RECOMMENDATION

Based on the findings from the present study, we recommend the following activities aiming at improving the knowledge of informal caregivers who support persons with type-2 diabetes in Vietnam:

1. Use of appropriate communication

Previous studies showed that right forms of communication would effectively improve caregivers’ knowledge. This can be done by:

a) Creating opportunities for ICGs to share their information and experiences with each other. This interaction and sharing could take place in community-based clubs and training classes directly aimed at reducing the knowledge gaps among different groups of ICGs.
b) Development and implementation of appropriate communication activities at community level with participation of medical staff who communicate directly to ICGs.
c) Distribution of educational documents such as leaflets and information sheets among ICGs.
d) Communication activities need to be feasible and sustainable to ensure longevity in community.

2. Design appropriate educational content:

a) The communication activities specifically need to focus on topics reported by the ICGs as being relevant, e.g. foot care and blood sugar control.
b) Educational materials should be informative, simple and easy to understand, and need to be adjusted to match the characteristics and culture of ICGs.

3. Increase support from the health sector

As ICGs play a very important role in disease prevention and control in the community, the health sector needs to prioritize and facilitate activities which will equip ICGs with the relevant knowledge and skills, which will allow them to provide optimal care for persons with T2D. These activities could be integrated within existing community activities, e.g. social clubs, social unions and village meetings.

Link to the project’s webpage

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REFERENCES


Project: “Living together with chronic disease: Informal support for diabetes management in Vietnam (VALID)”

Socio-demographic predictors and knowledge regarding type-2 diabetes among informal caregivers in rural communities of Vietnam

KEY RESULTS

1. Lack of time, finance, and knowledge about diabetes were major challenges among informal caregivers (ICGs) supporting persons with type-2 diabetes (T2D).
2. More than half of the informal caregivers (53.5%) reported that they had only limited knowledge regarding at least one of nine types of support offered to persons with T2D.
3. Informal caregivers with poor economic status and lower educational status had a much higher occurrence of knowledge needs on supportive activities as compared to caregivers with higher economic status and higher educational status.
4. Informal caregivers who were farmers/small traders and younger than 40 years had a much higher occurrence of knowledge needs on supportive activities as compared to caregivers with other occupations and those who were older than 59 years.

Thai Binh, 2022
INTRODUCTION

Chronic non-communicable diseases (NCDs) are now the leading causes of disease and death globally, killing 41 million people every year. Cardiovascular diseases account for most NCD-related deaths worldwide (17.9 million annually), followed by cancers (9.0 million), respiratory diseases (3.9 million), and diabetes (1.6 million). In Vietnam, there are more than 3.5 million persons with diabetes, and this number is estimated to increase to 6.1 million persons by 2040 [1, 2].

For persons living with NCDs, informal care offered by subjects e.g. spouse, children, other relatives, or neighbors, is of crucial importance for self-management of disease and thus for quality of life among those living with the disease and their families.

Diabetes self-management can work as an essential component in daily decision-making process concerning, diet, physical activity, and medications. In this context, social interactions and support from informal caregivers (ICGs) can play a vital role among persons living with the disease and improve blood sugar control and then improve quality of life.

The vast majority of studies on informal care and its importance for self-management of diabetes have been carried out in high-income countries. In addition, there is very little information available on the needs of diabetes-related knowledge among ICGs.

The present study is a part of an interdisciplinary research project “Living together with chronic disease: Informal support for diabetes management in Vietnam (VALID)” which collaborates closely with the Vietnamese-Danish Strategic Sector Cooperation (SSC) project.

The aim of this study is to assess knowledge needs of relevance for diabetes care among ICGs who provide support for persons with type-2 diabetes in Vietnamese rural areas.

METHODOLOGY

From two rural districts in Thai Binh Province, Vietnam, 1241 ICGs providing support for persons with type-2 diabetes were asked to answer questions regarding their education, occupation and economic situation. The caregivers were also asked whether they had a demand for knowledge of relevance for their support to persons with diabetes. These questions addressed appropriate diet, smoking cessation, physical activity, medication, foot care and anxiety control.

MAIN RESULTS

Type of informal support

Among ICGs, 85.9% reported that they provided emotional support for persons with T2D, followed by support regarding an appropriate diet (72.8%). Please see Figure 1 for other types of support provided by ICGs.

Challenges

Among ICGs, lack of time for caring for persons with T2D was the most commonly reported challenge (41.9%). This was followed by 23.1% and 22.5% of ICGs who reported that they lacked finance to cover expenses related to their provision of care and lacked appropriate knowledge on caregiving activities, respectively (Figure 2).

Among the ICGs, 29.4% felt stress and worried when they were engaged in provision of T2D related care (Figure 3).

Those ICGs aged <20 years and >80 years reported higher rates of feeling stressed when providing care to persons with T2D as compared to other age groups.

Knowledge on caregiving activities

Among ICGs, 59% reported that they did not know about diabetes foot care, 44.0% reported they did not have much knowledge on how to manage anxiety among persons with T2D.

Approximately 40% of ICGs had little knowledge regarding diet, medicine, exercise and hypoglycemia of relevance for persons with T2D (please see Figure 4).

The study also found that ICGs aged <40 years, who had not completed high school, with low economic status and those who cared for persons with T2D who had mild or moderate disease severity status were more likely to report low knowledge on diabetes-related caregiving activities.

Need for knowledge support

The most commonly reported needs for knowledge support among ICGs were information about diabetes (82.7%), followed by a need for health worker support, diabetes diet, and medication (79.4%, 78.9%, and 78.7% respectively) (Figure 5).

CONCLUSION

Although Vietnam has policies to strengthen the prevention and control of diabetes at community levels; it is necessary to develop and implement more specific and effective solutions to the existing challenges.

ICGs experience many challenges, including lack of time and financial shortage. In addition, they often report that they lack knowledge about relevant caregiving activities for persons with T2D.

A total of 53.5% of ICGs expressed that they had a knowledge need related to at least one of the nine supporting activities.

ICGs with low economic and low educational status, who worked as farmers/small traders, and who were below 40 years had a high need for knowledge regarding supporting activities.

There is an urgent need for the development of training programs tailored to increase the level of knowledge of informal caregivers supporting persons with type-2 diabetes in rural communities of Vietnam.