, purposive sampling, a rigorous research method and data analysis technique to increase applicability of the study findings to other populations was used (Lincoln & Guba, 1985).

Study Findings

Demographic Data

The sample included 25 Haitian American women ranging from 33 to 75 years of age. With each group, there were participants from 31 to 40 years of age (n = 3), from 41 to 50 years of age (n = 5), from 51 to 60 years of age (n = 6), from 61 to 70 years of age (n = 9), and from 71 to 80 years of age (n = 2). The duration of T2DM included from 0 to 5 years (n = 7), 6 to 10 years (n = 7), 11 to 15 years (n = 7), and from 16 to 20 years (n = 4). The educational level ranged from no previous schooling to an educational level of a bachelor's degree or higher. Educational level for the participants included, no formal education (n = 1), elementary education (n = 7), high school education (n = 9), associate's degree (n = 4), and bachelor's degree or higher (n = 4). The majority of participants were living on an annual income below the poverty line. Participants had an annual income of less than $20,000 ($n$ = 14), from $20,000-30,000 ($n$ = 7), and greater than $51,000 ($n$ = 4). The participants' marital status was single (n = 6), married (n = 13), separated (n = 1), divorced (n = 1), and widowed (n = 4). The participants' religious affiliations included Adventist (n = 3), Baptist (n = 8), Catholic (n = 11), Church of God (n = 1), Methodist (n = 1), and Pentecostal (n = 1). The interviews were conducted in English (n = 10) and Haitian Creole (n = 15). Birthplaces included Haiti (n = 23) and the United States (n =2). The participants had lived in the United States from 0 to 5 years (n = 2), 6 to 10 years (n = 1), 11 to 15 years (n = 1), 16 to 20 years (n = 4), and the majority had lived in the United States for 21 years or longer (n = 17). Demographic data for the 25 participants are further described in Table 1, and Figures 1, 2, and 3.

Table 1. Demographic Distribution

Characteristics	*N* = 25	Percent
Age		
31-40	3	12%
41-50	5	20%
51-60	6	24%
61-70	9	36%
71-80	2	8%
Duration of T2DM (years)		
0-5	7	28%
6-10	7	28%
11-15	7	28%
16-20	4	16%
Educational Level		
None	1	4%
Elementary school	7	28%
High school	9	36%
Associate degree	4	16%
Bachelor's degree or higher	4	16%
Annual Income Level		
< $20,000	14	56%
$20,000 -$30,000	7	28%
$31,000 - $40,000	0	0%
$41,000 - $50,000	0	0%
> $51,000	4	16%
Marital Status		
Single	6	24%
Married	13	52%
Separated	1	4%
Divorced	1	4%
Widowed	4	16%
Religious Affiliation		
Adventist	3	12%
Baptist	8	32%
Catholic	11	44%
Church of God	1	4%
Methodist	1	4%
Pentecostal	1	4%
Preferred Language		
Creole	15	60%
English	10	40%
Birthplace		
Haiti	23	92%
United States	2	8%
Residency in United States (years)		
0-5	2	8%
6-10	1	4%
11-15	1	4%
16-20	4 1	6%
≥ 21	17	68%

Table 1 depicts the following demographic information for the participants: ages, years lapsed since type 2 diabetes mellitus diagnosis, educational level, annual income, marital status, religious affiliation, preferred language for the interview, birthplace, and years of residency in the United States.

Figure 1. Participants'Age Distribution

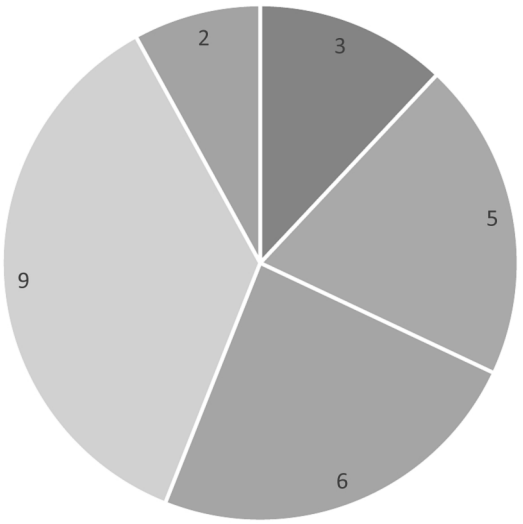

Figure 1 shows the age distributions of the 25 Haitian American women with type 2 diabetes mellitus. Interestingly, the majority of the participants were between the ages of 61-70.

