

## Chapter One – Introduction

This thesis makes the case for a better understanding of the health issues of immigrant French speaking West Africans with type 2 diabetes. The ethnic make up of the US population has changed considerably through the years and a big part of the new melting pot is constituted by Africans. From 1960 to the early 1990's, according to the Migration Policy Institute, the population has grown over forty fold from 35,355 to 1.4 million. Moreover, in 2007, African immigrants have accounted for 3.7% of all immigration in the US about a third of which are from West Africa.

I intend to devise ways and avenues to foster not only doctor-patient understanding but also to find out just how important can culture and literacy be in the treatment of a disease like type 2 diabetes in the immigrant West African context. In order to fulfill this study, I have conducted five interviews with patients from different French speaking West African countries like Guinea and Senegal to help me understand the thought process behind the treatment of this chronic illness.

My main goal is to help better understand French speaking West African immigrant diabetes patients' perspective on the treatment of their illness by looking at what could influence their ability to manage the disease. Because of their prior linguistic habits, is language a barrier to an adequate treatment program? How do they obtain, process, and use all the information when they get it? If language is not such a big hindrance in their understanding of written health materials or spoken word by their physicians, how big a part does culture play in their continued diabetes care. These are the questions I will address in this thesis in order to propose solutions that will help not

only the patients and their healthcare providers, but also future research on this segment of the population.

### Background

When I first enrolled in Dr. Ulla Connor's W600 class in the spring of 2008, I had already made up my mind about what my thesis would be on. I would study the practice of code-switching of Senegalese immigrants in Indianapolis. The intercultural communication class reinforced my desire to carry on because my final class project on the language attitudes of those Senegalese expatriates gave me a little inkling of the interesting task that I was going to hurl myself into by studying those bilingual immigrants and how they navigate from language to language in their everyday life.

However, my thinking was soon to change when I talked to Dr. Connor about my idea and she introduced me to this challenging project that her center, the Indiana Center for Intercultural Communication (ICIC) had been working on: health literacy of diabetes patients of different nationalities. My interest for the subject of health literacy was even more piqued when she offered me an internship working at ICIC as a graduate assistant, working on the project, and getting my feet wet by helping transcribe some of the various interviews on the life narratives and literacy practices of the diabetes patients they are working with.

It was then that, Dr. Connor introduced me to another one of her associates on the project, Dr. Bill Rozycki who then trained me on the interview protocol of ICIC and got me started on the transcription. After that, ensuing talks and meetings with Dr. Connor

helped change my mind as to the new direction of my thesis because I had now decided to go on studying West African immigrants in a way, only now my range had been narrowed down to target health literacy. However, my focus will no longer entirely be based on their language choices but more specifically on type 2 diabetes patients, their literacy and culture. With Dr. Connor's support, I soon began doing preliminary research about the feasibility of such a daunting challenge and very soon, as I expected, I stumbled on various problems, all negligible except for two major ones.

First and foremost, looking at the literature available on type 2 diabetes and African immigrants, I quickly found out that not much had been written about it and as to my specific sample population which are the French-speaking West Africans, I found even less research. Again, I talked to Dr. Connor about it and she told me that, this could be a blessing in disguise because if I proceeded with the subject, I would be making something of an original study. Armed with those encouragements, I proceeded to explore the subjects further by making inquiries in the African community and my network of friends about where to find those type 2 diabetes patients for my interviews and that, would be the source of my second problem.

Being a West African myself, I anticipated somehow that they would be some issues getting people to talk to me about their illness because I noticed that in Senegal, admitting sickness to people other than family is quite difficult. Most people would even try and self-diagnose in secret, use various medications, traditional and over-the-counter to try and find a cure in secret. It would not be until things had gotten really bad that medical attention and family would be involved. So, the beginning was hard; various

people I was directed to talk to declined although I assured them of confidentiality and that their real names would never appear on the research. Soon however, a few people started warming up to the idea and thus, my interviews were underway.

### Definition of the Term Culture

If one term has proved controversial over the years it's the definition of culture. Linguists make two distinctions when they define culture. They oppose two different views of the issue which are: received or perceived views of culture versus alternative definitions. Many people thought of culture as something to strive for in order to make one more distinguished in one's community. Thus, we hear people say that so and so is very 'cultured' meaning he knows how to conduct himself a certain way, has the social skills to be seen in public and not bring shame on himself or the rest of his community because of those skills. So, culture at that point was defined in terms of certain abilities a person possesses and hones as he moves from place to place. Another more general view of culture depicts it as "the way of life of a people." This definition albeit very stereotypical, will be greatly important in chapter three because it will help me determine why my patients act a certain way regarding the treatment of their diabetes. Culture in this instance includes language, food, national origin and identity. Hence, we hear things like 'Senegalese culture', 'French food' or 'African identity'.

This definition has sparked numerous controversies as many experts view it as very limited in its range and not inclusive enough. Besides, they believe that many factors make this definition of culture erroneous in today's modern world because of the impact of telecommunications and the effects of globalization. However, applied linguists like

Holliday (1999) and Atkinson (1999) still believe that the view of culture as “the way of life of a people” is still worth keeping to a certain extent and that one should not be quick to “throw the baby out with the bath water.” Holliday talks about two key concepts in culture which are: the large and small culture paradigms (Holliday, 1999). He defines large culture by the fact that it “begins with a prescriptive desire to seek out and detail differences which are considered the norm, and because it aims to explain behavior in these terms, it tends to be culturist” (Holliday, p. 240). This definition fits the shared views of culture which has been prevalent in common people’s minds. But because that way of describing culture is so essentialist, Holliday thinks of another alternative to ‘large or big culture’ which is ‘small culture’. He defines it as a paradigm that “attaches ‘culture’ to small social groupings or activities wherever there is cohesive behavior, and thus avoids culturist ethnic, national or international stereotyping” (Holliday, p. 237). To him, there is no homogeneity in culture as large cultures would infer, but, even within each group, there could be other sub-groups. Therefore, within the university culture, there is the classroom culture, which happens when groups of people have the same goal, the same interest and work together towards achieving them.

Furthermore, another anthropologist Gordon Matthews introduced the idea of culture as a “global supermarket” (2000). And the idea is that, culture is an individual endeavor because on our journey for identity, we adopt many things to make our own. The world in itself is likened to a giant supermarket where the person can enter and shop for the things that seem important to him. In this instance, culture far from being rigid

and essentialist, is highly flexible and ever-changing because we can adopt many things that define who we are.

However, in this thesis, I am going to focus on the notion of culture “as a way of life of a people” in order to help understand how the subgroup identified for this study functions. This will indeed aid in understanding how they gather information about diabetes, the sources they most likely use, what they do with the knowledge they gather, if literacy plays a prominent role in their understanding of type 2 diabetes and how much of an effect do their beliefs have on their treatment of type 2 diabetes.

Thus, the second chapter of this thesis will be axed on the review of the prominent literature relevant to this topic of type 2 diabetes. In the third chapter, I will revisit and describe all the methods I used in gathering information in this thesis. Chapter four will avail me of the opportunity to analyze my data, discuss my results and findings. In the fifth chapter, I will have a platform to discuss the implications of my thesis, the suggestions for a better treatment of the issues I have raised in previous chapters. It will also contain a summary of the research and recommendations for future studies. The appendix will include partial transcripts of all four of my interviews from their knowledge of type 2 diabetes to their life decisions.

## Chapter Two – Literature Review

The particularity of the United States and especially the Midwest region is that for about two decades now, it increasingly attracts a great number of African immigrants. Traditionally, they stayed close to the Atlantic coast but with job opportunities becoming scarce, they fanned out inside the country in search of a better life. Among these immigrants are a vast number of people from French speaking West African countries who arrive with their own cultures, beliefs and social concerns. They also come mostly in search of a better life and a need to be accepted into the American society as a people distinct from others, who have their own realities. Health care concerns and how to identify themselves in the system are at the heart of this issue. In effect, chronic diseases being rife in this day in age, how immigrants from the ancient French colonies of West Africa deal with type 2 diabetes in America is a lively debate that needs more attention.

Studies and other research that look specifically at these immigrants are quite rare, thus, this work will help pose the problem in terms of its importance in today's US demographic situation. Understanding how to deal with the immigrants from French speaking West Africa and how to better help those with type 2 diabetes requires a tremendous effort from both ends of the spectrum. In order to achieve this, this research will be based on three focal points: first and foremost, the importance of literacy should be emphasized and centered in terms of what it means for health care providers and the type 2 diabetes patients. How important is literacy in this situation?

Secondly, what is the role of health beliefs and culture in the treatment of type 2 diabetes for these immigrant patients of West African origin? Understanding the range of

this point is very important if we are to find solutions to the thorny issues of doctor-patient relationship in this context. It is undeniable that each people come with distinct sets of beliefs and practices and to be able to help them, one needs to delve into what makes them unique in a given situation. And last but not least, the third section will look at an important aspect of culture which is food. It is necessary to understand well this particular point of culinary habits if we are to figure out what it means for type 2 diabetes and immigrants from West Africa.

### Literacy and Health

In the course of this thesis, my main focus will be on the beliefs about health and the literacy level conducive to a good understanding of health-related information and materials by West African type 2 diabetes patients. How different people navigate through health-related issues has long been the focus of many studies; researchers and medical experts alike have tried to bring answers to this thorny issue. Literacy plays a huge role in this topic because in modern times, although health issues are becoming increasingly familiar and doctors are becoming ever more accessible, the functionality of literacy cannot be stressed greatly enough.

The reason is one needs to know how to navigate within a maze of information and paperwork pertaining to one's health. To understand that literacy plays a crucial role in all health related issues is sine-qua-non, especially in the case of diabetes. Many experts have given their takes on the issue and among them are Overland et al. (1993) in their article entitled: "Low literacy: A Problem in Diabetes Education." In this article published in the journal *Diabetic Medicine*, they compare materials between patients of

different reading and comprehension levels and come to a very interesting conclusion. They believe that patients should not be the ones who have to exert themselves to understand the information regarding their health, and if health officials and doctors reduce literacy demands on health literacy, then, patients' comprehension will increase considerably.

This position is very uncommon in the medical field because, more often than not, understanding information regarding one's health falls on the patient who is to take control of his or her disease. In the case of a chronic illness like diabetes, this could pose a very significant problem because of all the information at hand that the patient has to navigate through which includes the treatments, the medication, and, more importantly, the diet and nutrition requirements for a diabetic to stay in control of his disease.

Another book I find pivotal in talking about this issue is *Health Literacy: A Prescription to End Confusion*. This book, edited by Nielsen-Bolman et al. (2004) who all serve on the Committee on Health Literacy of the board on Neuroscience and Behavioral Health, looks at the issues of health from a different angle than Helman. It focuses more on the literacy or (lack thereof) of patients in health care terms. It explains health literacy in terms of "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Nielsen-Bolman et al., 2004). Whereas, Helman, on the other hand situates the issue in terms of 'old' versus 'new' ways of understanding the meanings and causes of ill-health.

Although culture and beliefs play a small part in understanding and dealing with health issues, they help us more in terms of the ‘capacity’ of the individual in reading, understanding and responding to health issues. To Nielsen-Bolman et al. “the capacity of the individual is a substantial contributor to health literacy. The term ‘capacity’ refers to both the innate potential of the individual, as well as his or her skills. An individual’s health literacy capacity is mediated by education, and its adequacy is affected by culture, language, and the characteristics of health-related settings” (Nielsen-Bolman et al., p. 32). Here, culture and beliefs play second fiddle to learning and education in dealing correctly with health-related issues, although in the end, education should be put in the linguistic context of the patient and doctor.

Other experts have written on the issue of the link between literacy and health, thinkers such as Williams et al. (1998) who produced the article “Relationship of functional health literacy to patients’ knowledge of their chronic disease. A study of patients with hypertension and diabetes.” There are others also like (Roter et al., 1998) who wrote: *Patient literacy: A barrier to quality of care*. These two groups though have different takes on the issue of healthcare and thus on the one hand for Williams et al., the problem is basically at the functional health literacy level which implies all the tools that patients have in order to communicate and be in turn understood in any given health setting. This would include having to interact with physicians, read and understand health materials and the management of care.

On the other hand, Roter et al. believe that the patient-physician communication barriers are at the root of the problem. Whereas (Williams et al., 1998) believe that the

main reason why patients are almost potentially impossible to educate about their chronic disease is because they lack functional health literacy. Therefore, knowledge in basic health literacy would make them better equipped to deal with the demands of living with a chronic disease like diabetes. Roter et al. however believe that if the patients are from a community that typically has low literacy, then their interactions with their physicians play a major role in determining the quality of care they receive. In this respect, Roter et al. believe that greater efforts and more research should be focused on the patient-doctor interaction in order to jump over the hurdles posed by this situation.

If these takes on the issue of literacy and health prove valid to a certain point, one must also look at the adaptability of the written materials to the cultures and backgrounds of the people who they are destined to. In this instance, Kordella (2003) has emphasized the need to, not only make the written word easier to read, but also to make sure that the recipients are able to relate to what's printed in order to make it more efficient. Information, no matter how important and useful it is, if not accessible to the target audience is purely "wasted." (p. 137)

Very easily, it is common for people to be qualified as either literate or lacking literacy in a particular field. However, in the case of my subjects in this study, one cannot readily put them in predetermined bracket because as non native English speakers, they may not fit so quickly either definition. All of them have achieved a high level of education in the French language in their home countries and moreover; almost all have a working knowledge of English also. They can either read or write English to a certain extent but problems arise when the information distilled in those written materials does

not target specifically their strengths or what they can relate to. In this respect, as said earlier, literacy becomes very irrelevant because they people are unable to use it to their advantage. Kordella (2003) goes further and says: “What good is information if the people it is intended for can’t understand it? Or, if they can understand it, what if it doesn’t mesh with their background and values?” (p. 137)

The last point she makes clearly indicates the link between literacy and culture and beliefs, they go hand in hand and cannot be dissociated. If we aim to be more efficient, we must take into consideration all those aspects in the health care system especially when dealing with immigrants with a chronic disease like type 2 diabetes.

### Culture and Beliefs

Looking at the literature of the past decades, there seems to be a clear line between what they call health attitudes in the industrialized or modern world as compared to the less developed parts of the globe. One such writer is Cecil Helman who, in his book entitled *Culture, health and illness* (2000), revisits the concept of culture and how it applies to health. Early thinkers of the issue clearly have established a fine line between what it means to be ill in the westernized world and what it represents in the poorer parts of the globe. However, Helman is quick to point out that disparities exist even within the industrialized world in beliefs and the culture of health. In his view, not only are the beliefs different from patient to patient, but more importantly, they are also different in the doctor-patient relationship, as both could view belief and health differently according to their own backgrounds.

Helman (2000) states that, “doctors and patients, even if they come from the same social and cultural background, view ill-health in many different ways” (p. 120). He believes that Western medicine is far from being uniform across the board, and thus, what is true for one case might not apply to another. However, he believes that the medical model is always mainly culture-bound.

Quoting other experts on the issue of culture and health, like Fabrega and Silver, Helman (2000) believes that the only constant that exists in terms of health is the uniformity of symptoms of a given disease, and that’s where the similarities end. In Helman’s view, the idea that there may be an agreed upon way of engaging the causes or origins is totally absurd. He also adds that, “... this perspective does not include the social, cultural and psychological dimensions of ill-health, and the context in which it appears, which determine the meaning of the disease for the individual patients and those around them” (Helman, 2000, p. 123). Although he strongly believes that ill-health is in most cases viewed on an individual basis, he is quick to point out that there are some differences between the west and the less industrialized world. In the modern world, the decline of organized religion has increasingly led people to rationalize things like the origins of their diseases and how they are treated. Almost every health issue is now explained in medical terms as opposed to religious terms.

