

Perceptions of a group of men on *Diabetes Mellitus*: contributions to nursing

La percepción de un grupo de hombres sobre la Diabetes Mellitus: contribuciones a la enfermería
Percepção de um grupo de homens acerca da Diabetes Mellitus: contribuições para a enfermagem

Cleotilde García-Reza¹

Eden Cruz Campuzano¹

Danelia Gomez Torres¹

María Juana Gloria Toxqui Tlachino¹

Betsy Corina Sosa García¹

1. Autonomous University of the State of Mexico. Toluca, Mexico.

ABSTRACT

The aim was to understand how men in the State of Mexico perceive diabetes. An ethnographic study based on in-depth interviews with 15 men with diabetes who participate in an exercise program, in a municipality in Mexico. For a period of eleven months, the main researcher remained in contact with this community of men who belong to a support group. Content analysis was performed to group data into categories. The men expressed that in their daily lives the disease gave rise to different feelings, such as fear, anxiety, anger and sadness. These perceptions help nurses to understand the social and cultural world, comprised of beliefs, actions and interactions. The field of nursing is in need of new paradigms to provide an epistemic foundation for the care of these men living with diabetes.

Keywords: Men; *Diabetes Mellitus*; Nursing; Pathology.

RESUMEN

Comprender cómo los hombres perciben la enfermedad de la diabetes, del Estado de México. Estudio etnográfico a través de entrevistas a 15 hombres con diabetes de un programa de ejercicio, en un municipio mexiquense. El investigador principal permaneció en contacto con esta comunidad de hombres pertenecientes a un grupo de autoayuda por un periodo de 11 meses. Los datos se analizaron con la técnica del análisis de contenido para agruparse en categorías. Los hombres expresan en su cotidiano que, la enfermedad es una situación que libera sentimientos, fluctúan entre el miedo, inquietud, ira y tristeza. Dichas percepciones aproximan al profesional de enfermería a descubrir el mundo sociocultural constituido por creencias, actos e interacciones. El campo de enfermería necesita nuevos paradigmas a fin de incorporar una base epistémica para el cuidado de estos hombres que viven con *diabetes Mellitus*.

Palabras-clave: Hombres; *Diabetes Mellitus*; Enfermería; Patología.

RESUMO

Compreender a percepção dos homens com *diabetes mellitus*, no Estado do México. Estudo etnográfico através da entrevista com 15 homens com *diabetes mellitus* que participam de um programa de exercícios em um município mexiquense. O investigador principal permaneceu em contato com esta comunidade de homens através de um grupo de apoio por um período de 11 meses. Os dados foram analisados com a técnica de análise de conteúdo, agrupados em categorias. Os homens expressaram que em seu cotidiano, a doença é uma situação que libera sentimentos que vão desde o medo, ansiedade, raiva e tristeza. Estas percepções faz com que a enfermeira se aproxime para descobrir o mundo social e cultural constituído por crenças, ações e interações. O campo da enfermagem requer novos paradigmas a fim de incorporar uma base epistémica para o cuidado destes homens que vivem com *diabetes Mellitus*.

Palavras-chave: Homens; *Diabetes Mellitus*; Enfermagem; Patologia.

Corresponding author:

Cleotilde García-Reza.

E-mail: cgarc0506@yahoo.com.mx

Submitted on 03/26/2014.

Accepted on 07/25/2014.

DOI: 10.5935/1414-8145.20140080

INTRODUCTION

In 2011, 185 million men and 181 million women worldwide were diagnosed as having *diabetes mellitus* type 2 (DM2). It is expected that in 2030 these figures will rise to 277 million for men and 275 million for women (minimal difference between genders in both periods). These figures reflect predictions by the World Health Organization, the International Diabetes Federation (IDF) and the Mexican Diabetes Federation¹⁻³.

Different studies have been conducted around the world⁴ which show that different social conditions, such as poverty, low education and racial segregation, are associated with an increased risk of developing diabetes⁵. It is also important to point out that diabetes does not affect everyone in the same manner. New studies⁶ examine how the effects of this ailment on men and women are different. Although diabetes occurs more frequently among women, men have complications at earlier ages^{4,7}.

Diabetes is possibly the greatest health problem Mexico has ever faced in its history. There are 14 million people with this disease, which ranks the country as seventh on an international scale. According to the 2012 National Health and Nutrition Survey⁷ (Ensanut), complications arising from diabetes have an anthropological, economic and psychological impact, underlying the disparities between genders in terms of morbidity and mortality⁸.