Figure 2. Time Since Diagnosis of Type 2 Diabetes Mellitus

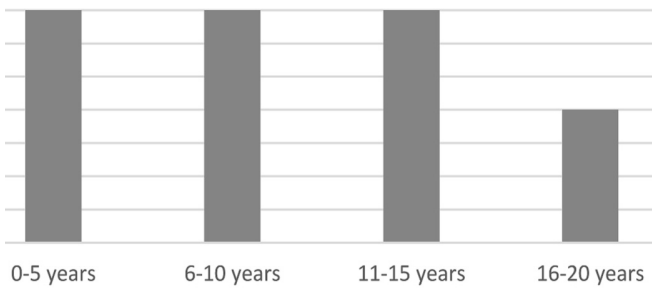

Figure 2 provides the visual representation for the number of years that the participants had lived with type 2 diabetes mellitus. Of note, none of the participants in the study reported having been diagnosed longer than 20 years.

Figure 3. Length of Residency in the United States

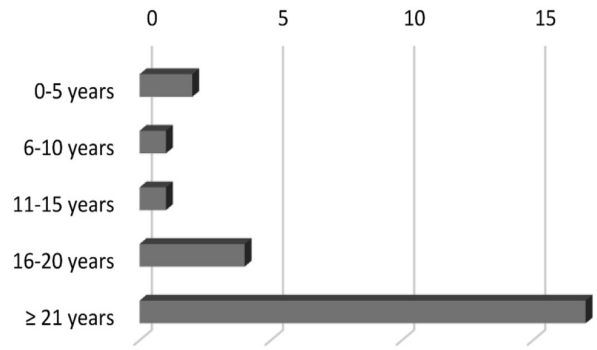

Figure 3 illustrates that the majority of the participants had lived in the United States for more than 21 years.

Four themes and four subthemes emerged from this study. For the purposes of this paper, only two of the themes and one sub-theme will be discussed. These two themes included spiritualizing and shifting cultural norms and the subtheme of dietary restriction.

Spiritualizing. Spiritualizing emerged as an essential theme in the study. Spiritualizing is the act of defining an individual's experience through a spiritual lens, including that individual discussing a reliance on faith, and the role of prayer and of God in that individual's life (George et al., 2000). Spiritualizing is relevant to how the Haitian American women participants in this study coped with the treatment and management of their diabetes.

Phenomenal, age 44, has lived with T2DM for 2 years and spoke about praying regularly for spiritual calm and surrounding herself with supportive songs and prayers. Phenomenal noted that:

Prayer prevents me from overeating or eating when I'm stressed because then. So, then I'll listen to the music. Or I'll pray. So, what I do, I'll have either my rosary or songs that I like or music (spiritual) and then that calms me down completely.

Merline, a 33-year-old diagnosed with T2DM 2 years ago, says she works to manage her diabetes, and continues to have faith that continued prayer and intervention from God may soon rid her of T2DM. Merline noted that:

It changed my life … I don't want the diabetes to get worse with me in the future. I want it to stay just the way it is. Normal. And I also know that God can cure me too. There's nothing that God can't do. God can heal me. I don't want the diabetes to bother me.

Mireille, age 62 and diagnosed with diabetes for 20 years, also endures multiple other conditions including hypertension, high cholesterol, asthma, depression, arthritis, and morbid obesity. She is certain that God's grace is the primary factor of her continued survival. She expressed her gratitude to God as she spoke with a smile:

If it's about my faith, I can tell you that it's God's grace keeping me alive … I'm someone who is living by God's grace. Look at how long I have had diabetes and I have never been admitted to the hospital. Not even one day. God gives me grace and I pray a lot.

Francia, 39, received the diagnosis of T2DM 9 years ago. She suffers from hypertension, high cholesterol, acid reflux, and had a recent mild stroke. She believes her struggle with diabetes is one of good versus evil, defined by her ability through prayer and determination to make the right choices with regard to the food she eats and her health in general, despite temptation. Francia explained excitedly:

First thing, I ask God because he's a powerful doctor. I know that doctors tell me what to follow and about nutrition, all those things. But I always pray to God, "if you remove that sickness in my life, I'll serve you for life." But that's the promise I make to God. I pray for God to remove this illness from me.

Shifting Cultural Norms. This topic emerged as a dominant theme from the analysis in this study. Leininger (2002) defined culture as the ways that individuals interact based on values, norms, and beliefs. According to Bunce and McElreath (2017), cultural norms comprise the meaning shared by individuals in a community. These norms reflect the community's understanding of what constitutes appropriate behavior, including dietary habits. Other factors impacting culture are religion, age, gender, and socioeconomic status (Leininger, 2002; Purnell, 2014; Giger, 2016). Shifting cultural norms, in essence, are the changes and adaptations to a new environment or way of living, such as dietary changes. For Haitians, food is at the center of every gathering and every celebration of a life milestone. Food is also a specific calendar marker in Haitian culture, as certain foods are closely linked to celebrating specific holidays and events. This creates a challenge for someone living with and managing a T2DM diagnosis.