By so doing, people adopt a “rational way” of responding to those things (Helman, 2000, p. 125). While in the old days, the more prevalent way in the Western countries was to talk about things in reference to the “ancient deadly sins of ‘gluttony’ and ‘sloth’”, the more prevalent terms that medicine now employs are ‘overeating’ and ‘lack of exercise’

( Helman, 2000, p. 125). At the same time, in less-developed nations, there is more focus on the moral responsibility of the individual in the state of their own health. People therefore tend to reason more in terms of causes that is, how much the individual's actions influence his health rather than the consequences.

### Diet and Nutrition

These researchers and experts have brought undeniable contributions on this subject as they have pioneered works in the field of literacy and health. However, what most people ignore is the place culture, language, food, and beliefs have in patients' lives. Some other researchers have published on aspects of culture namely nutrition that could influence some patients' adherence to a set diet. Among them is Anderson (1994) who authored the article: "What should be next for nutrition education"? In his research he describes the variety of parameters that come into consideration when it comes to immigrants' food choices. He also suggests many avenues or research for experts to examine, such as studying the food selection process of different ethnic groups, and he proposes new nutrition education techniques to reach a more diverse cross-section of the US population.

However, it should also be noted that a lot more is involved in peoples food choices. Many determinants come into effect that a dietician or diabetes educator needs to be aware of. To keep the candle burning on this issue, Kaufman-Kurzrock (1989) published an article in which she urges to keep in mind that ethnicity, social but also economic factors play a big role in determining what we eat, how we eat and most importantly how we cook the foods we eat. For type 2 diabetes treatment, knowing about

these factors is crucial and decision makers as well as patients need to work together in order to achieve results.

The subjects in this research also have their own realities, their cooking habits determined by a variety of things and knowledge of their particularities could help design a more realistic diet regimen for them first and other people in the future who share the same background. The problem here seems to be that, the minority is made to conform to the reality of the majority even in health care situations, the sooner we realize that it doesn't work forcibly that way, the better off we will all be.

### Conclusion

So much can be said when researching a topic like this one which involves people of different communities. It goes without saying that trying to design a way to follow for a better understanding remains a hard task but is achievable in this case if we follow the conditions. The hard part about designing this study is that, there is barely any work done in this subject that targets this specific subgroup of the US population. Therefore, it is a challenge to see at the moment how efficient recommendations for a better understanding can be.

It is difficult to vouch for the infallibility of these methods but I am sure if we adapt literacy and beliefs without dissociating them at the beginning, adapt written materials to the needs and abilities of the target patient population and take into consideration other aspects of their culture, we could surely move farther than we are now in finding solutions to the great issues on hand.

### Chapter Three – Methods

The purpose of this thesis is to study French speaking West African immigrant diabetes patients in the USA. What this means is that, considering the fact that there is an increasing flow of people from that part of the world streaming to the Midwest, there is an urgent need for studies that focus on them. Studying and getting to know this subgroup of immigrants is greatly important for many reasons; first and foremost for health reasons it is necessary to study them and find out not only their health status but also the effect the American health system has in their lives. Last but not least, it's important that they are fully integrated within the American society where they blend in with the rest of the other ethnic minorities.

In this respect, my study of type 2 diabetes will focus on four French speaking West African patients in order to determine how they navigate the health care system in America. The questions I aim to investigate are: How do they gather information on diabetes? What sources of information do they use? How do they transform that information into knowledge? What is the impact of literacy in their diabetes management? How much of an effect if any do the beliefs about health play in their diabetes care? These are the questions I will answer in this study in order to provide much needed knowledge on this subgroup of African immigrants.

I have developed these questions after a careful look at resources from the Indiana Center for Intercultural Communication (ICIC). I have chosen to focus on the first part of this interview protocol by ICIC that looks at literacy, the knowledge of type 2 diabetes and life orientation questions. The first set of questions on the interview protocol are

composed of 14 carefully formulated questions that really set the tone for the patient's knowledge of what type 2 diabetes is, how it is treated and the patient's feelings about his or her life changes. The second part composed of five questions looks at the patients' educational history which is of paramount importance later on in chapter four because it will help me assess the relationship between literacy and understanding type 2 diabetes.

Using this protocol and questions, I have conducted four interviews with patients in order to gather my data. Each interview lasts approximately an hour and a half where the patient is asked questions ranging from their understanding of type 2 diabetes, their life orientation, belief about their health and medication. This helps measure the degree to which they are committed to treating their chronic disease and if there are factors that keep them from doing so. Each patient is interviewed at a place of their choosing; from the ICIC office, to their homes and places of work and all interviews have been conducted by me.

### Subjects

This study is primarily focused on four male diabetes patients from West Africa whose primary language is French. Patient 1 and patient 2 are from Senegal while patient 3 and patient 4 originate from the Republic of Guinea. It is also important to reveal that they are all older than thirty at the time of the interviews.

#### Patient 1

He is 38 years old and has been in the US since 2001. He is married to an American and holds a job as a taxi driver. What that means is he does not have any

insurance through his job and does not qualify for Medicaid. He acts as his own doctor for lack of health coverage and feels he is doing pretty well under the circumstances. His wife also helps him regulate his diet and check his blood sugar levels especially when he feels unwell.

#### Patient 2

He is a science teacher at a local high school and is highly educated in his country in Senegal. Owing to his job, he is insured and has access to health care and other services for diabetes patients. Again, he follows meticulously his diabetes regimen by taking his pills and eating healthy. And unlike the rest of my other subjects, he does his own internet research on his medications and shares his concerns with the doctor at each one of his visits.

#### Patient 3

This patient is another one of my subjects who holds a college degree in his native country of Guinea and is an unskilled worker in a metro area hospital. In his country, he graduated as a financial expert but went on to work on his own plantation. His mastery of English is very poor, and he relies on his wife and children as translators. He is 53 years old and has been diabetic for over 13 years. He is only the second one to have been diagnosed among my subjects while still in his native country.

#### Patient 4

He is a high school graduate with some trade school experience as well. He has lived mainly outside his own country for the better part of his life spending time in other

West African countries before moving to the US seven years ago. He still does not understand or speak English well enough and necessitates help from his family and friends. He is a shopkeeper at a mall where he sells clothing and has minimal contact with English. His personal experience with type 2 diabetes is quite recent, having been diagnosed only less than 6 months ago. However, he says diabetes runs in his family and some of his siblings have died of the disease. It is only now that he has really taken interest in it because now he lives with type 2 diabetes.

What is important with these patients is that they seem to fall into two categories of health scales (Wallston et al., 1978). Some of them seem to be “health externals” while others display the characteristics of “health internals” (Wallston et al., p. 160). What that means is that my patients ultimately believe that their health does not depend entirely on them. The part played by the powerful others like God trumps their own efforts in the end.

### Data gathering

The bulk of my data was gathered through four interviews that I had with my subjects. Again, my patients are all from French speaking West Africa and as such, have had minimal contact with English prior to their arrival in the US. The interviews have all been conducted according to protocol defined by the ICIC on the study of health literacy and diabetes. The length of the interviews varies around one and a half to two hours where the patients are asked specific questions about their background, literacy practices and medications.

As said earlier, I am particularly interested in the health literacy questions and information sources where my subjects access their knowledge of type 2 diabetes. The literacy questions are divided into three sections which cover obtaining information, understanding what information they obtain and processing that into actual knowledge. Some of those questions comprised in the interview protocol are:

“Did your doctor ever tell you what kind of diabetes you have?” Page 1

“Who told you information about the disease? Can you tell me about that?” Page 1

“Have you ever had any difficulties communicating with your provider(s)? If so, please explain.” Page 2

“How difficult is it for you to do the following in English?” Page 8

“How much information about current events, public affairs, and the government do you get from...” Page 9

“What type of diabetes do you have?” Page 1

“Can you tell me what diabetes is and how it is treated?” Page 1

“How well do you understand (language) when it is spoken to you?” Page 6

“In what ways has your thinking changed regarding diabetes since you were first diagnosed?” Page 1

“How difficult is it for you to do the following in English?” Page 8

These are only some of the literacy questions that my interviews focused on and they will help determine later on how well my subjects follow their diabetes treatment.

I chose to focus on interviews because they provide a first-hand view into the patients' lives and how they handle type 2 diabetes. As said earlier again, the data collection was done in various settings depending on where the patient felt more comfortable. In this instance, the first one was done at ICIC; the second and third interviews were conducted at the patient's houses and the fourth one at my subjects' place of work. Because of the language barrier, two of the four interviews were made in French because of the patients' inability to understand or converse in English and therefore answer the questions being posed. The last task in my data gathering had been to transcribe each one of the interviews and translate into English the ones previously recorded in French. Each interview had taken me about nine hours to transcribe and in the end, that constituted a very important source of information for the analysis and discussion part of the thesis.

## Results

To begin my analysis, I believe that it is necessary to revisit the works of Airhihenbuwa (1995) and Lucas et al. (2003) who all believe that health literacy should be tailored according to the people involved. How people gather and process information is different from place to place and education level. In his book, Airhihenbuwa determines that African immigrants in the US may have different sources of information than their American peers. A look at Table 1 of my analysis seems to confirm his observations because it clearly shows that three out of four of my subjects get the bulk of

their information from sources other than the traditional media or print materials as Table 1 shows.

Table 1-Information Source

	TV - Radio	Health Professionals	Books/Other	Internet	Family/Friends
Patient 1	1	0	0	1	1
Patient 2	3	2	1	2	2
Patient 3	0	2	2	2	3
Patient 4	0	1	0	0	1

0-Don't use    1- A lot    2-Some    3-Little

Taking a closer look at Table 1, there are many commonalities among my subjects but also they seem to stand out as individuals with their own personalities. Patient 1 for example is very unique because he is the only one in the group who has neither private nor public health insurance. Moreover, as Table 1 shows, he does not go to doctors for help with diabetes understandably so because he cannot afford the cost of health care. Only two subjects believe they get any type of knowledge about diabetes from watching television or listening to the radio. This maybe be due to the fact that that their work hours are incompatible with such activities. Patient 3 and Patient 4 clearly do not waste any time on radio and television primarily because of time constraints. For Patient 3, his

job at the hospital starts early in the morning and when he gets home, he doesn't have time for much. Patient 4 is in a similar situation because of his job in retail, he doesn't have enough time in the daytime to turn on neither means of information.

What these observations entail is that, the use of English is very minimal in all these patients' lives to a certain extent. Only Patient 1 and Patient 2 speak the language at home with their spouses who are Americans. This explains in part why their use of printed materials, books, radio and television in English rate so low in information gathering. All four patients seem to favor a more informal means of getting information by talking to friends and family. Of the four, two patients rate those sources very highly in their quest for knowledge about diabetes and health.

However, language does not appear to be the only problem that my subjects are faced with in getting and processing information about type 2 diabetes as Table 2 will show. In an article (Wallston, Walston & DeVellis, 1978) define the different factors that affect a person's health by revisiting the original health Locus of control scale. According to Wallston et al. (1978), this scale is "a unidimensional measure of people's beliefs that their health is or is not determined by their behavior" (p. 160). Therefore, taking that into consideration, I have developed Table 2 to measure the health beliefs of my subjects. Throughout the interview, nearly all my patients have made references to God controlling their health and having the final word on whether they stay health or not. However, most of them also believe that health professionals, doctors, family have a big role in their recovery from an illness or their staying healthy. Patient 1 and Patient 4 as an example rely heavily on family for reminding them on their medication and translating what the

doctor says (Patient 3) and following a certain diet (Patient 1). In the latter’s case, because of lack of healthcare coverage, he relies heavily on his wife’s advice and cooking to control his blood sugar level.

Table 2-Health beliefs and locus of control

	Control own health	Doc or health professionals	Family	God/outside power	Chance/Other
Patient 1	4	1	1	4	3
Patient 2	4	2	2	2	2
Patient 3	2	1	1	1	4
Patient 4	4	1	1	1	4

1-strongly agree 2-moderately agree 3-strongly disagree 4-moderately disagree

As seen on Table 2, a variety of things are in action in determining my subjects’ health. The observations emanating from this table are the results of the answers that my patients have given to the 18 questions about health beliefs designed and revised by ICIC (2008). Based on the answers they have given in the interview protocol, I have determined the grading in Table 2. By looking at this chart, we see that a lower rating has been given to the internal locus of control making most of them “health-externals” (Wallston, et al., 1978). They define the concept of “health-externals” as those who “are presumed to have generalized expectancies that the factors which determine their health

are such things as luck, fate, chance, or powerful others, factors which they have little control” (p. 160).

Of the four subjects, only Patient 3 rates his ability to control his health somewhat higher. Throughout the interviews, there is always reference to God having control over their lives and determining the status of their health (see Transcript 3, number 184 and Transcript 4, number 189). Although they know that their control is somewhat limited, almost all believe that having contact with a physician and following a treatment prescribed to them is a necessary step for a better health. Patient 1 shuns doctors altogether not because he does not believe in them but for health coverage reasons. Family once again plays a good part in the healthcare management of all subjects and they rate it pretty highly as being an important part in their diabetes management. Patient 1 and Patient 3 depend very much on their family as said earlier in order to navigate the healthcare system for the latter and a healthier diet for the former.

Another important aspect that jumps out regarding these patients is that although they appear to be “health-externals”, they don’t rate luck high. This is due to the fact that religion plays a big part in their lives as Muslims. I will talk in detail about that in the discussion part of this chapter, however, it is to be noted that because of that, chance or luck are unimportant to say the least because everything is predetermined. So to them, by looking at Table 2, it appears that they listen to the doctors and other healthcare providers, follow orders but still, ultimately, whether they get better or not, it is up to a higher power.

## Conclusion

Again, as stated earlier, my thesis focuses on French speaking type 2 diabetes patients from West Africa. In order to achieve this, I am looking at their literacy practices and health beliefs using the interview protocol developed by the Indiana Center for intercultural communication (ICIC). Looking at that model, I intend to find answers to my own questions which are: What are the sources of information that they use? How do they gather information about type 2 diabetes? How do they convert information into knowledge? Does literacy impact their health management? And last but not least, what place do health beliefs have in their diabetes care?

## Chapter Four – Analysis

### Analysis

To begin my analysis, I believe that it is necessary to revisit the works of Airhihenbuwa (1995) and Lucas et al. (2003) who all believe that health literacy should be tailored according to the people involved. How people gather and process information is different from place to place and education level. In his book, Airhihenbuwa determines that African immigrants in the US may have different sources of information than their American peers who use the traditional mass media. In order to explain the findings in this chapter, I have devised some tables that can help us grasp the degree of fluency of my subjects.

The scales used are pretty basic in their conception; for Table 1, the explanation is as follows: (0= if they don't use the information source, 1= if they use it a lot, 2= when they only use it at times and 3= when they hardly ever use the source). The scaling of Table 2 also follows the same principles that evaluate the overall mastery of English of my subjects. Only this time, they are marked (1= well, 2= a little, and 3= little) based on how they read, write, speak and understand English. Table 3 and Table 4 are also designed in the same manner and help us understand the varying degrees of difficulty they encounter in oral conversation and deciphering written materials directed at them. Thus, we have (1= if they encounter no difficulties at all, 2= if they experience mild difficulties and 3= when they go through great difficulties completing tasks in English whether spoken or written). Last but not least, Table 5 looks at the medication adherence of my

patients and the scaling is pretty simple (yes or no) if they take their medications as prescribed.

A look at Table 1 of my analysis seems to confirm his observations because it clearly shows that three out of four of my subjects get the bulk of their information from sources other than the traditional media or print materials as Table 1 shows.