It is mistakenly assumed that certain gender-related behaviors can negatively affect health⁹. Eating and drinking too much, as well as sometimes resisting the care related to certain symptoms, is common, which can lead to an identity conflict due to male stereotypes based on physical strength. This disease predisposes sufferers to the loss of physical functions¹⁰, certain fears and the risk of having to depend on others. Sometimes these arise due to conditions that cause physical disabilities, such as blindness, amputations and kidney failure¹¹.

Denial in relation to the disease is common among men with DM2 since it is considered incurable. Apart from pharmacological treatment, it requires a healthy lifestyle which, in turn, requires changes in the cultural patterns of the family¹². The problem doesn't stop there, Leininger says: "the culture dictates what health, disease, life and death are; as well as the need to seek care or feel anger, sadness or melancholy"^{13,102}. Upon discovering what the person feels in relation to his or her disease, health professionals identify the person's social world which, among other aspects, is comprised of beliefs that can be observed in different contexts when engaging in actions, interactions and forms of communication^{11,14}.

Reality is subjective and stems from the perceptions, experiences and actions related to social and cultural contexts. Leininger emphasizes seeking, discovering and interpreting the circumstances underlying the behavior of people in regards to their care; in doing so, people undertake to purposefully reveal the beliefs and practices that guide their way of thinking and acting in relation to the disease^{13,15}.

In Leininger's view, transcultural nursing is a formal area, a work centered around the object of study, culture, health or

disease beliefs, values and personal practices in order to help care for and restore a person's health¹³. Likewise, understanding how people with DM2 live becomes a cause for social concern. Men with diabetes type 2 have different problems due to deteriorated health, uncertainty and fear of complications, which cause major changes in their daily lives¹². In light of this, gender and health studies are essential for the disease and treatment. The main challenge today is to design specific care strategies based on studies involving the male sex, since for many years these have been conducted in relation to women's health, displacing those related to men and their health^{6,10}.

These types of studies should be approached differently for each gender, both in regard to their needs as well as the perception associated with health, in the different groups that form our society¹⁰. The role of men in relation to the health-disease binomial has not been studied much. In this regard, perception may be a factor for providing scientific nursing care.

Given this situation, the purpose of this study is to: Understand the perception of men in the state of Mexico regarding *diabetes mellitus* type 2.

METHOD

This is a qualitative investigation which uses an ethnographic approach. The fieldwork was conducted, based on a prior three year coexistence, relying on other quantitative studies, in a low-income community, located in the eastern region of the state of Mexico.

Participants

The work entailed studying a group of men, from ages 50 to 70, belonging to a self-help club, who share certain social and demographic characteristics, such as primary school educational level, limited financial resources and who are treated in the public health care system. The club is comprised of 15-20 men who live in different municipalities and make a weekly token payment. The entire group was part of the study and the fieldwork (observation of the participants) was performed during the time engaged in their social activities. A subgroup of 15 participated in an individual and/or group interview. The sole criterion for inclusion was voluntary participation. The interviewees were identified by the letter H, followed by increasing consecutive numbers, according to the order of the interviews.

Data collection

This activity involved 30 hours of observation of club participants, which were recorded in field notes, as well as 15 semi-structured interviews of men who have been suffering from the disease for at least five years. Contact was first made through an official body, requesting authorization from the club, which provided an effective means of entry during a period of 11 months from June 2012 to May 2013. During the first encounter, the objective of the research and purpose of the visit of the researchers was explained. To improve the group's response, it was decided to contact the leader, in order to locate the members

and schedule the date and time for the meetings, where each one was invited to be part of the discussion groups. At first, there were only six men, but by the sixth month there were 15 participants. Some meetings were held in the club, others in homes, so that the participants would feel free and relaxed to tell their stories. We used the discussion group technique for the interviews, which enabled us to establish thematic questions to be developed, based on a pivotal question which guided the study: "Tell me what it's like for you to live with diabetes", until exhausting the subject which took an average of 50 minutes. It was explained to them that they had the right to stop participating in the project at any time and each one signed beforehand an informed consent form. Permission was also requested to record the interviews and they were assured that the information shared would remain confidential. The interviews were coded using the letter M (Male), followed by numbers 1 to 15.

The study complies with ethical research requirements, as set forth in: Regulations from the General Health Law Regarding Health Research, in Article 14, subsection VII and Article 17, subsection II. The research was deemed to be of minimal risk to participants¹⁶.

