Gender Differences in Risk Perception and Emotional Distress in Patients with Type 2 Diabetes

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The present study examined the risk perception related to diabetes and its complications and emotional distress experienced by patients with Type II diabetes. It was hypothesized that: a) male and female diabetic patients are likely to differ in the level of emotional distress and risk perception; b) the level of emotional distress and risk perception of patients with diabetes are likely to correlate. The sample comprised 100 patients with Type II diabetes and was recruited from a diabetic clinic of a teaching hospital in Lahore, Pakistan. Risk Perception Survey-Diabetes Mellitus Scale and Diabetes Distress Scale were administered individually to the participants. Data was analyzed using independent sample t test and Pearson product moment correlation. Female patients reported significantly more emotional distress as compared to male patients. The findings highlight the significance of psychological services for patients with diabetes to help them deal with emotional distress. Male patients perceived more diabetes-related risk compared to female patients. A significant relationship was found between emotional distress and risk perception of patients. Findings have very important implications for patients, their families, and healthcare professionals.

Keywords: diabetes; emotional distress; risk perception.

Patients with Type II diabetes may experience psychological distress i.e. depression and anxiety, but little recognition or intervention has been offered to them. There is an evidence to suggest that depression affects 10-20% of patients with Type II diabetes but often it goes unrecognized and unnoticed (Pouwer, 2009).

In diabetes mellitus (DM), the body is unable to produce insulin, or becomes incapable of utilizing the pancreatic hormone properly (Richard, 2002). In DM, there is a high level of blood glucose which results from a deficit of insulin. This deficiency could be absolute insulin deficiency, or insufficient insulin action (insulin resistance), and/or a failure of the beta-cells to produce sufficient insulin (Jenny, Ivan, Victor, & Francois, 2011). The prevalence rates of diabetes varies markedly around the world; the disease is absent or rare in some indigenous communities in developing countries in Africa, the Eastern Mediterranean, and the Western Pacific, while among some Arabic, Asian Indian Chinese, and Hispanic American populations, it has been reported 14 to 20 percent (WHO, 2000). In the United States, African Americans, Hispanic American, and Native Americans are at a higher risk for adult-onset diabetes than European Americans and Asian Americans (USDHHS, 2000).

Diabetes has been reported as the third most common chronic illness and one of the leading causes of death. The population of developing countries appears to be at a greater risk of DM. The WHO ranks Pakistan seventh in the prevalence of diabetes and around 5,217,306 people in Pakistan are estimated to suffer from diabetes. By 2030, it is estimated that the number will rise to 14,899,131 (WHO, 2009).

Risk has been viewed as an objective reality which is measurable, controllable, and manageable. Risk is often socially constructed, and depending on the socio-cultural context, different groups of people generally understand it differently. In a specific dangerous situation, risk has often been seen as the likelihood that an individual will experience the effect of danger.