Table 3-Information Source

	Patient 1	Patient 2	Patient 3	Patient 4
Doctors	0	2	2	1
Diabetes education programs	0	2	0	N/A
Other HCPs	0	1	0	0
Internet	1	2	2	0
Written information from internet	0	2	0	0
Labels on prescription	0	1	2	1
Magazine articles	0	2	0	0
TV/radio news reports	0	0	0	0
Friends and family	1	2	1	1
Spoken info from pharmacist	1	2	0	0

Print advertisements	0	2	0	0
TV/radio advertisements	1	3	0	0
Other	0	0	0	0
Books	0	1	1	0
Brochures	0	1	1	0
	0-Don't use	1-A lot	2-Some	3-Hardly ever

Taking a closer look at Table 1, there are many commonalities among my subjects but also they seem to stand out as individuals with their own personalities. Patient 1 for example is very unique because he is the only one in the group who has neither private nor public health insurance. Moreover, as Table 1 shows, he doesn't go to doctors for help with diabetes understandably so because he cannot afford the cost of health care. Only two subjects believe they get any type of knowledge about diabetes from watching television or listening to the radio. This may be due to the fact that, their work hours are incompatible with such activities. Patient 3 and Patient 4 clearly do not waste any time on radio and television primarily because of time constraints.

Moreover, in the case of Patient 4, his diagnosis being quite recent, he has not been able to attend any diabetes education program yet and thus, does not know whether or not it would be a good source of information regarding knowledge of the disease. For Patient 3, his job at the hospital starts early in the morning and when he gets home, he does not have time for much. Patient 4 is in a similar situation because of his job in retail,

he does not have enough time in the daytime to turn on neither means of information. These facts are further corroborated by my next Tables on English literacy as we will see. As said in the earlier chapters, the primary language of my subjects had always been French; moving to the USA meant that, many things had to change not the least of which was linguistic attitude. Because the use of English was almost non-existent for most of my subjects, it is fair to expect issues regarding language use upon their settling in an English-speaking country. I have noticed many things regarding the language of choice of my subjects and, the recurring fact is how small a part English still plays in their lives outside of the workplace.

The use of English is very minimal in all these patients' lives to a certain extent. Only Patient 1 and Patient 2 speak the language at home with their spouses who are Americans; for the rest, French and their respective tribal languages are the means of communication (Mandingo for Patient 3 and Fulani for Patient 4).

However as Table 2 shows, they can all read, write, and understand the language to varying degrees. The main problem is according to Table 2 the spoken part as they have difficulties communicating in the English language and being clearly understood.

Table 4-Overall English Competence

	Reading	Writing	Speaking	Understanding
Patient 1	1	2	2	2
Patient 2	1	1	2	1

Patient 3	3	3	3	3
Patient 4	3	3	3	3
	1-Well	2-A little	3-Little	

Table 5-Understanding Oral Conversation

	Conversation	TV	Phone conversation
Patient 1	2	2	2
Patient 2	2	2	2
Patient 3	3	2	3
Patient 4	2	2	2
	1-No difficulty	2-Some difficulty	3-Great difficulty

Table 6-Ability to Decipher Written Material

	Bills	Dosage	Dictionary/ Encyclopedia
Patient 1	1	2	1

Patient 2	1	1	1
Patient 3	2	3	2
Patient 4	1	1	2
	1-No difficulty	2-Some difficulty	3-Great difficulty

Again as Table 2 and Table 3 show, the mastery of spoken English is indeed an issue for most of my subjects and that explains why they score so low in those areas on my Tables. It is hard especially for Patients 3 and 4 to understand, speak or feel any kind of ease in phone conversations in English or listening to English language television programs. But, when it comes to other areas of the language as my Tables show, most of my patients have a fairly good mastery of the written and reading facets of English. As a comparison, a look at Table 3 and Table 4 it clearly shows that when it comes to television, my subjects in their entirety have difficulty following the programs. However, looking at Table 4, they all understand most written material and have no problem understanding bills, looking up information in dictionaries and encyclopedias with the exception of Patient 3 and Patient 4 who experience a little bit of difficulty in using dictionaries. When it comes to understanding dosage information, again as Table 4 clearly suggests, except for Patient 4, everyone else is pretty comfortable. And as stated in my earlier chapters, this is due mainly to the fact that he relies heavily on his children during his visits to the doctor and all other English-related tasks and does not feel the need to act on his own. In the end, what one can take from the tables is that, their use of

printed materials, books, radio and television in English rate also very low in information gathering although not as much as getting it from radio and television. All four patients seem to favor a more informal means of getting information by talking to friends and family but also listening to their physicians. Of the four, two patients rate family and friends very highly in their quest for knowledge about diabetes and health.

However, language does not appear to be the only problem that my patients are faced with in getting and processing information about type 2 diabetes as Table 2 will show. In an article, (Wallston, Walston & DeVellis, 1978) define the different factors that affect a person's health by revisiting the original health Locus of control scale. According to Wallston et al. (1978), this scale is "a unidimensional measure of people's beliefs that their health is or is not determined by their behavior" (p. 160). Therefore, taking that into consideration, I have developed Table 5 which looks at the locus of control of my patients. Throughout the interview, nearly all my patients have made references to God at one point or another. He controls their health and has the final word on whether they stay healthy or not. However, most of them also believe that health professionals, doctors, family have a big role in their recovery from an illness or their staying healthy. As such, they follow religiously their doctors' recommendations and they take their prescription medicines regularly. Looking at Table 5, only Patient 1 again seems to deviate from the norm for reasons stated earlier. Also, Patient 2 in the transcript does his own research on side effects on his medications, and does not rely entirely on his doctor's word. His health locus of control just like the rest of the patients is mostly external because he believes in powerful others controlling his health.

However, this does not keep him from questioning his doctor about the side effects his diabetes medicine has on him, which he feels the doctor is ignoring. Thus, we see him as being also internal in such a way that he takes matters in his own hands also and does not let others totally decide about his health. Patient 1 and Patient 4 rely heavily on family for reminding them on their medication and translating what the doctor says (Patient 3) and following a certain diet (Patient 1). In the latter's case, because of lack of healthcare coverage, he relies heavily on his wife's advice and cooking to control his blood sugar level.

For the most part, they all apply dutifully what doctors tell them to do in order to control type 2 diabetes and they remain proactive in all counts although they believe that ultimately, only God controls their health.

Table 7: Medication Compliance of the patients

	Adherence to Meds	Number of missed meds per month
Patient 1	N/A	N/A
Patient 2	Yes	2x
Patient 3	Yes	2x
Patient 4	Yes	2x

As seen on Table 5, a variety of things are in action in determining my subjects' health. The observations emanating from this table are the results of the answers that my patients have given to the 18 questions about health beliefs designed and revised by ICIC (2008). By looking at Table 5, we can easily be inclined to automatically tag my patients as having an internal locus of control due to the fact that they adhere to medicine, and are proactive in taking medication. However, what this chart does not tell us is that they are in many regards also "health-externals" (Wallston et al., 1978). They define the concept of "health-externals" as those who "are presumed to have generalized expectancies that the factors which determine their health are such things as luck, fate, chance, or powerful others, factors which they have little control" (p. 160). In my transcripts, the fact that God is mentioned so many times as having total control over their health puts them in the category of "health externals."

Although they know that their control over their health is somewhat limited, almost all believe that having contact with a physician and following a treatment prescribed to them is a necessary step for a better health. Patient 1 shuns doctors altogether not because he doesn't believe in them but for health coverage reasons. Family once again plays a good part in the healthcare management of all subjects and they rate it pretty highly as being an important part in their diabetes management. Patient 1 and Patient 3 depend very much on their family as said earlier in order to navigate the healthcare system for the latter and a healthier diet for the former.

Another important aspect that jumps out regarding these patients is that although they appear to be "health-externals", they don't rate luck high. This may be due to the fact that religion plays a big part in their lives as Muslims. I will talk in detail about that in the discussion part of this chapter, however, it is to be noted that because of that, chance or luck are unimportant to say the least because everything is predetermined. So to them, by looking at Table 5 it appears that they listen to the doctors and other healthcare providers, follow orders but still, ultimately, whether they get better or not, it is up to a higher power.

### Discussion

The results of this analysis indicate various keys to understanding immigrant West African type 2 diabetes patients. First and foremost, it is my understanding that, the healthcare system of the USA should start looking at them in a different manner. And I believe that treating the West African patients as a unique entity with values and culture of illness inherently disparate from other ethnic groups and minorities will prove far more

efficient in helping them. I will come back to this area in Chapter Five of my research in order to make suggestions.

The second thing I want to discuss is the place of God and religious beliefs in my patients' lives that may affect how they tackle their illness. All four of my subjects being Muslims, their view of who ultimately controls their health may be slightly different from other people who have different sets of religious beliefs. To these people, one can do everything in their power to improve one's life but in the end, everything is in God's hands and he has already written out a believer's life plan which cannot be changed. Because of this, we notice all the references to God from everyone among my subjects who believe that only that higher power decides who gets sick and who recovers from that sickness. No amount of medical directives, treatments, diets, or medications can change that.

However, it is not to be assumed that because of this that they are fatalists and will just accept their fate and not do anything about it. Because as Muslims, they also believe that a person has to try and overcome whatever befalls him and not just lay and feel sorry for himself. "Verily Allah will never change the condition of a people until they change it themselves" (Quran 13:11). This explains why Patient 3 quit smoking and drinking automatically when he was told about his illness by his doctor. The doctor's orders of a lifestyle change have been heeded ever since. Based on the observations of my patients, I have noticed that they all have strong external locus of controls and believe that their health is in the hands of a powerful other. Doctors, other health professionals, and family certainly play a great part in my patients' health but ultimately whether the

latter stay healthy or get sick is beyond human control according to my four subjects. This attitude toward health displayed particularly by my patients who originate from Senegal is just the microcosm of the prevalent overall feeling in the macro level. And, nobody shows it better than Patient 1 who doesn't have insurance, gets most of his medical advice from his wife and believes everything is in the hands of God. He eats pretty much anything he likes, and does not worry too much about his sugar levels unless he feels really sick and then, he fasts for a couple of days to try and regulate his blood glucose level.

This brings to light the food problem common to all Senegalese and which constitutes a real problem in the management of type 2 diabetes. Rice is the staple food in Senegal, and it is eaten at least once a day regardless of health concerns. What is more, there is no such thing as measuring the quantity of starches one ingests a day, rather, one eats one's fill at every meal and worries about the consequences at a later time. This is why, in the case of Patient 1, he never sticks to his daily rice diet and only gets off of it when his body gets saturated and will not take anymore.

The eating habits in French speaking West Africa are very similar in essence. In the case of Senegal and the republic of Guinea certainly, they are almost the same. Three family meals are eaten everyday, depending on the means of each household. Because of the lack of means mostly, no meal is tailor-made for just one person; everybody shares the contents of the same bowl no matter what. Eating the communal family meal at noon for instance has a deeper meaning that goes beyond just the economical aspect. In Senegal for instance, it's the time for everyone to get together as a family and bond, and

unless something important is going on, nobody is permitted to miss it usually. Eating alone when one has a family to share it with is looked down upon as selfishness and frowned upon.

Because of this, many immigrants from that part of the world who come to the United States bring with them this attitude toward food and community. My patients in this study are certainly no exceptions to the rule, and, as they have all moved here in their adult years, they have been steeped in that tradition which they have brought with them. This is how the diet problems of my subjects need to be looked at I believe. The economical and cultural aspects of it are inherently linked and cannot be dissociated as easily.

This chapter has clearly tried to look at the particularity of my patients and the uniqueness of their background. The careful analysis of their literacy, health and beliefs will help design tailor-made suggestions for the improvement of their conditions. As we have seen, one cannot just dismiss them as having low literacy to explain why they sometimes encounter difficulties in dealing with type 2 diabetes. Rather, many factors come into play in determining which types of means they use to get information about their illness. In this regard, chapter five will provide concrete suggestions to help understand this specific immigrant community's needs and how to meet them in terms of health in the US.

## Conclusion

There is much to consider in this chapter regarding my subjects on the micro level and the greater French speaking immigrants on the macro level. First and foremost, we have to agree that language is very important in this situation and the issues posed by them not understanding English have a greater reach than we readily acknowledge. We have also seen in this chapter that alongside language, beliefs are also ever present when we talk about the lives of this subgroup of immigrants in the US. In this respect, all these will be looked at in detail in the closing chapter to help make recommendations for a greater and more efficient handling of the issues these immigrants are faced with in the health care environment.

## Chapter Five – Suggestions and Recommendations

Working with these immigrant type 2 diabetes patients has opened my eyes on the necessity to adapt health care to the needs of the entire population and not the contrary. I have come to find out that the problems of my subjects and their compatriots are complex and many fold. First of all, language the role language plays in their lives cannot be underestimated. In the macro level, although all of my subjects are educated in their home countries, they are faced with linguistic issues in the US for the most part. Because, of this, their problems are even more exacerbated in the micro level when dealing with specific problems like navigating the health care system.

I have also come to the realization that cultural practices and health beliefs play a huge role in the treatment of type 2 diabetes for this particular subgroup of African immigrants to the US. The way they understand how information is shared and the way they still deal with certain specifics of their type 2 diabetes treatment like dieting, are all testimonies of their particularity as a separate entity within the US population.

Throughout this research, I have come to realize the complexity of the task which health professionals in the US are dealing with. On the one hand how to provide better care for every type 2 diabetes patient in the system? On the other hand, how to make sure that the various subgroups are properly cared for with regards to their backgrounds, beliefs and their culture? Those are two questions that need immediate answers if we are to move forward in this issue. Thus, my suggestions to help improve the health situation of type 2 diabetes in the French speaking West African immigrant community are threefold.

First and foremost, there is a great need to recognize that this community is an entity that stands on its own and thus, cannot be assimilated with not even other groups of African immigrants let alone the entire black population in the US. According to (Lucas, et.al., 2003), “the Black immigrant population is a growing subgroup of the Black population, and the health status of these foreign-born blacks may differ substantially from that of US-born Blacks.”

Keeping that in mind, we realize the necessity to approach them as individuals with their own realities in order to prevent future frustrations that plague doctor-patient relationship because of misconceptions that all African immigrants are the same. For example, in my interviews, Patient 2 has raised the problems of a lack of dialogue between him and his physician. As an educated man, he feels outraged that his doctor does not take into account the questions he is raising regarding side-effects of the drug metformin that he is taking. After experiencing discomfort and dizziness after taking his medication, he proactively researched the drug on the internet which uncovered some of the same possible side effects he is experiencing. The fact that the doctor ignores or refuses to address the concerns of Patient 2 is only creating a divide between him and his patient who is looking for dialogue.

Doctors need to be aware of the needs of their patients and their realities instead of always worrying about the constraints of time if they want to achieve better working relationships with their patients. This will instill trust between the two parties and will help greatly because the type 2 diabetes patients will be more accepting of a doctor who knows their realities and who asks the right questions that another one may not. The

importance of this cannot be stated enough in this instance because, for almost all my subjects, the doctor is the main information source when it comes to their illness. Most of them have neither the time, nor the inclination to get their information from the traditional means of communication. For this to be possible, I suggest a two-pronged long term plan that targets these points.

- Sensibility training for doctors and other health care providers in the specific needs of this subgroup of type 2 diabetes patients.
- Awareness workshops for the patients that would target their understanding of the role of the doctor as open and understanding and not just dictating the way to follow.

Secondly, I believe that much attention should be paid to literacy in a sense that it takes into considerations the parameters of national origin. The idea that we commonly have of literacy is at best erroneous when one looks at these immigrants. All of my patients have at least a high school diploma or higher, in that instance, considering them illiterate seems a little bit far-fetched. However, it is clear that their ability to function as literate in the English language is very skewed indeed.