Analysis strategies

The information obtained from the fieldwork was faithfully transcribed as quickly as possible. Analysis of the data was performed parallel to its collection during the unfolding of the research. There was constant reflection throughout the process of preparing and analyzing the field log.

The categories were structured inductively to be integrated into the final formulation of the results.

To understand the messages identified in this research, the methodological framework for content analysis proposed by Bardin was used¹⁷ - a method which enabled the dialogs of the participants to be analyzed and facilitated the compilation of the content.

The objective of the research is to understand how diabetes is perceived by a number of inhabitants in the State of Mexico.

RESULTS

The group was made up of 15 men with *diabetes mellitus* type 2, from ages 40 to 70, married, and with elementary school education only. Six of them lived on less than ten dollars a month and only five received more than 12 dollars monthly.

This group of men articulated their perception of the disease. Based on the information obtained and through a process of inductive coding of the data, the following categories were obtained:

My enemy, a friend for life

From reading the stories of the men, it can be noted that this health status engenders a series of reactions related to the disease. They express fears to the point of considering it their enemy and tend to run away from it, but after further reflection, it becomes their best friend for life. If not, it leaves them feeling

empty, angry and defeated. They perceive the disease as a phenomenon associated with the progressive deterioration of the body and ultimately feel it is better to coexist with it, as seen in the following accounts:

... For the first few months I felt like killing myself. This enemy, if it is indeed an enemy, made me feel very bad. I was disappointed with life but, little by little, I got over those thoughts and somehow got used to it. Later on, I thought I would have been crazy if I'd done that. Now, I accept what God's doing. When I found out, I told my family and then the doctors treated me and gave me medicine. My family and I tried to get medicinal things. In the end I decided to let it be a friend which would be better than having it as an enemy... (M1, 9).

... When they told me I was diabetic, I felt I was going to die. I imagined the worst, but now I feel it's under control. I feel great, I feel very comfortable with my friend, if it is my friend. Sometimes people tell me I'm crazy because I'm so happy, whereas before I wasn't. When I still wasn't going for treatment, I felt tired, with no desire to do anything. I was very sleepy, like heavy. My mouth got dry a lot and I had to drink water to be able to talk. When I didn't know I was sick with diabetes I felt awful, even my attitude toward others was more aggressive. Any little thing upset me. I felt very violent... (M11, 13).

... I got hit by diabetes. I was paralyzed because of my blood. I had been feeling it, but didn't give it any attention, until one day I experienced the worst. My whole body got paralyzed, just my head moved, and I had to face the enemy. I had a glucose level of 450. I was put on medication and started to react little by little, and began to move my body. I didn't go to work. I'd go to work, but would feel sick. Now, it's my friend. I treat it, which is better than having to deal with it when the disease is raging... (M3, 15).

... At times I find it hard. I have to abstain from certain things that I used to be able to do before. Sometimes, when I'm feeling depressed I say to it: "disease, I hate you." It's my enemy. It gives me a lot of distress. If you're a little neglectful, it attacks you. It's a fierce enemy, it doesn't know you or understand, and this makes me feel depressed and keeps me from being happy. It ends up in anguish. Whatever God wills, he's my refuge, the only one who can help me... (M4, 13).

... I call this disease the devil. It's hard because I can no longer maintain the same pace of life, and as difficult as the disease is, I have to join forces with it. It's better that way, because such is life, and I try to live it to the fullest. I'm not afraid of it, since I know I've got to die from something one day, but I also know that in my case I contributed to this somewhat because I didn't take care of myself. I thought nothing would ever happen to me and in everything I did I didn't give a damn if there would be consequences or

not. But now it's better to live on friendly terms with the disease... (M2, 6).

... I didn't know anything about this disease until one day I went to the doctor to do some tests because I had started feeling tired lately. I had started to get thin and pale. When I found out, I felt bad and got discouraged. I thought: I've really done it now, messed up big time. It felt like something was slowly consuming me. I almost died, but I try not to think about it, but thank God I understand more about it now... (M7, 9).

In these men's accounts, the followed can be noted in their perception of this disease: it paralyzes their body; they go through a process where there is a human, emotional response; they recognize how serious it is, that it can devastate the body. These men, each with similar stories, view their health status from the perspective that making a change can improve their ailment.

Completely different before and after

As seen in the interviews, the men notice a change before the onset of the disease, but usually when they are already confronting a host of ailments. They claim that it is not easy to live with the disease, that they have to make significant changes compared to how they lived before and then afterwards living with it day-to-day.