Specific phenomenological data gleaned from the theme of shifting cultural norms is illustrated by the following words from the participants:

Jackie, who is 44 years old, came to America at 5 years old, and still cooks only Haitian food. She acknowledged the difficulties faced by Haitians with T2DM in eating a healthy diet. Jackie noted that:

That's just like what I think is this culture because you know we have our culture food and a lot of our food doesn't consist of vegetables. So, it's mostly rice and, mostly a lot of fried foods. This is how you cook all your life; this is your culture; this is the food that you like to eat (the urgency in her voice increased as she spoke).

Josie, age 42, has been living with T2DM for 11 years and also has hypertension. She struggles on both a conscious and subconscious level with the reality of leaving behind her food-related cultural traditions. She noted that:

I enjoy baking, but I cannot eat the things that I bake, it's an obsession, and people who cannot have the patties and the griot and stuff like that, for some reason your body, your soul attracts that type of environment. But you have to restrict yourself. I'm not happy. When I go to parties, I have to ask what is in this one? If I have a patty (Haitian pastry), I'll skip a whole lunch. So, I think it has changed me (saying this, she seemed slightly surprised at her realization).

Dominique, 50 years old, described her experience of receiving a diagnosis of diabetes 8 years ago as a "nightmare." She also has hypertension and obesity, and she reacted to how cultural changes affected her daily life, including her food preparation (spirited and amused tone). Dominique noted:

It was a nightmare! When you have a husband and kids, so I have to cook twice? Two different things? Because the kids, they eat the salad one day. My little one, "Mommy there's no rice today? What's going on mommy?" For

them, without the Haitian food, the rice and beans, the legume and everything, it's like they didn't eat yet.

Dietary Restriction. Dietary restriction emerged as a subtheme of shifting cultural norms with regard to several different aspects of these women's lives, such as socializing, daily planning, and projecting into their own future. According to Lee and Longo (2016), dietary restriction encompasses a limited food regimen as well as caloric restrictions that enhance health and have been associated with positive health outcomes. Dietary restriction is depicted in the words of the study participants.

Nanoune, 60, who has lived with type 2 diabetes mellitus for 9 years and has a history of hypertension and breast cancer, recounts her constant worry and preoccupation with eating the right foods, describing the illness in stark terms evoking human bondage. Nanoune noted that:

Because you're always watching out. You can't eat this. You can't drink that. Anytime you eat a little something with a little sweetness, even if it's something you thought was good, the sugar goes up … it can be like it's holding you as a slave!

Francia, 39, lamented about the fact that she can no longer eat the Haitian food that is familiar to her and that she craves. Instead, she believes she is enslaved to foods that are well indicated for her diabetes treatment but that she does not find satisfying. Francia noted that:

Honestly, I like Haitian food. By the way, Haitian food is not healthy. Because rice, pork, griot like I said to you and a lot of that stuff is not healthy … when you eat American food, your tummy is not full enough for me. If I don't eat rice, I don't feel like I ate well. Like I'm enslaved to the food because I have to eat American food like salad, vegetables.

Discussion

This discussion involves two of the dominant themes found in this study. These dominant themes included: (a) spiritualizing, and (b) shifting cultural norms. There was also a subtheme of dietary restriction. These themes illuminate the lives of the Haitian American women with T2DM.

Spiritualizing

Spiritualizing is recognized as a dependence on God, faith, and prayer to cope with illness (Sessanna et al., 2007). The Haitian American women in the study relied heavily on their spirituality to manage their lives and their disease. They believed that God could cure their illness and help with the symptomology of T2DM as well. The women in this study (100%) depended on their faith to cope with the challenges of living with T2DM. They trusted God to cure them or to provide them with strength to deal with the disease.

Newlin, Melkus, Tappen, Chyun, and Koenig (2008) conducted a quantitative study looking at the relationships of religion and spirituality in Black women with T2DM. The sample size included 109 (N = 109) Black women. The analysis of the data indicated that spirituality was related to better glucose control and may lead to better diabetes self-management. Watkins, Quinn, Ruggiero, Quinn, and Choi (2013) described the association between spiritual beliefs, social support, and diabetes self-management in African-Americans with T2DM in a quantitative study using 132 (N = 132) subjects. The analysis of the data indicated that subjects who relied on religion and spirituality had improved glycemic control. Tovar et al. (2014) found that 70% of Haitian women attended churches one or more times per week. The importance of religion and spirituality supports the findings for this present phenomenological study in which the participants used spirituality to cope with the daily obstacles that they faced in living with T2DM.