The problem, with the health literacy in the USA in general is that it is hard even for a big part of the Native English speaking American population to grasp it totally let alone immigrants whose primary language is French. As Kordella (2003) states it, there is a big need to revise the language of the health care system and make it more accessible. I concur with her that information destined to patients especially for type 2 diabetes

patients has to be presented in a simpler, more effective manner if we are to achieve anything. Information, however important is wasted if it cannot be useful to the people it is destined to because the language it is formulated in.

However, it does not suffice to just make the literature simpler for it to work; we must also make it relevant in terms of the background of the people it is destined to. A one size fits all scheme will only be a waste of resources because it won't answer any of our questions and this is all the more relevant that: "What works for the majority doesn't necessarily work for the minorities, and vice versa" ( Kordella, 2003).

A good literacy program tailored to the needs and values of the French speaking African type 2 diabetes patients which involves the simplification of the vocabulary, use of a vocabulary ethnically appropriated for dieting manuals for example will go a long way in economic and social terms. Of course the task of focusing mainly on a subgroup at a time seems overwhelming at first but the results down the line far outweigh the resources put into it. A lot of literature is being distributed about type 2 diabetes, through the traditional media, the health care providers, pharmacists, and diabetes education programs but is still pretty much ineffective in reaching this particular subgroup.

The lack of impact is manifested in many ways by the discarding of reading materials, not using the internet, listening to the radio and inability to find information in patient information leaflets (PIL). In my study, all these shortcomings in traditional Western media are manifested through Patients 1, 3 and Patient 4. Enough to suggest that at least more than half of the target community are not reached through these channels effectively enough. In my analysis and discussion chapters, I have listed the reasons why

and we will gain a lot in investing in other means of disseminating the news in ways that are more efficient in reaching them.

When conducting my interviews, I realized that most of my patients tended to discard the written materials they received at the clinic or from other sources because of the difficulty in finding or understanding the contents. Things like the patient information leaflet (PIL) are so densely written that, coupled with the font size of the words, and the inability to locate what they needed on it just made it useless as a means of information. Again, as Kordella (2003) states, it is important to for the minority populations to understand what is intended by the health care providers in an easy natural matter “or it’s wasted”. It is important for the type 2 diabetes patients to understand the information and related it to their background and their culture in order to achieve better results.

I also suggest that we look into incorporating more minority populations from French speaking West Africa countries in the system because that would be an efficient way to educate both doctors and patients to the needs and aspirations of one another. This could be especially useful in terms of diet and nutrition which poses an enormous problem for immigrant type 2 diabetes populations. The problem they face in terms of diet is of understanding how to balance daily nutrition in terms of food groups or even worse how to measure the food. This concept of measuring what one eats is indeed very foreign to us; the usual thing to do is eat until one is full or until all food is gone from the communal bowl.

Another important aspect of nutrition is the difference in culinary habits. Most West African foods are composed of stews and sauces where everything is sautéed

together and poured over a bed or rice, so, helping them determine how nutritious it is for them or not will be a great improvement. What usually happens during these nutrition classes is that, everybody is shown a picture of a plate with different segments for food groups, and this, does not mesh with these immigrants culture. There is a great need to find ways for them to get the nutrition they need in terms of their own cooking habits rather than conform to the western ways of eating. If we can ways or people to help them understand these things in based on their culture, we will be more successful in helping control a chronic disease like type 2 diabetes.

The difference between cultures is so wide that serious efforts are needed to help most West African immigrants understand even the simplest things about nutrition, like the importance of the daily intake of fruit. To most, fruit is only a desert to be savored on special occasions with guests or when hunger in between meals calls for somebody to have some.

Last but not least, I suggest we attack the belief system surrounding the general idea about health for the immigrants. To this day, it is very awkward to talk to West Africans of French speaking countries about health, getting regular check-ups and worse, talking about their illnesses. During the past months I have had so much trouble getting people to talk to talk to be about their disease which they would rather keep private. The sooner we convince them that it is more efficient to prevent disease than get cured for them the better. A lot of associations exist that could help transmit these ideas during cultural or Independence day celebrations for these subgroups where the target population is numerous.

When they are finally getting treated, it is necessary to be aware of their beliefs and culture. For example many of these people's religion is Islam; therefore, treating them accordingly will make them feel more comfortable that they're religious wishes are not breached. In the case of type 2 diabetes, using pork-based insulin is unacceptable for Muslims because forbidden by their religion. And as stated by Spector (2004), there is a great need for doctors to bear that in mind because "if the insulin is manufactured from the pancreas of a pig it is considered unclean and will not be used."

These suggestions are an important pathway to a better, more efficient way to deal with immigrants from French speaking West African with type 2 diabetes. In those suggestions are important avenues for future research like diet and nutrition for example which will educate a lot for future research in that area. The unfortunate thing is that, so far, not much has been done in that area or on the subgroup of the immigration for that matter. A closer look and bigger interest in them can help change that especially that they are increasing in numbers since recent years.

When it comes to my own research, although I have based it primarily on West African immigrants from French speaking countries, I am sure that it can be adapted to other parts as well even the Anglophone countries. However, I certainly do not claim that it will be the answer to all the questions we may have. For one, the research is a little bit limited in its scope and could have included a bigger sample of the type 2 diabetic population. For instance would the results be the same if I had women in it or younger people? I believe that future researchers should look into that but that doesn't mean that their results will be better different it just means that with more varied subjects there is

the opportunity to gain more insight. Another problem is that all my subjects are Muslims which is not to say that all French speaking West Africans follow that religion. Would the results differ greatly if I had an equal number of people with different religions? All these questions are worth looking at for future research to help better understand and treat type 2 diabetic patients from this part of the world who let's face it are seriously overlooked. I believe that my research shouldn't be looked at as an answer to all our questions about this sub-group and their dealings with type 2 diabetes. Rather, my thesis should serve as a starting point of more profound research for the future, a pilot study for more specific work in the future.

### Conclusion

The feasibility and implementation of what I have developed in this research is beyond question in my mind. With the adequate means and efforts, I believe that we can bring more attention to the health of immigrants of West African origin and help establish their presence in this country as a disparate people with their own cultures and identities.

The readings that I have made of the results of the interviews can be of great help in understanding how they operate and how most of them think in terms of type 2 diabetes management especially and overall health in general. If we follow this analysis and devise ways to promote the results, with the right marketing and presentation we can achieve great results in both prevention and management.

I am conscious that much more research needs to be done to improve health among these immigrants in considerable ways. To achieve this, target studies are needed

within this group and the all too pervasive attitude of lumping together different subgroups into a big one needs to be discarded because no two groups are exactly alike. The sooner we realize that, the more success we will gain not only for these particular immigrants but for others from other parts as well.

## Appendix

### Transcription Components

- ✓ ( ) A parenthesis with a number means time lapsed in seconds.
- ✓ ( ) A blank parenthesis means transcriber did not hear words.
- ✓ (( )) Double parenthesis means side actions.
- ✓ // Means dialogue interferences.
- ✓ + This sign means time lapsed under a second.
- ✓ ° ° Indicates interlocutor is speaking in a low voice.
- ✓ - Also shows that person did not finish his word.
- ✓ AAAA Substitutes names of places or persons to protect privacy.
- ✓ :::: Indicates the length of the stress on a word.

Transcript One

MN: when were you first diagnosed with diabetes ((scratching noises))

Patient 1: bon the first one I I don't reme – remember ((more scratching)) I was in a + know getting sick I come back to uh travel and when I come ((more scratching)) my sugar uh getting up + to maybe I didn't know when I get uh hospital then tell me is a sixteen hundred (1) know dat's why I rem I I remember when I wake up the uh (1) the second day

MN: ok ok but like you know can you just like approximately what year or what month you know do you think it was

Patient 1: yeah there was in a um like u:h I think it's uh 2002

MN: 2002

Patient 1: ((inaudible noise))

MN: and uh you know do you remember like the month it was

Patient 1: da months (3) I don't remember °this° you know

MN: oh you don't remember the month

Patient 1: no

MN: ok ok alright that's fine you know uh ok // ((wife butts in))

Wife: // excuse me can I ask a question?

MN: sure

Wife: um uh could that be like when his symptoms started

MN: yes when you know you firs- like da f-symptoms first started and you know // when

Wife: // was it thirsty and the urinating and everything

MN: oh I mean yeah no no that will come later on// but right now

Wife: // oh ok

MN: // you know we just wanna know when the doctor uh I mean you know // because

Wife: // when he went to the hospital

MN: right exactly // and

Wife: // oh

MN: // when the doctor first told him that he had diabetes

Wife: ok

MN: ok + ok//

Patient 1: // ((speaks in wolof)) °dafa bari wakh torop°

MN: °ah that's fine° + ok did your doctor ever tell you uh what kind of diabetes you have

Patient 1: oh yeah he tell me what kind of diabetes it's a type two

MN: type two diabetes

Patient 1: uh huh

MN: ok and uhm can you tell me what you know what diabetes + is and how it is treated

Patient 1: ((more scratching)) °bof° (3) just the sugar was up

MN: uh huh

Patient 1: and you know (1) I was have you know uh (2) Im be was out// I dron-

MN: // ok

Patient 1: // remember lotta tings + just I remember + when I get in hospital and the last day they tell me you got a darabez

MN: ok ok ok but but uh but you know like you know you don't know lik- did they tell you did the doctor tell how to treat diabetes you know what to do or what to avoid did the doctor tell you that

Patient 1: o:w he just let me know uh + that the blood sukar sugar was up//

MN: // ok

Patient 1: and after dat

MN: uh huh

Patient 1: know I take uh insulin

MN: insulin ok

Patient 1: and uh I don't remem- son- son- uh da oda one

MN: ok

Patient 1: because after dat I + I don't I don't tink about that no more because

MN: ok

Patient 1: ah I don't have any medicare I don't go to a hospital or not because I I ((hesitantly)) + I used to be have a lotta bills//

MN: // ok

Patient 1: I can pay the bills I can take care + the medication // that's why I'm-

MN: // ok

Patient 1: // uh watch it what I eat

MN: ok

Patient 1: uh and + and u:h I look at my bloo- su- uh all time

MN: ok

Patient 1: if it's up ((child's voice)) I don't eat and they go down // that's why

MN: // ok

Patient 1: control my uh diabetes //

MN: // diabetes ok uh so you know ever since you had diabetes in what ways has your thinking changed regarding diabetes since you were first diagnosed you know how did you you know how did you change your life attitu- how did you change your your uh you know your di- you know stuff // like that

Patient 1: // oh da first time y- he he change me some because it was in my mind + why I get sick // why

MN: // uh huh

Patient 1: know + don't wash myself to get sick

MN: uh huh

Patient 1: know mais after that after I I'm just forget dat t- to make my new life

MN: ok ((child's voice))

Patient 1: and uh after that I don't really really care bout

MN: ok ok

Patient 1: yeah

MN: ok alright so did you know anybody who had diabetes ((noise and scrambling))

Patient 1: yeah I got a friend lotta friends

MN: who had diabetes

Patient 1: yeah they got a darabez and (1) uh I'm I'm not from here // and i

MN: // ok

Patient 1: // was know lotta people had a b- darabez I know how they treat them ((inaudible child's voice coming closer)) //

MN: // ok

Patient 1: and the med uh the doctor how they you know ((child continues to talk)) tell dem to uh you know to take care ((wife answering child in the background)) uh // they self

Child: °diana ross°

MN: // their diabetes // ok ok

Patient 1: // you know about diabetis uh that's why I learn from huh from them and here what the doctor say you wanna you know huh stop eating a lot to control your weigh to

MN: uh huh

Patient 1: know

MN: ok + ok and you know those p- ((somebody coughs)) those friends you talk about you know do they live here or do they live// like

Patient 1: // oh some they live here //

MN: // ok

Patient 1: // [guayn] I know one guy lo- live here

MN: ok

Patient 1: [ mais] you know just I know // bu-

MN: // ok

Patient 1: // I I hear from them

MN: ok

Patient 1: know

MN: ok

Patient 1: that sh- m- I don't talkin about + because I don't talkin about my my diabez

MN: ok ok ok

Patient 1: yeah I don't talkin about it because (1) I still I still my life I still eat everyting I want

MN: uh huh

Patient 1: and watch my sugar if it's up

MN: uh huh

Patient 1: huh you know I know wha- really really what I do

MN: ok ok so you you know you just don't follow like a set kinda diet or nothing like you just // eat and then when it's up

Patient 1: // oh yes uh s- sometimes I flow it because if if is + uh if is up

MN: uh huh

Patient 1: ah ah I really flow follow it // because

MN: // yes ((laughs)) yes

Patient 1: ((laughing voice)) yeah because if not you know

MN: uh huh

Patient 1: you gonna be be you know I know how

MN: yeah that's right

Patient 1: how I u- use to be uh how they take me to hospital //

MN: // ok

Patient 1: I don't wanna do that no more

MN: right ok ok

Patient 1: yeah uh huh

MN: alright so uh so bu- bu- who told you information about the disease you know can you tell me about that ((pages turning))

Patient 1: o::w you know everybody hear about diabetes

MN: ok

Patient 1: uh you know the disease you know come + sometime you know uh if you uh + game lotta weigh+ you know your su- your bloodsugar and go up // all time

MN: // uh huh

Patient 1: because what you eating

MN: ok

Patient 1: I an- any I used to be like rice

MN: uh huh

Patient 1: rice you know make de sugar up // and the bread

MN: // ok ok

Patient 1: now I watch that all time you know uh anyway I I watch like I feel

MN: right right ok

Patient 1: know because I can + te- eh go to the doctor to take care because I have I don't no money to pay

MN: ok

Patient 1: you know I don't have a no medicare I know I don't have no insurance no that's why I'm uh I wanna be my doctor

MN: ok ok alright

Patient 1: yeah uh yeah I'll be my // doctor

MN: alright but though you know like you must like actually hear somebody or either a doctor tell you stuff about diabetes or maybe friends or somebody who told you about uh information about diabetes where did you learn all those// you know

Patient 1: // ok where I l- where i learn them really really learn I learn then on west Africa // senegal

MN: // ah in west Africa ok ok

Patient 1: yeah because I used to be take care + uh da kids

MN: uh huh

Patient 1: from home to hospital

MN: ok

Patient 1 they were da sickness I used to be take care them

MN: ok

Patient 1: all my life like uh maybe uh twelve years

MN: ok

Patient 1: to be with the sickness

MN: sickness ok // and they had diabetes

Patient 1: // I used to take care

MN: // those kids had // diabetes

Patient 1: // yeah some they had- dia diabetes some they have another kinda sick

MN: ok ok

Patient 1: you know

MN: alright

Patient 1: uh you know that's where I learn the- f- ((pages turning)) uh uh f- I learn from there

MN: ok ok ok so what do you but what do you do to manage your diabetes ((turning pages))

Patient 1: now to manage my diabetes now ((more noise))

MN: yes

Patient 1: just + you know uh (1) what I wanna do is try to look my my blood sugar if it's ok

MN: ok

Patient 1: if not Imma uh imma watch what I eat // that's it

MN: // ok

Patient 1: // that's why I manage my my diabetes

MN: // my diabetes ok ok ok

Patient 1: and I and I and I uh and I have a uh you know uh + I'm sure what do I do is good for me

MN: ok ok

Patient 1: you know

MN: alright

Patient 1: because uh that's 2002

MN: uh huh

Patient 1: I get that mais I never go to hospital for that

MN: ok ok

Patient 1: sometime my my sugar up

MN: uh uh

Patient 1: sometime I wan- I want if it go down

MN: ok

Patient 1: just I stay two two days I don't eat

MN: ok

Patient 1: you know sometin ma- make high coppertree I don't uh you know I don't have really really really high sugar

MN: ok ok alright

Patient 1: yeah

MN: and what do you think about your ability to manage your diabetes you know do you think you're in control of your diabetes