... Unfortunately, it's a very drastic change. That is, before the disease, I didn't take care of myself, but now I do, afterwards. Right now, I take good care of myself. I don't eat the same as before. I used to like eating lots of goat tacos, barbecue and meat pies. Every night I would go out and eat two or three plates of *pozole* (a stew). I'd have a soft drink with every meal. I used to eat lots of tortillas and liked drinking beer to the point of excess. And the worst thing is that I did it a lot. All of these things are harmful. I used to really like soda pop, but now I've stopped. I don't drink any of that now. That's over for me. Today I think to myself: I'm sick, I've felt my body deteriorate and for this reason I take better care of myself... (M1, 15).

... I changed, ultimately. It was necessary. I don't eat the way I used to. I believe in helping the medication. Medication, on its own, would also be difficult. At a certain point I started looking at the disease negatively. I would say: "why do I have to be suffering here", but after it started I saw it differently. But honestly I don't even want to think about it. It was very hard... (M2, 3).

... The period after, this, that... The change is difficult. It's another life. It's no longer the same as before. I feel the change has been tough for me. Sometimes I feel like dying, but then, I remember that life is a treasure. There's definitely a big difference between being healthy and being sick. At times we don't appreciate the things around us. We're meant to live life, enjoy it, be well, prepare

ourselves and receive training. After all, there are new things, but unfortunately there isn't anyone afterwards to lend you a hand... (M4, 13).

... The disease brings a lot of changes. You have no idea how much. It completely changed my lifestyle. Before, I was used to eating way too much and I didn't do any exercise. I stayed up a lot just watching TV shows. I really didn't worry about it. I didn't think something like this would ever happen to me. It's too late now, but nevertheless I try and put up with everything in order to stay alive. I try and do everything the doctor tells me and only God knows when it will be my time... (M7, 14).

When human beings get sick, they undergo a series of emotional reactions to the disease. In light of what they've gone through, their lives are different, but they feel an inner need to control the disease. They sense the urgency to change their behavior in terms of the way they live.

Exercise eliminates medication

They understand that exercise is very important when you have diabetes, and once it is diagnosed, they exercise to improve their blood glucose levels. They recognize the benefits and come to believe they can replace medication with exercise in order to control glucose, as can be seen in the following accounts:

... I'm currently not doing much exercise because I don't have a lot of time, but when the sickness first appeared I was taking three pills. The doctor gave them to me. He told me: do exercise. I had been doing it for six months straight and was able to control my sugar, and afterwards the doctor told me to take one pill, and today I just take that one. And, of course, I also lowered my alcohol. I really like drinking and it's something I never thought I'd have to give up. A friend also gave me this tip, and now it's fine... (M1, 9).

... Hey, so when they told me, "you have diabetes", I went out jogging and pushed myself, doing five kilometers a day. I drank water. That's how I got started. It went on for two years. The doctor used to check me every eight days and told me you're doing fine, you won't need to take medication, there's no need to since you're controlling it. And so, until today I haven't taken any medication. I avoid eating sweets and things with a lot of flour... (M3, 15).

... I've been treating it with medication and exercise. I walk 30 minutes and, if I can, I also do it in the afternoon. I have checkups with the doctor who is treating me, but I take pills. Sometimes I think the drug speeds up your body, in addition to damaging it a little. I told my doctor that and he said: let's check your eyes and certain things, since diabetics have lots of complications. They can lose their sight if untreated. They have problems. I eat things that aren't very sweet. I don't eat many tortillas or much

bread. I eat very little fat and not much meat. I exercise, eat cooked vegetables in the morning and always try to drink water... (M4, 10).

... For exercise, sometimes I'll go for a walk in the mornings with my dog and if not, then with my wife, so that I don't feel alone. I also do a little dancing, some *cumbia*, until I start to sweat. That, for sure, helps me a lot. I feel more agile, peaceful, relaxed and inspired, since I'm taking less medication... (M5, 7).

... I didn't used to like exercise, but a friend gave me that tip. I didn't believe him, but now I do. I have to do it for my own sake. I need to walk a lot during the day or in the afternoon. I live near a football field and I do several rounds. I feel that it makes my body relax so that I can feel good and healthy. I try to live a normal life without worrying about what people tell me. I know that if I slow my life down and do what the doctor says, I can still live many more years. I know basically that the disease can be controlled very well, but I lack faith, and sad to say my family doesn't support me, they demand that I put food on the table... (M2, 6).