Shifting Cultural Norms

In analyzing the phenomenological data, shifting cultural norms was a unique factor that has not been explored previously and, as such, is an innovative way to understand the culture of Haitian American women. Cultural norms are associated with behaviors that are difficult to change. Colin and Paperwalla (2013) postulated that Haitians value their cultural heritage and face a great dilemma when asked to change their traditions to accommodate conflicting treatment plans. The Haitian American women in this present study demonstrated strong ties to their cultural heritage and experienced many challenges to cultural norms such as diet and lifestyle. For these Haitian American women, visiting family and friends was a source of entertainment and diversional activities; however, such gatherings were also a source of discomfort and stress. Following prescribed treatment regimens for T2DM made the participants avoid social gatherings.

Mchitarjan and Reisenzein (2015) conducted a quantitative study (survey) using a worldwide Internet survey to determine the motivation for cultural transmission in minorities. The sample included 844 (N = 844) subjects, including 224 (n = 224) women and 620 (n = 620) men living in 59 varied countries. These researchers noted that cultural norms are difficult to change and are integral to bringing up the next generation. These findings corroborate the difficulties experienced by immigrants of minority status in shifting their cultural norms. In addition, the researchers found that individuals believed that they have a moral right to share their cultural norms with the next generation. Likewise, Haitian American women with T2DM in this study found the requirements of managing their disease were in direct conflict with maintaining their cultural identity.

Dietary Restrictions

In the current phenomenological study, Haitian American women found dietary restrictions difficult to manage and they believed that the rigidity of dietary restrictions deprived them of their cultural identity. Scholars have long discussed the importance of cultural competence when treating individuals from varied backgrounds

(Campinha-Bacote, 2002; Giger, 2016; Leininger, 2002; Purnell, 2014). There are several studies that support the rigidity of dietary restrictions as a major impacting factor with diet, T2DM, and Haitians. Murrock et al. (2013) conducted a qualitative study in a family practice office in the Midwest to understand the personal experiences of women managing T2DM as it related to lifestyle influences and also to explore the dietary challenges faced by African-American women with T2DM. A convenience sample of 24 African-American women (N = 24) with T2DM was recruited for the study. The researchers found that the African-American women revealed that dietary changes were difficult to follow (Murdock et al., 2013). Tovar et al. (2014) noted that immigrants with T2DM had difficulty with dietary regimens while acculturating in the United States. These findings were consistent with the findings for Haitian American women with T2DM in this study.

Strengths and Limitations

The findings of this study add to the current body of nursing knowledge. No previous studies were found that explored the lived experience of Haitian American women with T2DM. Interviews were conducted in Haitian Creole and in English. Additionally, the credibility afforded by interviewing 25 (N = 25) Haitian American women of different ages, educational levels, and socioeconomic statuses added to the strength of the study (Lincoln & Guba, 1985). Limitations of the study included the fact that the study was conducted with Haitian American women in South Florida and thus the findings may not be transferable to other populations, settings, or countries.

Significance and Implications for Nursing Practice

This was one of the earliest studies exploring the lived experience of Haitian American women with T2DM, giving this marginalized population the opportunity to have their voices heard. These findings further offer nurses a deeper understanding of the lives of Haitian American women with T2DM in order to develop strategies to improve their health outcomes. Nurses serving immigrant and marginalized communities must become aware of the role that cultural factors play in influencing health outcomes. Nursing programs and schools of nursing can play a role in educating nurses about the challenges faced by minority populations, especially Haitian American women who are dealing with type 2 diabetes mellitus.

Conclusions

Type 2 diabetes mellitus is a disease that disproportionally affects individuals of African descent and is growing at epidemic proportions in the Haitian population, especially among women. The narrative interpretations of the 25 participants provided a rich description of their lives. The predominant themes that emerged from the data—spiritualizing and shifting cultural norms with its subtheme of dietary restrictions reflected the difficulties experienced by the Haitian American women with T2DM in the study. The findings in this study strongly suggest that culturally tailored care must be a significant component in any credible treatment and disease management of T2DM in this population. Finally, nurses and other members of the interdisciplinary team must have a deeper understanding of the cultural factors of spiritualizing and shifting cultural norms in order to promote health outcomes effectively in Haitian American women with type 2 diabetes mellitus.

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