Patient 1: yeah sometimes

MN: yes sometimes // yes ok

Patient 1: // yeah I really really control mais it's not like it's a about in my mind to all time it's my mind no

MN: ok ok ok

Patient 1: yeah

MN: I mean so now have you ever felt frustrated with your diabetes you know if you can please think of a time when ((child calling)) you felt like that uh can ((mom answering back)) you tell me what it was and what caused your frustration

Patient 1: fo fi I fell uh + oh uh bef- uh + I don't really really understand the this // question

MN: // oh this question you know if you something you know you feel frustrated because you have diabetes you know how the uh doctor say you can't eat this you know you can't eat that you know you can do this you can't do that uh you know does that s- frustrate you about your diabetes

Patient 1: because sometime I like to eat

MN: right

Patient 1: that's why I can + I can stop uh uh anytime really really they tell me

MN: ok ok ok ok I see

Patient 1: yeah

MN: alright but you know ok on the contrary now have you ever felt that you were in control of your diabetes you kn- about the management of your diabetes uh you know if so tell me about that and you know what + contributed ((pages turning)) ((rattling noise)) to your positive feelings about the management of your diabetes

Patient 1: how I manage my dia- diabetes

MN: yes

Patient 1: just you know uh

MN: how you feel you kn- you feel confident you got it under control you know why why would you think that you know why did you think // that you

Patient 1: // uh da da first things is god

MN: ok

Patient 1: everybody get sick

MN: // uh huh

Patient 1: the doctor say sometin maybe he gonna say ((shuffling noise)) + sometin about this because he learn that // that's uh

MN: // ok

Patient 1: that's uh sometin knowledge for the people mais you know

MN: ok

Patient 1: god

MN: uh huh

Patient 1: dezide everytin for da + uh for da human bin

MN: yes ok// uh uh

Patient 1: // you know uh I tink really really reary if I wanna die // with diabetes

MN: // uh uh

Patient 1: that's god

MN: yes

Patient 1: it's not the doctor it's not me

MN: ok

Patient 1: mais you know they s- have something reality

MN: ok

Patient 1: like the people wanna do because uh + y- that's uh da doctor

MN: ok

Patient 1: he's a doctor

MN: ok

Patient 1: you know he take care the human bin

MN: ok

Patient 1: he know better then ev- uh everyone

MN: uh huh

Patient 1: u::h don't learn doctor doctor uh had a knowledge you don't have

MN: ok

Patient 1: whatever they tell you you supposed to do it

MN: ok

Patient 1: mais you know uh it depen if + you have a possibility to do that

MN: ok ok

Patient 1: you know I don't have any possibility to do uh lota tings they tell me because + I don't h- I don't have really really really

MN: ok

Patient 1: uh ((woman's voice in the distance)) you know (1) you know to take care myself like you know uh I don't have no money to spend for uh // lota tings

MN: // for

Patient 1: // they take for uh for uh for a // diet

MN: // for a diet ok

Patient 1: you know

MN: ok ok

Patient 1: that's why uh I believe them

MN: ((swallowing)) ok

Patient 1: I believe what they said // I

MN: // uh huh

Patient 1: believe everyting // they tell me

MN: // ok

Patient 1: mais you know I I give myself for god

MN: uh huh

Patient 1: for they // you know

MN: ((sniffing))

Patient 1: everyting daal I need to do to take care to manage my uh dialbetes

MN: ye uh huh

Patient 1: that's I'm I'm pray pray for god // for god

MN: // ok alright alright no I mea- now how how long have you known your you know your doctor or health care provider you know // did

Patient 1: uh I tin- tin- tink I know you on 2002 and I I + I didn't see him no more

MN: oh you ha- since when when was the last time you saw him

Patient: that's a same same // same

MN: // same year

Patient 1: same year I tink // yeah

MN: // so you just saw him in 2002 and that was it

Patient 1: yeah because you know they they estart sending me ay d- de bills //

MN: // ok

Patient: ah you know ((kids speaking in the distance))

MN: ok ok

Patient 1: and I stop because I owe a hospital lotta // money

MN: // ok

Patient: I don't know pay ima stay at

MN: ok ok ok

Patient 1: I'm ou- out of hospital

MN: ok so but you know did your ((woman clearing voice in the back)) does your doctor uh you know does he answer all your questions about you know to your satisfaction does he answer all the questions ((banging in the distance))

Patient 1: yeah he was good // he was a good doctor

MN: // ( )

Patient 1: yeah he was good he was a good doctor

MN: ok

Patient 1: he was a good doctor

MN: ok

Patient 1: he used to be he's a nice + you know nice doctor

MN: nice doctor

Patient 1: nice doctor // you know

MN: // ok

Patient 1: he used to take care me and help me

MN: ok

Patient 1: he used to give it to me lota tings ((choking sound)) + you know

MN: ok

Patient 1: uh yeah anyway after that I'm I'm tired for the insulin

MN: oh yeah

Patient 1: to pique mys -myself all time

MN: all the time ok ok + yeah

Patient 1: yeah ((patient's prayer beads rustling))

MN: ok so I mean do you believe you know your provider treats you with respect you know

Patient 1: yeah I believe it

MN: ok ok alright ok now have you ever had any difficulties ((child's talk in the distance)) communicating with your provider uh if so please explain did you have a problem communicating with him

Patient 1: wi non

MN: no

Patient 1: uh huh

MN: no so

Patient 1: it was ok it was uh huh

MN: ok + alright so now I'll ask you // about

Patient 1: // uh

MN: your educational background and experiences uh what is the highest + level of public or private education you complete ((pages shifting)) and you know these are the choices right here you know + ((swallowing spit)) so you know li- what you know how far have you been to school

Patient 1: ow was I was in igh school

MN: high school you li- graduated high school

Patient 1: yeah I graduate in high school

MN: ok

Patient 1: ok

MN: ok

Patient 1: after that uh I go technical + school

MN: oh technical s- like // vocational ok

Patient 1: //yeah it was different with everyting

MN: ok

Patient 1: I was jus- it was in horticulture

MN: ok

Patient 1: like uh look at the flower how they you know and the tree

MN: ok ok ok

Patient 1: uh

MN: ok

Patient 1: uh

MN: alright alright uh now s- now think back to the year or so before you left school what were you thinking you know you wanted to do after you graduated high school what did you you know what did you wanna do after you graduated

Patient 1: o:w (1) ow just you know uh (1) I was a I was you know uh I was a boy you know like uh (2) like to take care only myself // like

MN: uh huh ok

Patient 1: you know that time you know I don't wanna go to a back school s- I I do sometin yes you know

MN: ok ok ok

Patient 1: yeah

MN: so you didn't you know after high school you did not wanna go to school// anymore

Patient 1: // yeah bu- s just when I go to technical // school for three years

MN: // ok ok ok

Patient 1: I been over there as you know looking for job

MN: ok

Patient 1: and after I ((kid yelling)) I found out job

MN: ow so you found // you know

Patient 1: // uh yeah

MN: // so you found // a job

Patient 1: // in my country yeah

MN: ok ok

Patient 1: I shoud be workin you know ((child yelling)) for + like twelve years

MN: ok oh like what kinda job did you do

Patient 1: oh jus- so I donna go to uh like uh provendery for da uh you know uh + flower stuff like uh ((clearing throat)) I don't know if they know the I don't know how the tea- that in English like uh apiculture

MN: ok d'accord ok ok apiculture ok alright so you know like that was what you thought was you know li- so you thought you were gonna do that for your future you thought you were still gonna do that or

Patient 1: yeah just I have that for uh sometin to make some money

MN: ok

Patient 1: mais after that I stop to uh to work with ((kids talking)) the with the government like a secteur informel

MN: ok

Patient 1: I don't know how they f- say that in // english

MN: // ah it's just informal sector

Patient 1: yeah yeah informal sector

MN: ok ok alright uh // so

Patient 1: // ((clearing throat))

MN: I mean you know ok alright so you know those were + two options you were thinking about pursuing you know

Patient 1: yeah they they was my I never uh never tink about to travel to come uh to go out

MN: you'd never thought of that

Patient 1: yeah // mais you know

MN: // ok

Patient 1: when I uh have another life + you know and I ((shifting clearing throat)) meet some people come from to unite states

MN: uh huh

Patient 1: and we talkin about unite state and + they come every year that's why you know

MN: you thought about coming

Patient 1: yeah I opt to come over here

MN: ok ok

Patient 1: cause

MN: ok so you like at first you did not wanna come here

Patient 1: ((clearing throat)) I don't wanna have ((kids playing and yelling)) gonna I don't tink it never tink it // to go out

MN: // ok ok

Patient 1: // never

MN: ok ok alright alright ((turning pages)) + now ok how did you end up you know doing you know doing what you were doing after high school how did you end up was it just by chance or uh did somebody tell you about apiculture you know li- how did you

Patient 1: uh this apiculture is after ((kids screaming)) because uh somebody said somebody that I know

MN: uh huh

Patient 1: he tell me u::h uh + the site I was // you know

MN: // uh

Patient 1: when I come over there to do that they be ok that's why I come over there to to work with the bee there was in a bee you know to for honey

MN: uh uh ok

Patient 1: like that you know

MN: ok

Patient 1: yes

MN: ok

Patient 1: that w-

MN: ok ok

Patient 1: I stay over there for twelve yea- twelve years

MN: ok alright

Patient 1: yeah

MN: ok so uhm ((swallowing))

Patient 1: // ((clearing throat))

MN: how did you you know h- you know h- you know yeah we just answered that question right ((turning pages)) how did you end up doing what you do did after high school uh so now these are life orientation questions ((people speaking in the background))

Transcript Two

MN: when were you first diagnosed with diabetes

Patient 2: u:h in two t- uh two thousand + or the just uh two thousand

MN: two thousand

Patient 2: nineteen ninety nine or// two thousand

MN: // ninety nine two thousand and // wha-

Patient 2: // yeah

MN: // what's the month

Patient 2: uh ((rattling noise)) the mons is uh + ( ) around uhm ((rattling)) uh (1) ((loud noise)) maybe February march uh February march

MN: February march ok now so february

Patient 2: february

MN: ok

Patient 2: February // february february

MN: // ok ok uh huh

Patient 2: February 2000

MN: ok s- ok so can you tell me about tha- what was said how you felt you know when you were diagnosed with diabetes

Patient 2: I just losing some weight and I feel sometime dizzy uh and u:h u:m (1) I uh most of the time you know I just uh + I pee a lot

MN: ok // ok

Patient 2: // you know lotta time each you know twenty minute you know

MN: right right right uh

Patient 2: thirty minute you know night // you know one day

MN: // yeah

Patient 2: and I was very very anxious about that and I one day I just of a ask a question to my wife you know just e- listen I'm just eating you know normal but I just lose weight I can't understand I can't figure out what happen to me and she just advised me you know to go to the uhm ((swallowing spit)) uh marc sankale center

MN: oh so that's that not here in in // you were not diagnosed here

Patient 2: // no not here yeah ok just to say I was diagnosed in Africa

MN: ok ok

Patient 2: marc sankale uh country and the fi- uh um + I went I went over there and just you know they checked my blood sugar level I wa- just ( ) I remember three over something more than three and they were surprised because uh + they were surprised I ask me how you come how you can just have this rate and you// just

MN: // and you still walking ((laughs))

Patient 2: you know come yourself ((laughing)) in the car by yourse- I don't understand they keep me and just you know put me under insulin for a l- while

MN: ok

Patient 2: know just to make my uh your sugar just down // you know

MN: // ok ok ok so you know but you know how're your feelings about you know ok now the doctor I have diabetes you know how we- how did you feel // you know

Patient 2: // but I I feel scare just my first reaction is I feel scare and I went to the bank + and I pick some money I remember something like around one hundred dollar and just you know start my die

MN: ah ok ok just right and there you started + diet

Patient 2: yeah right away just when I f- you get out from the center // marc sankale center

MN: // the center

Patient 2: // center

MN: uh huh

Patient 2: I just you know think about my diet I was scare ((pages ruffling)) because you know just uh for me diabits mean just you know there's

MN: right right right death sentence // kinda

Patient 2: // ( ) just leg cut leg or cut your organ or something like that

MN: ((laughs)) right right right ok ok alright so uh what did your doctor I mean did your doctor ever tell you what kind of diabetes you have

Patient 2: no // that's the problem

MN: // they never told you if you have type 1 or type 2

Patient 2: no

MN: ok ok

Patient 2: I in Africa people just they need just to uh help people ju- just to understand the the different kind of diabits

MN: diabetes

Patient 2: types of diabete you know

MN: ok ok

Patient 2: the s- look li- is look like some similarities or sim- s- look like the same it is some // difference

MN: // they they different yeah they're different

Patient 2: I tink doctor or people who work uh you know just on this need to just you know help people to understand

MN: understand what // kind right

Patient 2: // what meant to to understand figure out what mean type 1 type 2 type 2

MN: yes yes that's sure that's sure

Patient 2: that's very important

MN: yes yes yes ((turning pages))

Patient 2: is a very confused you know uh uh uh you know for // of

MN: // def oh yeah

Patient 2: // in people's mind

MN: definitely definitely yes + can you tell me what diabetes is and how it is treated in you know in your own words what do you think diabetes is

Patient 2: uh diabits is just uh + a disease but uh they uh I know I know just by uh just a lit- you know ((engine whistling in the distance)) uh two way to handle you know this disease is just you know to put yourself in diet

MN: uh huh

Patient 2: or just uh uh you know ((swallowing spit)) to uh use medication

MN: ok

Patient 2: but I uh I have in my mind other way to handle this kind of disease you know

MN: uh huh

Patient 2: is to now uh to learn or to s- to to m- to have choice you know before you get married

MN: right right

Patient 2: you know uh if you marry somebody who got you know you had diabetic I me- you are diabetic y- it- m- you know you can get you know just your // offshot

MN: // your kids

Patient 2: you know all of them diabet

MN: right yeah yes yes

Patient 2: cause I tink uh just you know now uh check before you get married // you know

MN: // yeah

Patient 2: // just you know the kind of // people

MN: // right like premarital test or something like that

Patient 2: test you know will gonna help you know just to take care this kind of disease

MN: ok ok

Patient 2: it's my point of view

MN: ok ok ((noise))

Patient 2: like all the disease like syples or uh uh kinda disease // you know just

MN: // right right right

Patient 2: // you know who can // come

MN: // sick yeah

Patient 2: to uh // man

MN: // genetically

Patient 2: // or just you know woman I think marriage you know just uh before test before marriage will be helpful

MN: yeah yeah because usually they don't test for you know premarital uh you know test they don't diabetes they do maybe like uh like uh sexually transmitted diseases or // aids and stuff like that

Patient 2: // uh huh

MN: but they don't do diabetes // I don't think so

Patient 2: // no they don't do diabetes

MN: // yes ok

Patient 2: is a m- I tink uh my way just you know d- b- uh uh uh the solution just to you know take care this kind of disease

MN: yes yes ok in what ways has your thinking changed regarding diabetes since you're first diagnosed + you know like how did your thinking change you know because uh like obviously before you knew you had diabetes you were you know you were thinking a certain way uh but then and then after you they told you you had diabetes you know your thinking had you know had to change somehow so in what way

Patient 2: u:m mm change you know uh first of all you know just my + uh my abits you know

MN: yeah

Patient 2: just uh + wherever I take my you know I take care my foods you know pay attention what I'm eating

MN: yes

Patient 2: you know just a uh and just manage myself you know just in care // in case

MN: // uh huh

Patient 2: just to um to s- you know to stay // listen

MN: // healthy

Patient 2: // you know healthy

MN: yes yes

Patient 2: and uh uh you know talk w- uh just explain to other people you know just don't about diabets you know what means diabetes in order that can // do