Some of the members of the study do exercise to limit or reduce the negative impacts of the disease. They say they keep their glucose at normal levels and therefore believe that exercise is very good. These accounts serve as a bridge that links nursing to the daily context of people with diabetes to see that exercise results in their taking less medication, apart stabilizing their discomfort, anxiety and fear. It is important to emphasize that medication can only be reduced according to the extent that the person exercises. They say they learned about the process through a friend. So, although these men perceive that the disease subjects them to differences, they battle with it day-by-day in order to recover. They believe they experience better health as a result of exercise and seek information and alternative ways on how to care for themselves.

Anger and annoyance

They also view their sick bodies with anger, sadness and fear of progressive damage. However, as time passes, they see things more positively. Since men are providers, they feel unhappy, but men must also be seen as experts in sharing their experiences, and this can help them cope with the disease.

... Right now I feel very sad, angry and gloomy to the point I even feel like crying, but I think this is normal because you can't be happy all the time. But this happens to me more when I'm angry about a certain thing, and then the difficult moment passes and I don't feel the effects so much. However, I feel it happens more than before. Since becoming a diabetic, I get angry very easily and therefore tend to feel worse. What's more, in terms of work, I'm the breadwinner. There are people who don't understand

what I explain to them and they make me get upset and sometimes we have a falling out... (M1, 9).

... Well, in terms of controlling it, some days you're fine and other days you're sad, angry or depressed and feel like you got a raw deal, but basically it depends on what mood you're in. Sometimes you don't know if you'll be depressed or worried, and you're scared because you don't know what's going to happen to you. I have friends who are diabetic. They don't look good. They look like they're in a bad way. Most people who are diabetic don't look good for the most part, but sometimes if I try to share my experience with them, as someone did with me in the past, they take it wrong... (M2, 4).

... My health is screwed up... it's changing as life passes, but it depends a lot on the person, because if you misbehave or do things you shouldn't, if you eat things you know will harm your body, then, for sure you'll do yourself in... (M5, 14).

... Honestly, it's been very hard for me to get past every problem that arises. I didn't think this disease would be so nasty, but unfortunately it's my lot in life to go through this. So, for this reason, between all the ups and downs I try to be faithful with my food, I take all my medication and I do what the doctor says. Unfortunately, sometimes I lack resolve, but at least I want to live a little longer and not let myself get down in despair because if I do that then everything I did before will have been for nothing. Now, I try to live with my life with the disease. I know that things happen for a reason and I have no choice but to resign myself... (M6, 12).

... For me, life is the most beautiful thing that God has given us, although at times we don't know how to take care of it and we ourselves damage our body through everything we eat, thinking it's the best, but we don't realize we're putting a bomb there. Health is something we all want to have, since good health keeps us alive, healthy and without ailments. It makes me sad to no longer be able to work and pay the bills. Some of my children don't understand this. Perhaps they got this bad side from me. My wife understands me, but at times some of my kids aren't very understanding, and that makes me feel bad... (M7, 11).

It is evident that the behavior of these men is at odds with the treatment and care, which create an identity conflict because of the role they play as providers. In addition, the responsibility they feel towards work and family generates some degree of anger, feelings of insecurity and fear, due to the lack of understanding on the part of their families, which is certainly an attitude for concern in their care.

Surprises or scares that simply came to stay

Fear is present in this group. They believe the disease was the result of a scare that harmed them. They note a real danger,

a primary emotion derived from the natural aversion to risk or threat. This is reflected in the way people interact within the context in which they operate, which facilitates the interpretation of social events in their vision toward the world.

... In my case, I was taken by surprise and the doctor told me that I already had it, but I didn't know what brought it on, if it was because my father died, or my wife had an accident and it was rough. And when they told me, I felt bad. I think it was that, due to the scare, who knows. I wouldn't be able say now what it was, just that it appeared when my father died and my wife had an accident. The disease came and stayed. That stayed... (M1, 15).

... Lots of problems. I had a son and a daughter-in-law, and they often gave me problems. They would get together and then separate. Unfortunately, I told them that if they wanted to live like that they would have to move away from me. If they wanted to live like that, they could, but to leave me in peace. My son who was married to the girl died and the wife was left alone, and now what worries me the most are my grandchildren. They're already young people, but God is my strength... (M2, 9).

