
Defining Diabetes Mellitus And Symbolic Interactionism

Diabetes Mellitus is one of the nine National Health Priority Areas (NHPAs) agreed by the Australian Health Ministers' Advisory Council as it contributes to the burden of disease in Australia (AIHW, 2018b) and increases risks of other chronic illnesses such as heart disease, stroke and high blood pressure (Cherney). In this essay, the stigma associated with diabetes will be examined through symbolic interactionism. I argue that diabetes has been stigmatised in Australia and it has added to the burden of diabetes. First, diabetes will be discussed within the Australian context. Secondly, the social, environmental and cultural determinants of diabetes will be highlighted. Lastly, I will explain how symbolic interactionism can aid the diabetes burden, emphasising recommendations to aid accessibility to food places and recreational facilities and promote inclusiveness through government engagement.

According to the Australian Institute of Health and Welfare (AIHW), 1 in 20 adults (1.2 million) have self-reported to have diabetes and 1 in every 4 adults living with diabetes is undiagnosed. This has contributed to 10% of all deaths (16,450) in 2016 (AIHW, 2018a). Death rates secondary to diabetes increases as the age group increases. For instance, the death rate in the age group of 0-55 years is 4 persons/100,000 population, while the death rate in the age group of 85+ is 1,285 persons/100,000 population (AIHW). This disease not only affects the person diagnosed with it, but it also affects the people who take care of them and they are usually a family member. This translates to about 2.4 million people who are affected by diabetes (DiabetesAustralia). The estimated annual cost for diabetes is A\$14.6 billion (The Boden Institute of Obesity, 2013). Thus, diabetes management is one of the government's priorities and a lot of finances has been pumped in to tackle this disease.

There are a few determinants of diabetes. The first determinant is about the social aspect - the demographic of society. This refers to the socioeconomic status (SES). According to the Australia's Health 2018 report, the impact of diabetes varies among different socioeconomic groups. Those who come from the lowest socioeconomic areas have a 2.6 times higher rate in having diabetes and 2.3 times higher rates in dying from diabetes compared to those who live in the highest socioeconomic areas (AIHW). The area of remoteness plays a part as people who live in lower socioeconomic areas do not have the accessibility to recreational facilities to exercise and supermarkets to purchase healthier food. In addition, people who are of lower SES do not have the financial capacity to purchase and consume healthier food (Supriya Krishnan, 2010).

Urbanisation plays as a determinant environmentally to diabetes in shifting the food diet from an agricultural system toward having modern food chains and outlets. Thus, people are consuming more processed food, fats, oils, and sugar from these food chains (CORINNA HAWKES, 2017).

Food consumption affects diabetes culturally. The food we consume not only nourishes our bodies physically, but it also reveals an identity about us (FINKELSTEIN). From the previous paragraph, urbanisation has caused the rise in fast food outlets. According to the Australian Bureau of Statistics, "the total number of meals eaten outside the home is estimated to be one in three" (Australian Bureau of Statistics, 2000). The rise in dual-income families has resulted in lesser time for adults to prepare food (FINKELSTEIN), hence they eat out to save time. The

habit to eat out implies that there is a higher spending power and income amongst Australians. In addition, Australia has a strong drinking culture found usually in social situations like parties or social networking events (GERRANS). This culture of drinking can imply a stigma that if you do not drink, you do not have a social life.

Applying a symbolic interactionism approach, I will discuss the stigma about people struggling with diabetes. Symbolic Interactionism is defined “as a micro-level theory that focuses on the relationships among individuals within a society”(Reading: Symbolic Interactionist Theory,'). It is important to consider this approach because it will tackle the stigma on people with diabetes that they are different from society and it eases the burden of diabetes on them individually. As we mentioned earlier in the report, people who are of lower SES have a higher prevalence of diabetes. If they are diagnosed with diabetes, their job security will be threatened if employers find out about their condition (DiabetesAustralia, 2014). Hence, this will form a vicious cycle since their job security will affect their SES negatively.

When people with diabetes inject insulin in public, people might assume that they consume drugs (Dorothy Broom, 2004) and are drug addicts. The concept of deviance is applied as their behaviour is considered abnormal in society(Germov, 2018a), thus resulting in unfair treatment. An Australian adult with type 2 diabetes was interviewed. He felt that he was “treated as a leper” and those with diabetes were outcasted to a different meal table (Dorothy Broom, 2004). Due to this, victim-blaming can result as this makes them feel guilty about their condition and believing that the illness is their own doing. Thus, they will act accordingly to how people view them. This corresponds with a component of the ‘looking-glass self’ created by Charles Horton Cooley, which states “finally, we develop our self through the judgments of others.” (Theories of Socialization,'). If this stigma of diabetes continues to grow, more people might be afraid to go for checks for diabetes, which will contribute to the 1 in 4 adults with diabetes being undiagnosed.

Symbolic Interactionism also tackles the issue of labels attached to diabetes. The term “prediabetes” is defined as “ the condition in which blood glucose levels are elevated above the normal range but do not satisfy the criteria for the diagnosis of diabetes mellitus” (Stephen M Twigg, 2007). Even though this term can be a red-flag for diabetes, people can imply it as a form of disorder even though they are not officially diagnosed with it. Some of them may feel emotions of hurt and being outcasted, which may affect their choices in their daily lives. Why put a label on a group of people who do not have diabetes officially? (Yudkin, 2016)

There are recommendations to address diabetes. The first recommendation is to enhance the accessibility to food places and recreational facilities. Town councils can start community-based activities for the public to come and exercise together. People who are working in the central business district area can implement weekly runs or exercise sessions after work as a company together. For the people of lower socioeconomic class, they are financially taken care of through affordable diabetes checks to the public run by hospitals. As many of them live further away from the city, the government can build recreational facilities in their areas so that they can be included or provide free transport for them to exercise together with other Australians. Even though the authorities are building the concept of structure, the structure will bring about the concept of agency where it gives people the ability, both individually and collectively, to make an impact in their own lives(Germov, 2018b).

Another recommendation is to promote inclusiveness through government efforts. The

government can include more healthy food options with less sugar so that people with diabetes can feel included in society by giving them more food outlets of suitable food to consume. The health ministry can put up advertisements to promote a culture of inclusiveness to accept people who have diabetes. These can be posters on self-treatments, for example injecting insulin, so that the public can understand the lifestyle people with diabetes have to go through. This can be applied to work places where employers can be more lenient in their job selection and work around the condition of the employee with diabetes so that they can be included and live a normal life. The government should remove the label of 'pre-diabetes' as the patients are not officially diagnosed with it. Instead of this label, they should highlight their risk of diabetes in a manner which encourages them to make a healthier change so that they will not feel outcasted as someone with diabetes too. Thus, agency is also applied here as people with diabetes are given the ability to make a difference in their own lives through the government's help.

In conclusion, Diabetes Mellitus is a critical issue to be resolved. Through the approach of systematic interactionism, we can see how the stigma placed on people with diabetes or 'pre-diabetes' will affect their way of life. The diabetes stigma needs to be addressed so that people who do not have diabetes can relate to those with diabetes better and accept them. Through the structure efforts of the authorities, agency can be encouraged among the individuals to feel accepted into society and have the capacity to make a difference in combating diabetes and living a normal life.