MN: // uh uh

Patient 2: in order they can do you know // just to avoid

MN: // °to avoid°

Patient 2: or just uh this kind of stuff like

MN: ok ok

Patient 2: // uh huh

MN: now did you know anybody who had diabetes before before your diagon- did you know anybody with diabetes

Patient 2: yeah in my family when you are just forty and over y- you know just because we have a is- it's just sign- kind of disease // w- find of uh my ancestors

MN: // right right ok

Patient 2: or something like that

MN: // ok ok it's //alright

Patient 2: // you know after forty or // over

MN: // ish

Patient 2: something we inherited you know from you know our ancestors

MN: ok ok ok I see so alright + so now you told you information about the disease you know can you tell me about that

Patient 2: uh

MN: who told you information about the disease you know

Patient 2: but you know um uh first time is just my curiosity first bu- because I'm biology teacher

MN: uh huh

Patient 2: and I use uh to uh + teach you know uh the uh about diabetes you know

MN: right

Patient 2: uh my students you know + how to handle some uh you know + liquid uh balance of the body

MN: ok

Patient 2: like homeostasis or just you know uh uh gluci- glycemy

MN: uh huh

Patient 2: uh ((smacking lips)) um sa- uh sel min- uh um diabits you know uh um homeostasis

MN: uh huh

Patient 2: y- you know

MN: like minerals

Patient 2: yeah sug- minerals and so on- just you know

MN: ok ok ok alright + so what do what do you now to manage your diabetes you know ((shifting pages))

Patient 2: just uh take care my food

MN: ((more pages turning)) ok

Patient 2: but I I I before just a couple of months before uh before I just travel to africa

MN: uh huh

Patient 2: and uh + I ask to my uh physician

MN: uh

Patient 2: s- to um prescribe me some medication

MN: uh huh

Patient 2: in case you know I need in africa

MN: ok

Patient 2: cause you never know

MN: right

Patient 2: you know we uh you know we you know just uh eat lot o just rice you know

MN: right right

Patient 2: lot of starch

MN: for diab- yes starch

Patient 2: yeah um you know just uh an in case I need you know just uh to um help you know to uh to put down my uh sugar // you know

MN: // sugar level yes

Patient 2: sugar lev- and he just uh agree and put me on the met metformin

MN: ah metformin

Patient 2: metformin is uh ((shifting through medication containers))

MN: ok

Patient 2: ((swallowing)) is a medication who help just to uh put down uh it's to keep just //low

MN: // yeah your sug-

Patient 2: // you know your sugar

MN: // your sugar levels down

Patient 2: yeah

MN: ok alright ok

Patient 2: ((putting pill container on table)) uh the metformin

MN: ok ok yeah we'll get down we'll get to that you know later

Patient 2: uh

MN: so what do you think I mean what do you think about your ability to manage your diabetes do you think you're doing like good like in managing your diabetes

Patient 2: yeah first of all before medication I usually just u:h + practice you know and just take care of my food

MN: ok

Patient 2: put myself in diet

MN: ok

Patient 2: and avoid everything you know can put my sugar // high

MN: // sugar high yes yes ok alright so bu- um how you ever felt frustrated with your diabetes you know if you can please think about a time you felt you felt that can you tell me what it was and what caused your frustration

Patient 2: ow uh (1) I never uh you know I never felt you know some kind of frustration or something like that because uh

MN: uh huh

Patient 2: uh I learn a lot you know about the diabets

MN: right

Patient 2: how to take care it understand you know I'm not I w- I w- you know the first first time I just uh + umm just uh (1) uh start doing you know um my diet you know I know we gonna coast me some money // you know

MN: // right

Patient 2: and just uh some kind of saving or something

MN: right right

Patient 2: you know but I was I w- I was never uh just f- uh f- dipres- depressed // or something like that

MN: // depressed ok ok ow ok alright so um ((licking lips )) on the contrary you know have you ever felt that you know you were in control of your diabetes um of the management of you diabetes you know if is if so tell me you know about what contributed to your positive feelings about the management of your diabetes

Patient 2: ((breathing in)) uh maybe uh + since I was declared you know diabetes

MN: uh huh

Patient 2: until now until you know the two last uh couple of months // you know

MN: // ok

Patient 2: I usually you know handle my diabet you know w- very goo- very well

MN: right right

Patient 2: so but uh+ now I have problem to manage you know my sugar you know

MN: why why // I mean why do you think

Patient 2: // I have problem I have problem maybe I'm getting old

MN: ((laughs))

Patient 2: ((laughing)) the first thing I think about jus- just cause uh eh just when I eat just a little bit

MN: uh huh

Patient 2: it may be higher

MN: ok

Patient 2: and I stay two hours after

MN: uh huh

Patient 2: but it's too low until some time less than eighty

MN: oh wow

Patient 2: and that's a problem + ((licking lips)) and right now um for my case I need to eat every two hours

MN: ok ok ok

Patient 2: that's the best way to manage // my diabetes

MN: // just the best way to manage your diabetes

Patient 2: and before I don't have to I don't have to

MN: ok I mean maybe that's why maybe like the older you get maybe the management // changes you know yes

Patient 2: // yeah yeah your b- your body just you know uh change everting change you know hormones sex and so on you know

MN: ok ok ok uh so um how long have you known your doctor or health care provider

Patient 2: um + scuse me you say

MN: how long have you know your doctor or you know or your health care provider you know your doctor how long have you known him

Patient 2: oh just uh m- maybe one year no // no no no

MN: // uh

Patient 2: no just uh maybe six six three months four months

MN: or three four months

Patient 2: three four months yes ((sound of medicine containers colliding))

MN: ok ok

Patient 2: uh huh

MN: (2) ah ok so I mean ((noise)) does your provider answer all your questions to your satisfaction

Patient 2: ah uh + all of them

MN: not all c- can you tell me about // that

Patient 2: //not all of them and I and I relate and I just uh um open n- you know myself to for just uh um for a + some issue I have with a m- you know my physician

MN: uh huh

Patient 2: and he put me in metformin

MN: uh huh

Patient 2: and uh f- first time I start you know just uh ((page turning)) + taking metformin

MN: uh huh

Patient 2: I feel some you know I felt some uh + side effect

MN: right right right

Patient 2: and when I + when I ((rattling noise)) just let him know he just uh he don't just pay attention what I say

MN: right

Patient 2: he just you know he don't + he don't mind you know what said

MN: ok ok

Patient 2: and he just asking me to stay on metformin

MN: although you told him y- you know you're // having side effects

Patient 2: // yeah I told him you know I have sever- and I print some stuff

MN: uh huh

Patient 2: an:d uh ow for my next appointment with him I will show // it

MN: // o- oh to him ok

Patient 2: to him because you // know

MN: // yeah uh huh

Patient 2: ((straining)) uh that's a problem you know sometime people they think their patient don't any n- ((licking lips)) information about the disease

MN: // about the disease

Patient 2: // or they don't know // what

MN: // right

Patient 2: about the disease and it's not my case I'm biologist // you know

MN: // ok right

Patient 2: I know a lot about // this stuff ((laughing))

MN: yes yes right

Patient 2: just uh in case to just um (1) for my information and for his information too // I print

MN: // uh uh huh

Patient 2: you know the document

MN: ah document about metformin // yeah

Patient 2: // I show mim show him you know // uh ha

MN: // yeah the side effects heart beat //

Patient 2: // beat

MN: yes yes

Patient 2: // slow or // regular

MN: // regular yes yes yes ((going through papers))

Patient 2: // uh

MN: // ok + so you printed // all of

Patient 2: // yes feelings of uh

MN: // forcefully

Patient 2: // or rapidly beating// palpitation

MN: // heart yes yes yes

Patient 2: n- you see that's that's a true + but he he put me on u:h on the stuff you know

MN: regardless

Patient 2: yeah regardless what I said you know to him

MN: ok ok ((noise))

Patient 2: I don't know if ((loud noise)) he's real uh his a guy is very uh you know just a + the right person you know uh

MN: to handle it

Patient 2: yeah to handle my stuff // you know

MN: // ok ok ok

Patient 2: but I doubt you know ((knocking on the table)) + I don't know but I think my next exp- appointment // I will

MN: // yes

Patient 2: // talk about // it

MN: // yeah definitely

Patient 2: // and let him know and show him just you know

MN: ok

Patient 2: °the stuff° ((moving cup on table))

MN: ok ok uh alright so do you believe your provider treats with respect do y- you believe the doctor you know treats you with respect in that regard

Patient 2: well I don't think so // you know

MN: // you don't think so

Patient 2: // I don't think so

MN: uh yeah ok you know cause yeah I mean yeah ok + like have you ha- I mean have you ever had any difficulties communicating with you know with him with your provider

Patient 2: yeah

MN: // pro- you // know- pro

Patient 2: // in this case // I have

MN: // in this case

Patient 2: // I have difficult to

MN: // yes yes ((laughs))

Patient 2: // cause you know he don't he don't believe me

MN: uh huh

Patient 2: and he just he don't treat me right ((bracelet knocks on table)) you know lik- he just treat me like um som- nobody who don't have any instruction or// just you know

MN: // right right right +right right

Patient 2: // you know you don't have any any// kind

MN: // like you're illeterate

Patient 2: // of information //

MN: // yes yes

Patient 2: // you know uh about this disease I say just oh no you cannot lemme check uh uh he come back just a few minute // and

MN: // uh huh

Patient 2: // he tole me eh yeah yeah I just re- I already check you know but mat-  
metformin just good for you you can you you can continue you can take two now uh I  
said // ok right

MN: // right

Patient 2: // but I'm not gonna just take that I'm just just ((shaking the medicine bottle))  
take one // per day

MN: // yes

Patient 2: // until I just met him again

MN: yes yes

Patient 2: // ((swallowing)) and just show him // you know this uh

MN: // oh these things that your printed off

Patient 2: yes

MN: yes that's true + yeah I mean // it's

Patient 2: // you seen the kinda proof you know just uh

MN: yeah it's got to (1) I mean you know I doubt he doesn't know he probably does  
know it but just like you said

Patient 2: // uh huh + yeah

MN: // so ok ((laughs))

Patient 2: so even if he's a ge- ((laughing)) uh I think the guy is a generalist you know  
he's jut- he's not the specialist you know

MN: // ah ok ok

Patient 2: he maybe

MN: he maybe yeah

Patient 2: yeah

MN: yes that's true

Patient 2: // that's a problem too

MN: ok alright

Patient 2: he's not the right guy I think ((laughs))

MN: ((laughs)) yeah he could be so

Patient 2: // yeah

MN: alright so now uh part b about your outlook on life

Patient 2: // uh huh

MN: // you know I'd a- I'd like to ask you about your educational background and experiences + what is the highest level of public or private education you completed

Patient 2: uh I'm over uh I think on twelf

MN: oh twelve //

Patient 2: ((inaudible))

MN: ok ok oh wow yeah so you know you actually you you gra- majored in biology you know or

Patient 2: oh major in biology

MN: did you wel- I mean did you major bio- biology or something

Patient 2: yeah

MN: yes ok ok so alright ok so think back to the year or so before you left you know you left high school

Patient 2: uh huh

MN: you know uh or you know think back to the year or so before your high school graduation what was going through your mind at the time regarding your future you know just before you finished high school what were you thinking about your you know about your future

Patient 2: I'm just thinking you know I was uh I was interesting you know uh interested by you know + uh biology + u:h science of nature

MN: uh huh

Patient 2: because my uncle you know just wo- just uh + um + uh who live with me just you know um work over you know department of biology of the faculty of science

MN: in senegal

Patient 2: yeah uh in Senegal and I was just you know I usually just uh u:m I (1) most of the time you know I spend my of just after school

MN: uh huh

Patient 2: before we get home you know just uh some kind of help you know from teacher

MN: from teachers

Patient 2: // over the department

MN: // ok ok

Patient 2: // in math and biology uh // that's the some kind of stuff like that

MN: // uh huh

Patient 2: uh push me to you know have interest you know

MN: // °in those things°

Patient 2: // bout you know biology or science of

MN: // ok

Patient 2: the nature

MN: // ok so those were uh those were the options you were thinking about pursuing // you know

Patient 2: // yeah

MN: // natural sciences //and biology

Patient 2: // natural sciences and biology

MN: ok ok ok alright so you know I mean why were you thinking about those options you know like why did you like single out biology or natural sciences + you know they could have been you could've been thinking about something else but why were you like really thinking about that

Patient 2: well I think about that because th- that's the stuff the reason I just s- say // just earlier

MN: // uh huh

Patient 2: // is about one first o- // first one

MN: // f-

Patient 2: // first reason is my uncle

MN: // uncle yes

Patient 2: work over uh in the department

MN: right

Patient 2: and second stuff is uh just uh you know um in my career just uh I wish to be just something a scientific // right

MN: // right

Patient 2: // doing some research like I just used// to

MN: // ok

Patient 2: // over my country like I did you know over my country

MN: ok ok so you know so you just ended like doing that after high school and you know

Patient 2: yeah

MN: ((noise)) ok alright I see

Transcript Three

1-MN quand est ce qu'on vous a dit pour la premiere fois que vous avez le diabetes

1-MN: when were you first diagnosed with diabetes you know when were you told you had it

2-Patient 3: uh ca fait ya trois mois

2-Patient 3: uh it's been three months

3-MN: trois mois seulement

3-MN: only three months

4-Patient 3: uh huh

4-Patient 3: uh huh

5-MN: ah ok trois mois c'est ca (1) ((chair grincant))

5-MN: oh ok three months (1) ((chair squeaks))

6-Patient 3: trois mois

6-Patient 3: three months

7-MN: ah ok d'ac uh donc eh+ trois mois donc la date exacte c'etait quand la

7-MN: oh ok so uh + three months so what's the exact date

8-Patient 3: uh

8-Patient 3: uh

9-MN: uh maintenant on es uh

9-MN: today is the uh

10-Patient 3: on est le vingt six aujourd'hui

10-Patient 3: today is the twenty sixth

11-MN: vingt six uh

11-MN: twenty sixth uh

12-Patient 3: quatrieme mois

12-Patient 3: fourth month

13-MN: quatrieme mois ok ah d'accord donc ya 3 mois

13-MN: fourth month ok oh ok so it's been three months

14-Patient 3: non le 26 troisieme mois// pardon

14-Patient 3: no the twenty sixth third month // sorry

15-MN: // troisieme mois

15-MN: // third month

16-Patient 3 // troisieme mois pas pas quatrieme mois

16-Patient 3: // third month not not fourth month

17-MN: ah ok oui oui oui

17-MN: oh ok yes yes yes

18-Patient 3: quatrieme mois c'est pas encore//

18-Patient 3: fourth month it's not that time yet

19-MN: // oui c'est c'est avril avril // oui

19-MN: yes it's its april yes it's april //

20-Patient 3: // uh

20-Patient 3: // uh

21-MN: uh d'accord donc maintenant ((person greeting me from afar)) + mon frère cava

21-MN: Uh ok so now ((greetings from afar)) + my brother how are you doing are you alright

22-Neveu de patient 3: comment allez vous

22-Nephew of patient 3: how are you doing

23-MN: cava bien uh

23-MN: I'm fine uh

24-Nephew of patient 3: ca coule

24-Nephew: all good

25-MN: ah oui cava est ce que vot-docteur vous a dit quel genre de diabete vous avez

25-MN: it's good + + so m- did your doctor ever tell you what kind of diabetes you have

26-Patient 3: non il m'a pas dit

26-Patient 3: no he hasn't told me

27-MN: no- il vous a pas dit

27-MN: no he hasn't told you

28-Patient 3: ((sucking teeth)) non il m'a pas dit

28-Patient 3: ((sucking teeth)) no he hasn't told me

29-MN: uh d'accord parceque la prem-la prochaine fois que vous le verrez vous pouvez le demander