... Eating too many sweets, too much soda pop, beer, too much meat, pressure at work, pressure, for example, even on the highway, guys in the street. Something that affected me was that I could have had an accident in a 10-ton, loaded truck that lost its brakes. It was a terrible scare, heavy. Mind you nothing happened, no big things, but it was an important factor. We could have all died. We were seven people in the truck and I felt fear, terror, distress, anxiety, and I went through some very intense moments... (M4, 7).

... I had go into surgery and they cut the thighbone of one leg and from there had to operate on both legs. From the time they started operating, I was afraid, very afraid. I thought I would die and I left myself in God's hands, if that... (M5, 13).

In terms of the experiences these people have lived, family problems, fears, scares and even finding themselves on the verge of death are attributed to bringing on this disease. Their narratives allow us to see what their lives have been like, in the belief, therefore, that they benefit the support of human life, as well as the importance of providing care to these groups.

DISCUSSION

The different components of the narratives reflect the perceptions of those who live with diabetes. During the time of the disease, they share how to control emotional states, generated by numerous characteristics and contexts - taking into consideration that each one has his own practices and beliefs.

Leininger points out that the culture of each society defines what health, disease, life and death are¹³. Suffering is present in this group of men, which makes them more vulnerable, even more so when there is an inner rupture resulting from the disease. They are aware that it cannot be healed, but can be controlled, and the time also comes when the disease knocks them down and prevents them from doing everything they used to do in their daily lives^{18,19}. Therefore, the involvement of the nursing professional is essential¹⁴. In these circumstances, the need for care responds to a particular way of seeing and experiencing the disease. In these cases, the role of nursing is relevant, since it helps diabetics become increasingly involved in the care and control of the disease, whose medication-based treatment is lifelong - perceived as a final therapeutic option given the seriousness of the disease, and they even associate it with the terminal stage and until death²⁰.

Among the stories there are different perceptions on negative things related to the greater number of ailments. Some consider exercise and good nutrition as an alternative treatment option¹⁸. Diabetes is an alarming health issue and many sufferers require individualized care to control the disease and its complications. This entails a mutual commitment, both on the part of the families and those living with the disease. The best approach, however, is a change in eating habits and doing regular physical exercise. However, there are some who feel they can manage the disease, even claiming not to need pharmacological treatment. Emphasis is placed on exercise which is essential for its treatment, even to prevent suffering and death from dangerous complications, such as blindness, kidney failure and amputations^{8,21}.

In this regard, it is important to note the beliefs about the origin of the disease, the most common ones being: anxiety, anger, disgust, sadness^{6,9}. These perceptions show how they live over the course of their disease: these men have a negative outlook toward its sudden manifestation in their lives¹⁸; the beliefs associated with the origin of the disease depend on each personal and family situation and cultural patterns; it gives rise to negative feelings, such as the interference it causes in their daily lives, the fear of complications and the symptoms¹⁰, which can worsen their health; as well as anger, blame, resentment and sadness; feelings of anxiety that they may have to stop working for more or less prolonged periods of time, even permanently, leading to a certain instability that often affects their understanding of lifelong treatment⁶.

By reflecting on these people who live with *diabetes mellitus* type 2, it is possible to develop an approach involving nursing professionals, due to the importance of ongoing care in this context. It enables an understanding of the theory of universality and diversity of cultural care. According to Leininger¹⁵, it is a theory centered on the culture of care, wellness, health, disease and death. These inner emotions are related to the information and beliefs that are built and reproduced at the socio-cultural level and ultimately with certain aspects of their outlook that makes

them more or less vulnerable in their day-to-day living with the disease¹⁰. In this sense, the perceptions of these men toward the disease, due to its spontaneous occurrence, is that it limits their ability to perform their usual roles, their potential decreases and it causes deficiencies in essential functions. They also understand the degree of its irreversibility and its threatening nature. These appear to be fundamental attributes that contribute toward the idea they have about the disease, and above all in knowing how to deal with it^{14,20}.

These men have apparently learned to live with their suffering⁴ in a process of change, which takes time and continued effort in their new life situation^{21,22}. It is clear that the Mexican participants experience a social reality that has been affected by changes associated with beliefs tied to male stereotypes when expressing emotions of fear and sadness. They view these emotions as loss of strength or being sensitive as a result of the disease⁹. However, these emotions drastically delineate and define the male role²³. That role also establishes the identity attributes of men and therefore reaffirms the culture of what is or is not allowed for them. The same act or event will be judged differently depending on who does it, whether it's a man or a woman. They indicate positive or desirable behaviors for each one, regardless of the pain that their attainment generates.

Spiritual issues also emerge. The men recognize that they experience life and death moments. It is possible that a religious outlook gives them support against the disease. It is found in their daily lives, after dealing with the disease, mainly during times of instability, when God is the only superior being who can provide the necessary strength to persevere during this stage of life that overwhelms them. In the face of this arises the human need for a spiritual philosophy, which involves supernatural, sacred and divine beliefs²⁴. Such religious beliefs are associated with a life that harmonizes its existence with less suffering, until recovering from the fatality of the disease²⁵.

In this context, Leninger¹³ argues that there is no one sole way to build and experience what each person lives in relation to the disease. We can approach these men who live with diabetes - since it depends on each one's experience with the disease - to obtain an epistemic foundation that will enable us to provide a specific form of care given the vulnerability of these people who live with diabetes. Nursing activities would be based on the identification of human responses in caring for others, based on sensitive and creative care²⁵.

In recent decades, both in the field of nursing as in all the sciences, new subjective paradigms are interpreted under conditions that depend on the theoretical orientation of the paradigm to account for the way people think, act, understand and interpret these beliefs about the vulnerability of life. From qualitative perspectives, new epistemological methodologies can be incorporated in relation to nursing care^{9,22}. Humans are vulnerable in the face of suffering, pain and sadness. They are not always accepted, as though man had control over these events, but this concept does not make sense in a society enslaved by

technology. They are unable to perceive human suffering and, for this reason, it is necessary to restore the vision of holistic and cultural care^{8,25}.

CONCLUSION

This research revealed that the disease *diabetes mellitus* type 2 in Mexican men, gives rise to emotional changes that affect their role as providers. It also generates conflicts inserted within a cultural context, mainly related to food and exercise. Beliefs about the forms of care that help control these processes in relation to the new health condition intensify the suffering.

An epistemological contribution entails understanding their social environment, which will facilitate care based on their own beliefs about health or disease. It is a matter of physically putting yourself in the other person's place, in order to understand their feelings and thoughts, and especially what they have to do in their daily lives. This is an interesting approach that transcends nursing and promotes the development of the profession, through the monitoring of care related to the processes of health and life.

Given the above, this reaffirms the importance of the transcultural nursing approach of Madeleine Leininger, when seeing the need nurses have to understand similarities and diversities of care. Therefore, it is essential that nurses be willing to talk with this group of men suffering from this disease, as a strategy for confronting the daily living with it, convincing them that their lives will take a different path from the one they were accustomed to. Taking into account their religious outlook, an authentic system for the care of health and life needs to be built.

These life experiences should not only motivate nurses, but also an entire multidisciplinary team to work on behalf of these men with diabetes, as well as with their families, since they are the ones who live with them daily. When innumerable emotions arise, such as anxiety, anger, gloom, professionals should not view these people as just another user, but perceive the human suffering generated by the vulnerability of the disease.

Certain methodological difficulties were encountered in the study, taken into consideration in the results, due to the first approach to the research, which may well be a factor for further research on the subject, in order to provide an epistemic foundation for preliminary nursing care in future research related to beliefs, habits and life patterns of study groups.

REFERENCES

1. Organización Mundial de la Salud - OMS. Diabetes. Nota descriptiva N° 312/2012. [Citado 2013 sept 23]. Disponible: <http://www.who.int/mediacentre/factsheets/fs312.html>
2. Federación Mexicana de Diabetes - FMD. México 2012 [citado 2013 nov 07]. Disponible: http://www.fmdiabetes.org/v2/paginas/d_numeros.php.
3. International Diabetes Federation - IDF. Diabetes Atlas Update 2012 [citado 2013 sept 23]. Disponible: <http://www.idf.org/diabetesatlas/5e/Update2012language=es>