29-MN: uh ok because the ne- the next time you see him you can actually ask him that question so you know

30-Patient 3: oui

30-Patient 3: yes

31-MN: parceque ici c'est juste t- type // un ou type deux ((cris))

31-MN: because here it's just t- type // one or type two ((shouting))

32-Patient 3: // ah y a y a deux types de diabetes

32-Patient 3: // ah there there are two types of diabetes

33-MN: // ya deux types de diabetes

33-MN: // there are two types of diabetes

34-Patient 3: u::h

34-Patient 3: u::h

35-MN: type 1 c'est déjà plus plus plus grave // parceque

35-MN: type one is more more serious // because

36-Patient 3: // oui oui oui oui

36-Patient 3: // yes yes yes ye

37-MN: // type 1 ca necessite uh tout le temps le truc la le uh les piqures la // l'insuline la

37-MN: // type one requires uh all the time things like uh insulin// shots there you know what I mean

38-Patient 3: oui oui oui uh non il m'ont pas donne insuline ils m'ont donner des // comprimés

38-Patient 3: yes yes ok uh no they never gave me insulin but rather they gave me medicine in the // form of pills

39-MN: // oui mais//

39-MN: // yes but //

40-Patient 3: // seulement //

40-Patient 3: //only //

41-MN: // oui des comprimés donc // type 1

41-MN: // yes pills so // type one or type two

42-Patient 3: // uh

42-Patient 3: // uh

43-MN: // type 1 c'est plus grave par exemple type 1 quand ca + ca arrive a des des ((laughing in the distance)) trucs la comment on dirait + des enfants

43-MN: // type one seems more serious for example with type one + when kids happen to ((laughter)) it's like how do you say it + the kids

44-Patient 3: uh huh

44-Patient 3: uh huh

45-MN: c'est presque incurable

45-MN: it's very serious

46-Patient 3: uh

46-Patient 3: uh

47-MN: c'est uh you know c'est c'est beaucoup de problèmes et type 1 généralement c'est ca va de père en fils et des // trucs la

47-MN: it's uh you know it's so problematic and type one in general it's it is hereditary and // things like that you know what I mean

48-Patient 3: // uh huh uh huh uh huh

48-Patient 3: // uh huh uh huh uh huh

49-MN: ca you know de l- c'est dans fa-dans la // famille ((inaudible talk in the distance))

49-MN: it's you know t- it's hereditary it's in the // family ((inaudible talk in the distance))

50-Patient 3: // oui uh pasque //  
je pense que

50-Patient 3: // yes uh because // I think  
that

51-MN: // mais // type 2

51-MN: // but // type two

52-Patient 3: // pasque je pense que uh  
ca c'est notre papa peut etre // ou

52-Patient 3: // because I think that uh  
it's our father who maybe // or

53-MN: // qui l'a

53-MN: // who what

54-Patient 3: // ou un parent de eh un  
grand parent qui avait ca

54-Patient 3: or a next of kin uh one of  
our grandparents who had it

55-MN: ah d'accord

55-MN: oh ok

56-Patient 3: y a j'ai deux grand frères  
ils ont ca + uh la tension ca c'est pour  
toute la famille ((more talk)) //

56-Patient 3: there is I have two older  
brothers they have it + hypertension that  
is common in our family ((more talk)) //

57-MN: // toute la famille oui oui oui

57-MN: // the whole family ok ok ok

58-Patient 3: mais le diabete y a mon  
grand frère y a y a deux de mes grand  
frères + y a une fille de mon grand frère  
et y a moi ((jingling and talk))

58-Patient 3: for diabetes there is my big  
brother also tw- two of my elder brothers  
+ a niece and there is me ((jingling noise  
and more talk))

59-MN: ah d'accord d'accord + ok

59-MN: oh ok ok + ok

60-Patient 3: donc ca je pense que c'est  
dans la famille

60-Patient 3: so there it's safe to say that  
it's in the family

61-MN: oui beh mais c'est ca veut rien  
dire ((more talk)) il faut demander au  
docteur// quand

61-MN: yeah well it's still doesn't mean  
a lot ((more talk)) you have to ask the  
doctor // when

62-Patient 3: // oui oui je vais demander

62-Patient 3: // oh yeah I will ask

63-MN: // quel type de // diabete

63-MN: // what kind of // diabetes

64-Patient 3: // quel type de diabete

64-Patient 3: // what kind of diabetes

65-MN: yeah quel type de diabete  
((talking in the background))

65-MN: what kind of diabetes yeah  
((talking in the background))

66-Patient 3: uh uh

66-Patient 3: uh huh

67-MN: ok donc maintenant ici truc la ((noise and loud talk in the background)) + so uh non (2) + est ce que vous pouvez me dire uh dans en vos dans vos propres mots ((more talking in the background)) ce que c'est le diabete tout ce que vo- en fait ce que

68-Patient 3: // diabete c'est l'exces de sucre dans le sang

69-MN: et comment c'est traiter est ce que vous savez aussi ca comment on traite// le diabete

70-Patient 3: // non je ne connais pas // paske on m'a pas dit

71-MN: // ((laughing)) oui oui

72-Patient 3: // paske si j'avais eu le cours la ((shouting in the distance))

73-MN: le cours oui

74-Patient 3: ca allait m'aider uh //

75-MN: // oui oui // oui

76-Patient 3: // je ne connais pas

77-MN: d'accord d'accord c'est les donc uh que que truc la le diabete c'est l'exces de sucre dans le sang ((somebody calls in the distance. Answer: y a quoi))

78-Patient 3: c'est ca // c'est ca c'est l'exces de sucre dans le sang

79-MN: // oui oui

80-Patient 3: uh huh

81-MN: donc uh maintenant in what ways has your thinking changed

67-MN: so now this ((noise and loud talking)) + so uh no (2) can you tell me what diabetes uh is in your own words ((more talking in the background)) what diabetes is everything yo- mainly what do you understand about diabetes what it represents for you // diabetes

68-Patient 3: // diabetes is an exces of sugar in the blood

69-MN: and how is it treated do you know to do you know how diabetes is treated// diabetes

70-Patient 3: // no I don't know // because I haven't been told

71-MN: ((laughing)) ok ok

72-Patient 3: // because if I took the class there ((shouting))

73-MN: oh the diabetes class yeah

74-Patient 3: it would have helped me //

75-MN: // yes yes // yes

76-Patient 3: // I don't know

77-MN: ok yes it's the so uh that the diabetes is the exces of sugar in the blood ((somebody calls answer what is it what do you want))

78-Patient 3: that's it // that's it it's the exces of sugar in the blood

79-MN: // yes yes

80-Patient 3: uh huh

81-MN: so uh now in what ways has your thinking changed regarding

regarding diabetes since w- you were first diagnosed comment est ce que votre uh votre attitude et votre maniere de penser a change depuis qu'on + le docteur vous a dit que vous avez le diabete comme est ce que votre // ya quelque chose qui a change

82-Patient 3: // je me mefie a tout ce qui est sucre

83-MN: sucre d'accord ((clicking noise))

84-Patient 3: uh huh

85-MN: d'accord d'accord ok

86-Patient 3: a part les fruits// parceque les fruits

87-MN: // fruits

88-Patient 3: c'est dieu qui a fait le sucre dedans ca c- y a // pas de problemes

89-MN: // le sucre le sucre oui oui

90-Patient 3: // c'est le sucre naturel qu'on// doit se mefier

91-MN: // oui oui qu'on doit c'est sur c'est sur oui // d'accord

92-Patient 3: // oui c'est ca uh huh

93-MN: donc uh ca ok donc maintenant ca c'est you know vous aviez déjà repondu a mais il faut que je truc la // je la demande

94-Patient 3: // uh huh

95-MN: donc diabetes since w- you were first diagnosed since the doctor told you you

had diabetes has your way of thinking been altered in any way since you were diagnosed with diabetes // has anything changed in your attitude at all since that day when you were diagnosed has anything changed at all regarding your attitude

82-Patient 3: // I am wary of anything with sugar

83-MN: sugar yes ((clicking noise))

84-Patient 3: uh huh

85-MN: ok ok yes

86-Patient 3: not including fruits because the fruits

87-MN: // fruits

88-Patient 3: god made the sugar in the fruits so n- no // problems there

89-MN: // sugar ok yes

90- Patient 3: // it is natural sugar // we should be wary of

91-MN: // ok yes we should be sure sure yes // ok

92-Patient 3: // yes that's it uh huh

93-MN: so uh that ok so now you know you had already answered at but I have this // I have to ask

94-Patient 3: // uh huh

95-MN: so uh did anyone do you know anyone with diabetes + you had // already answered that ((more talking in the background))

96-Patient 3: je je connais je connais // plusieurs

97-MN: // oui plusieurs personnes

98-Patient 3: // paske il ya eu y a les + uh les hommes qui sont atteints de diabetes chez nous + je peux compter jusqu'a vingt

99-MN: oh wow just in your // family

100-Patient 3: // juste non pas dans la famille

101-MN: oh juste oui chez vous // seulement

102-Patient 3: // ceux que // je c-

103-MN: // ceux tout ceux que tu // connais

104-Patient 3: voila

105-MN: oui oui d'accord

106-Patient 3: mais parmi ces c- zens la + ((sucks his lips)) je ne pense pas si ya s'il reste encore trois personnes

107-MN: yeah parce que tu sais // chez nous

108-Patient 3: // ils sont tous partis

109-MN: // oui chez nous // generalement

110-Patient 3: // ((clicking)) y a pas de traitement

111-MN: y a pas de traitement et meme si on traite aussi le truc par exemple tout

96-Patient 3: I I know I know // many people

97-MN: yeah many people

98-Patient 3: // paske il ya eu y a les + uh les hommes qui sont atteints de diabetes chez nous + je peux compter jusqu'a vingt

99-MN: ah wow juste dans votre // famille

100-Patient 3: // just no not all in the family no

101-MN: oh ok just in your family // only

102-Patient 3: // the ones I // I kn-

103-MN: the all the ones you // know

104-Patient 3: there you go

105-MN: yes yes ok

106-Patient 3: but among those pe- those people + ((sucking his lips)) I don't there are more than three left

107-MN: yeah because you know // home

108-Patient 3: // they are all gone

109-MN: //yeah back home // in general

110-Patient 3: // ((clicking)) there is no treatment

111-MN: there is no treatment and even when there is it is for example everything that is + that we have here

112-Patient 3: oui uh huh

112-Patient 3: yeah uh huh

114-Patient 3: c'est la nourriture  
familiale ((clicking)) tu ne peux pas  
avoir un repas // a part

114-Patient 3: it is family food  
((clicking)) you cannot have a special  
dish made for you only

115-MN: // un repas a part oui c'est ca  
((man grumbling in the distance))

115-MN: // a special dish yeah that's it  
((man grumbling in the distance))

116-Patient 3: oui ca c'est vrai

116-Patient 3: yes it is true

117-MN: oui c'est ca donc + uh donc  
maintenant who told you information  
about the disease can you tell me about  
that + qu'e- qui qu'est ce qui vous a  
principalement d- donner des  
informations a tra- tru la- a propos du  
diabete

117-MN: yeah that's it so + uh so now  
who told you information about the  
disease can you tell me about that + who  
is your main source o- of information a-  
about t- about diabetes meaning who  
provides you information about your  
diabetes

118-Patient 3: c'est le// docteur

118-Patient 3: it's the // doctor

119-MN: // c'est le docteur

119-MN: // it's the doctor

120-Patient 3: seulement sinon s- je ne  
savais pas ((clicking, talking in the  
distance))

120-Patient 3: only other than that I  
didn't know ((clicking and talking in the  
distance))

121-MN: // oui d'accord d'accord

121-MN: // yes ok ok

122-Patient 3: je ne pouvais meme pas  
imaginer

122-Patient 3: I could never have  
imagined this

123-MN: ah oui d'accord d'accord  
d'accord

123-MN: oh ok ok ok I totally agree  
with you

124-Patient 3: uh huh c'est le docteur  
qui m' a// dit

124-Patient 3: uh huh the doctor is the  
one who // told me

125-MN: // ok

125-MN: // ok

126-Patient 3: lorsqu'il a prit le sang + il  
m'a dit que vraiment il ya un signe de  
diabete mais que c'est pas grave

126-Patient 3: when he drew blood + he  
told me really there is sign of diabetes  
but it's not serious

127-MN: oui oui oui // d'accord	127-MN: yes yes yes // ok
128-Patient 3: // uh huh	128-Patient 3: // uh huh
129-MN: d'accord	129-MN: ok
130-Patient 3: il a dit que c'est ya seulement un signe de diabete	130-Patient 3: he said there was only a sign of diabetes
131-MN: d'accord d'accord c'est ca	131-MN: ok ok that's it
132-Patient 3: il a donne uh un medicament // je suis en train	132-Patient 3: he gave me some medication // that I'm currently taking
133-MN: // ah ok	133-MN: // oh ok
134-Patient 3: de prendre les medicaments	134-Patient 3: taking medication I was prescribed
135-MN: de prendre les medicaments	135-MN: taking medication ok
136-Patient 3: je peux vous montrer meme le nom du medicament la	136-Patient 3: I can even show you the name of the medication
137-MN: oui d'accord on truc la après truc la après on y après on va y aller +	137-MN: ok yes we uh later this later we later we'll see it later +
138-Patient 3: uh huh	138-Patient 3: uh huh
139-MN: d'accord uh donc uh what do you do to manage your diabetes ca veut dire qu'est ce que vous vous faites pour controller vot diabete en ce moment la qu'est ce que vous faites	139-MN: ok uh well now let's see uh what do you do to manage your diabetes it means what do you do to manage your diabetes like right now what do you do is there anything you do to control it
140-Patient 3: ils m'ont donne un appareil	140-Patient 3: they gave me a diabetes machine
141-MN: uh huh	141-MN: uh huh
142--Patient 3: uh huh pour controller	142-Patient 3: uh huh for checking
143-MN: oui d'accord d'accord	143- MN: yes ok yes

144-Patient 3: ils m'ont donne un appareil pour controller chaque matin

144-Patient 3: they gave me a machine to check every morning

145-MN: d'accord d'accord

145-MN: ok ok

146-Patient 3: uh huh

146-Patient 3: uh huh

147-MN: ok (1) uh donc donc mais ((turning pages)) aussi qu'est ce que vous pensez de votre de votre uh abili- you know comme uh f- qu'est ce que vous pensez de votre maniere + de controller de m- votre maniere de f- suivre votre traitement la comment vous comment vous// penser

147-MN: ok (1) uh so but ((turning pages)) also what do you think of your uh abili- you know like uh f- what do you think of your way + of controlling of m- your ability to f- follow your treatment how do- what do you // think do you think you are in control of your diabetes // you think

148-Patient 3: ((phone ringing))// som-uh de ya de moments//

148-Patient 3: ((phone ringing)) // som-uh of there are some times //

149-MN: // uh huh

149-MN: // uh huh

150-Patient 3: ou c'est un peu monte ya des moments ou c'est un peu// descendu

150-Patient 3: yes it went up a little some times or it went down // a little

151-MN: // descend ah d'accord d'accord

151-MN: // down oh ok I totally agree with you

152-Patient 3: oui

152-Patient 3: yes

153-MN: d'accord

153-MN: d'accord

154-Patient 3: uh huh

154-Patient 3: uh huh

155-MN: d'accord + mais vo- mais quand meme dans l'essentiel vous pensez que vous etes entrain de bien de // controller

155-MN: ok + but yo- but overall at least do you think you are do you think you are well in control of your // diabetes

156-Patient 3: // oui je eh eh je pense que // ca va

156-Patient 3: // yes I uh I think so // it is going well

157-MN: // oui

157-MN: // yes

158-Patient 3: pasque ca va ((more talking in the distance))