4. González GN, Tinoco GAM, Benhumea GLE E. Salud mental y emociones en pacientes con enfermedades crónico-degenerativas. Un acercamiento a la diabetes mellitus tipo 2. *Revista de salud pública*. 2011 sept/dic;14(32):258-79.
5. Tejeda TLM, Grimaldo MBE, Maldonado RO. Percepciones de enfermos diabéticos y familiares acerca del apoyo familiar y padecimiento. *Revista de salud pública y nutrición*. 2006;7(1):9-14.
6. Rivas AV, García BH, Cruz LA, Morales RF, Enríquez MRM, Román AJ. Prevalencia de ansiedad y depresión con diabetes mellitus tipo 2. *Revista Salud en Tabasco*. 2011;17(1-2):31-3.
7. Encuesta Nacional de Salud y Nutrición - Ensanut, Instituto nacional de salud pública [periódico en Internet]. México 2012; [citado 2013 enero 18]. Disponible: <http://ensanut.insp.mx/>
8. Valenciaga RJL, Navarro DD, Faget CO. Estudios de intervención dirigidos a disminuir el riesgo de padecer diabetes mellitus tipo 2. *Rev Cubana Endocrinol* [online]. 2003 Dic;[citado 2014 feb 13];14(3). Disponible: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1561-295320030003000es.
9. Colunga RC, García de AJE, Salazar EJG, Ángeles GM. Diabetes tipo 2 y depresión en Guadalajara. *Revista de Salud Pública*. 2008;[citado 2014 mar 25];10(1). Disponible: <http://www.redalyc.org/articulo.oa?id=42210113>.
10. Ledón LL. Articulación entre las categorías cuerpo, género y enfermedad crónica desde diferentes experiencias de salud. *Revista Cubana de Salud Pública*. 2011;citado 2014, enero 18];37(3):324-37. Disponible: <http://redalyc.org/articulo.oa?id=30400707>.
11. Zamora MR. La enfermedad y el sentido del sufrimiento. *Rev Cubana Salud Pública*. 2009 mar;[citado 2013 Mar 30];35(1). Disponible: <http://scielo.sld.cu/scielo.php?script>.
12. Girardon PNMO, Hoffmann JM, Picoli DG, Bertoldo C. Lidando com perdas: percepção de pessoas incapacitadas por AVC. *REME*. 2007abr/jun;11(2):149-54.
13. Leininger M. Cuidar a los que son de culturas diferentes requiere el conocimiento y las aptitudes de la enfermería transcultural. *Cultura de cuidados*. 1999;(6):5-12.
14. Gómez, SM y Grau AJ. Dolor y sufrimiento, en *Dolor y sufrimiento al final de la vida*, Madrid(ESP): Aran Ediciones; 2006. p. 192-4.
15. Leininger M. Culture care. A major contribution to advance transcultural nursing knowledge and practices. *Transcult Nur*. 2002;13:189-92.
16. Ley General de Salud en Materia de Investigación para la Salud México. 12ª ed. México: ed. Porrúa; [Última modificación, marzo 2014, acceso 25 marzo 2014]. Disponible: <http://www.diputados.gob.mx/LeyesBiblio/pdf/142.pdf>
17. Bardin L. *Análise de conteúdo*. Lisboa (POR): ed 70; 1977.
18. Nazar BA, Salvatierra IB. Envejecimiento, calidad de vida y mortalidad temprana en hombres diabéticos. Una aproximación desde la perspectiva de género. *Papeles de Población* 2010; [citado 25 jun 2013]; 1667-92. Disponible: <http://estudiosterritoriales.org/o>.
19. Lerman GI. *Atención integral del paciente diabético*, 4ª ed. México: Mc Graw Hill Interamericana; 2011.
20. Viniegra VL. Las enfermedades crónicas y la educación. La diabetes mellitus como paradigma. *Rev Enferm Inst Mex Seguro Soc*. 2011;44(1):47-59.
21. Storino LP, KV Souza, Silva KL. Las necesidades de salud de los hombres en la atención primaria: de acogida y de renta fija como impulsores de la exhaustividad. *Esc Anna Nery*. 2013; 17(4): 638-45.
22. Montenegro MYM, Rodríguez MJF, Rodríguez VAM. Efectos del ejercicio físico en personas con diabetes mellitus tipo II. *Umbral científico*. 2005; [citado 2013 enero 17]; 53-60. Disponible: <http://www.redalyc.org/articulo.oa?id=30400707>.
23. Orozco RV. *Lazos de amor, lazos de dolor*. México: ed. Grijalbo; 2006.
24. Cervelin AF, Kruse MHL. Espiritualidade e religiosidade nos cuidados paliativos: conhecer para governar. *Esc Anna Nery*. 2014 jan/mar;18(1):136-42
25. Becerra EP, Oliveira FC, Ramos IC, Moreira RVO, Alves MDS, Braga VAB. Sofrimento humano e cuidado de enfermagem: múltiplas visões. *Esc Anna Nery*. 2014 jan/mar;18(1):175-80.