158-Patient 3: because it is ok ((more talking in the distance))

159-MN: oui d'accord ah c'est bien uh donc maintenant mais qu'est que uh uh have you ever felt frustrated with your diabetes if yes + please think of + think about a time when you felt that can you tell me what it was and what caused your frustration tu sais par exemple des fois quand on a une maladie comme le diabete qui est une maladie chronique

160-Patient 3: uh huh

161-MN: c'est on + on est frustre des fois

162-Patient 3: uh huh

163-MN: tu sais par exemple est ce que vous ca t'es une fois arrive d'etre frustre la// parceque

164-Patient 3: // non

165-MN: parceque tu dis que ah

166-Patient 3: uh non pas encore

167-MN: pas encore

168-Patient 3: pas encore

169-MN: d'accord d'accord parceque

170-Patient 3: mon grand frere

171-MN: uh huh

172-Patient 3: eh + y a eu un moment il est + c- ca rend fou

173-MN: oui oui oui

174-Patient 3: quand ca monte beaucoup // car

175-MN: beaucoup uh huh

176-Patient 3: rend fou

177-MN: oui oui oui oui

159-MN: yes ok oh it's good uh so now but what uh uh have you ever felt frustrated with your diabetes if yes + please think of + think about a time when you felt that can you tell me what it was and what caused your frustration you know for example at times when we have a disease like diabetes a chronic disease

160-Patient 3: uh huh

161-MN: it's one + one is frustrated at times

162-Patient 3: uh huh

163-MN: you know for instance has there been a time when you were frustrated // because

164-Patient 3: // no

165-MN: because you say that oh

166-Patient 3: uh no not yet

167-MN: not yet

168-Patient 3: not yet

169-MN: ok ok because

170-Patient 3: my big brother

171-MN: uh huh

172-Patient 3: uh + there was a time he lost he head + it makes you crazy

173-MN: yes ok yes

174-Patient 3: when the sugar gets high // because

175-MN: a lot uh huh

176-Patient 3: makes one crazy

177- MN: yes ok yes ok

178-Patient 3: tu tu tut u perds ton controle

179-MN: oui c'est ca c'est ca

180-Patient 3: huh ((talking talking))

181-MN: ma- oui et puis mais par exemple des fois aussi ya des gens par exemple quand on te dit que maintenant tu peux plus manger ceci tu peux plus manger cela des fois ca uh c'est ca frustre les gens tu vois

182-Patient 3: uh oui mais mais pour moi // pour moi

183-MN: uh huh

184-Patient 3: je connais que c- + quand dieu amene quelque chose

185-MN: oui oui + c'est tu n'y peux rien rien

186-Patient 3: tu ne peux rien

187-MN: oui wallahi c'est ca

188-Patient 3: tu ne peux qu'accepter

189-MN: oui

190-Patient 3: huh

191-MN: oui c'est ca

192-Patient 3: donc sinon ca ca ca rend + fou ca derange

193-MN: ca derange uh terriblement meme

194-Patient 3: ca derange

195-MN: terriblement oui oui

196-Patient 3: la personne peut devenir vraiment uh- uh- il ne peut pas se controller

178-Patient 3: you you you lose control

179-MN: yeah that's it that's it

180-Patient 3: huh ((talking and talking))

181-MN: yeah and then for example sometimes there are people for instance when they are told you can't eat this anymore you can't eat that sometimes uh it's frustrating for some you know is it frustrating to you at all when that happens

182-Patient 3: yes but but but for me for me

183-MN: uh huh

184-Patient 3: I know that it- + when god decides something

185-MN: yes yes + it's like you can't do anything about it

186-Patient 3: you can't do a thing

187-MN: by god yeah

188-Patient 3: all you can do is accept

189-MN: yes

190-Patient 3: huh

191-MN: yes there you go

192-Patient 3: yes other than that it it it makes + one crazy it disturbs

193-MN: it's really terribly bothersome you know

194-Patient 3: it disturbs

195-MN: very much so yes

196-Patient 3: the person can really become uh- uh- he can't control himself at all

197-MN: oui c'est sur c'est sur c'est sur	197-MN: yes no doubt it's clear it's true
198-Patient 3: il fait des choses que (1) involontaires	198-Patient 3: he does things that (1) out of character
199-MN: ou c'est sur ca c'est sur ca c'est vrai	199-MN: yes that's for sure it's true really true
200-Patient 3: mais u::h lorsque mon frère avait ete atteint + gravement ils ont ete obliges d'aller chercher pour lui +injecter	200-Patient 3: but u::h when my brother got sick + gravely sick they had to actually get some insulin to + inject him with
201-MN: inj- oui oui	201-MN: inj- yes ok
202-Patient 3: pour qu'il revienne normal	202-Patient 3: for him to be normal again
203-MN: normal oui	203-MN: normal yes
204-Patient 3: parqu'il etait	204-Patient 3: because he was
205-MN: oui c'est ca c'est ca si ca monte// vraiment	205-MN: yes that's it just like that when sugar goes up // really
206-Patient 3: // il ne pouvait pas parler m- u:h quelque chose de correct	206-Patient 3: // he couldn't even say u:h anything intelligible
207-MN: non c'est que le truc ca que c'est que + ca uh ca uh comment on dirait encore ca ca maitrise tout tes organes la // tu peux rien	207-MN: no the thing is it's just + it's uh it's uh how can I put it it takes hold of all your organs // and then there is not much you can do
208-Patient 3: // oui oui oui	208-Patient 3: // yes ok yes
209-MN: c'est ca	209-MN: that's it
210-Patient 3: uh et le plus souvent quand quelqu'un a la tension + le diabete suit	210-Patient 3: uh and most of the times when someone has high blood pressure diabetes is not far behind
211-MN: t-	211-MN: t-
212-Patient 3: le plus souvent	212-Patient 3: more often
213-MN: tu vois yep	213-MN: you see yep
214-Patient 3: le plus souvent	214-Patient 3: most of the times
215-MN: tu vois yep c'est vrai	215-MN: you see yep it's true

216-Patient 3: uh huh

217-MN: uh huh + donc maintenant

218-Patient 3: les deux les deux vont de// vont de pair

219-MN: // vont de pair

220-Patient 3: uh huh

221-MN: d'accord maintenant uh on the contrary have you ever felt that you were in control of the management of your diabetes if so please tell me about that what contributed to your positive feelings about the management of your diabetes ((loud talking)) maintenant au contraire +

222-Patient 3: uh huh

223-MN: qu'est mainten- vous pensez que vous pensez que vous etes vraiment en cont- vraiment en controle de votre diabete la ((shifting pages))

224-Patient 3: je pense

225-MN: je pense

226-Patient 3: je pense

227-MN: ok d'accord

228-Patient 3: je pense

229-MN: d'accord ok ok c'est uh

230-Patient 3: huh

231-MN: how you know how long have you known your health care provider depuis combien de temps vous connaissez votre docteur qui vous traite en ce moment

216-Patient 3: uh huh

217-MN: uh huh + so now

218-Patient 3: both the two go hand in hand

219-MN: // the go hand in hand

220-Patient 3: uh huh

221-MN: ok now uh on the contrary have you ever felt that you were in control of the management of your diabetes if so please tell me about that what contributed to your positive feelings about the management of your diabetes ((loud talking)) now on the contrary +

222-Patient 3: uh huh

223-MN: what maint- do you think do you think that you are really in cont- really in control of your diabetes there ((shifting pages))

224-Patient 3: I do

225-MN: you think so

226-Patient 3: I think so

227-MN: ok I agree

228-Patient 3: I think so

229-MN: I agree ok yes it's uh

230-Patient 3: huh

231-MN: how you know how long have you known your health care provider how long have you known your doctor the one who is treating you currently right now

232-Patient 3: um pas plus de cinq mois  
((woman talking and man responding  
alors la il faut regler la situation))

233-MN: ah ok pas // plus de cinq mois  
ok

234-Patient 3: // pas plus de cinq mois

235-MN: ah ok uh does your doctor  
provide does you provider answer all  
your questions to your satisfaction est ce  
qu'il + repond a toutes vos questions

236-Patient 3: il repond tres bien

237-MN: a votre satisfaction  
((continuing discussion in the distance))

238-Patient 3: oui il respond tres bien

239-MN: ah super ok

240-Patient 3: il repond tres bien

241-MN: et vous eh eh vous pensez qu'il  
vous traite avec ((patient closing and  
opening phone)) avec //respect

242-Patient 3: // avec respect

243-MN: ah d'accord

244-Patient 3: sincerement

245-MN: since- ok d'accord

246-Patient 3: uh huh traiter avec respect

247-MN: ok

248-Patient 3: tout ce qu- uh il me m-  
après avoir parler les uh +differentes  
maladies

249-MN: uh huh

250-Patient 3: il me demande si j'ai des  
questions a // poser

232-Patient 3: um not more than five  
months ((woman talking and man  
responding you got to handle it))

233-MN: oh ok not // more than five  
months

234-Patient 3: // five months at most

235-MN: ah ok uh does your doctor  
provide does your provider answer all  
your questions to your satisfaction does  
he + answer all your questions

236-Patient 3: he answers really well

237-MN: to your satisfaction  
((continuing discussion in the distance))

238-Patient 3: yes he answers very well

239-MN: oh super ok

240-Patient 3: he answers very well

241-MN: and you uh uh you think he  
treats you with ((patient closing and  
opening phone)) with // respect

242-Patient 3: // with respect

243-MN: oh ok

244-Patient 3: and I mean it

245-MN: since- well yes

246-Patient 3: uh huh respects me

247-MN: ok

248-Patient 3: all that w- uh he tr- after  
talking about the uh + many different  
diseases

249-MN: uh huh

250-Patient 3: he asks me do I have any  
questions // to ask

251-MN: // des questions ah ok super

252-Patient 3: uh huh

253-MN: tu sais c'est pourquoi general-  
c'est pourquoi moi je fais ca d'ail- meme  
pour par exemple tu sais par- pour voir si  
vraiment nous autres africains la si on a  
le truc la si on va a l'hopital est ce que  
les gens ils nous traitent// avec respect

254-Patient 3: // ils nous traitent avec  
respect tres// bien

255-MN: // ah c'est bien

256-Patient 3: // tres tres bien

257-MN: oui c'est bien nous la c'est  
notre but c'est ca pour + si on v- on nous  
traite comme on traiterait les autres

258-Patient 3: non non y a pas de  
difference

259-MN: oui d'accord

260-Patient 3: ici y a pas de difference

261-MN: ok uh donc uh oh et la qu- you  
know question quatorze la have you ever  
had difficulties communicating with  
your provider if so please explain + est  
ce que + vous avez des problemes de  
communication entre vous //et votre  
docteur ((shifting pages))

262-Patient 3: //oui mais uh + toujours  
il te demande la langue que tu parles

263-MN: oui

264-Patient 3: + il uh telephone uh  
quelque part

265-MN: quelque part oui ((laughter in  
the distance))

266-Patient 3: les gens la interpretent

251-MN: // questions oh ok super

252-Patient 3: uh huh

253-MN: you know that's why genera-  
it's why I do this real- to for example  
you know to see if really us Africans  
here if we have let's say if we go to  
hospital do the people over there treat us  
// with respect

254-Patient 3: // they treat us with  
respect very // well

255-MN: // oh that's good

256-Patient 3: // so very much

257-MN: yes that's good for us it's our  
goal that's why + if they t- treat us the  
way they they would treat the others

258-Patient 3: no no there is no  
difference

259-MN: yes ok

260-Patient 3: here there is no difference

261-MN: ok uh so uh oh and here wh-  
you know question fourteen here have  
you ever had difficulties communicating  
with your provider if so please explain +  
have you + had problems of  
communication between you // and your  
doctor ((shifting pages again))

262-Patient 3: // yes but uh + he always  
asks you what language do you speak

263-MN: yes

264-Patient 3: + he calls uh a number  
someplace

265-MN: oh someplace yes ((laughter in  
the distance))

266-Patient 3: those people interpret

267-MN: interpretent	267-MN: interpret
268-Patient 3: facilement	268-Patient 3: easily
269-MN: ah d'accord d'accord d'accord	269-MN: oh ok yes ok
270-Patient 3: si c'est la- si c'est le pulaar	270-Patient 3: yes it's if it's in Fulani yes
271-MN: uh huh	271-MN: uh huh
272-Patient 3: c'est ce qu'ils vont te dire si c'est le + le francais	272-Patient 3: that's what they tell you if it's in + French
273-MN: le francais oui	273-MN: in French yes
274-Patient 3: n'importe quelle langue	274- Patient 3: any language
275-MN: ah super tu sais moi je fais ca aussi on m'appelle au telephone la plupart du temps // pour interpreter	275-MN: ah super you know I do that too they call me on the phone all the time // to interpret
276-Patient 3: oui c'est comme ca ils sont tres tres gentils// tres gentils	276-Patient 3: yes it's like that they are very very kind // very kind
277-MN: ah c'est bien ah d'accord c'est bien	277-MN: oh it's good ah ok it is absolutely good
278-Patient 3: uh huh	278-Patient 3: uh huh
279-MN: donc uh ca maintenant c'est les questions c'est les questions qui sont les reponses ici on vous demande // par exemple	279-MN: so uh now we've come to the to the questions with these answers right here yeah here they are asking // for instance
280-Patient 3: // huh	280-Patient 3: // huh
281-MN: I'd like to ask you about your educational background and experiences what is the highest level of public or private education you completed + maintenant je voudrais vous demander des questions sur votre uh comment votre education ((more people joining discussion in the distance))	281-MN: I'd like to ask you about your educational background and experiences what is the highest level of public or private education you completed + now I would like to ask questions about your schooling on your uh how your education ((more people joining discussion in the distance))
282-Patient 3: uh huh	282-Patient 3: uh huh

283-MN: si vous avez ete a l'ecole et si vous etiez a l'ecole jusqu'a quelle classe vous avez ete si vous avez obtenu des diplomes c'est uh la question c'est ca

284-Patient 3: oh uhm

285-MN: oui donc

286-Patient 3: j'ai ete a l'ecole

287-MN: uh huh jusqu'a quel niveau

288-Patient 3: jusqu'a niveau bac

289-MN: du niveau bac

290-Patient 3: uh huh

291-MN: d'accord vous avez vous avez fini vous avez déjà eu vous avez eu le bac

292-Patient 3: oui

293-MN: d'accord donc uh + s- oh high school donc c'est le numero quatre ici la donc // donc oui

294-Patient 3: // uh huh uh huh

295-MN: donc oui donc numero numero quatre high school high school graduate non non c'est numero cinq high school graduate oui c'est ca c'est le numero cinq c'est pas le numero quatre

296-Patient 3: uh huh

297-MN: donc vous avez numero cinq

298-Patient 3: ((inhaling))

299-MN: d'accord donc maintenant ((swallowing)) think back to the year or so before you left school maintenant pensez a l'annee qui a suit votre comment comment votre bac +

283-MN: have you been to school and if you were what was the highest degree did you get any diplomas it's uh the question there it is

284-Patient 3: oh um

285-MN: yes then

286-Patient 3: I have been to school

287-MN: to what level

288-Patient 3: high school level

289-MN: high school level

290-Patient 3: uh huh

291-MN: ok did you graduate high school did you receive your high school degree

292-Patient 3: yes

293-MN: ok so uh + s- oh high school so it's number four on here right here // so yes

294-Patient 3: // uh huh uh huh

295-MN: so yes so number number four high high school graduate no not that it's number five high school graduate yes that's it it's number five on the sheet not number four

296-Patient 3: uh huh

297-MN: so you have number five here

298-Patient 3: ((inhaling))

299-MN: ok I agree so now ((swallowing)) think back to the year or so before you left school now think back to the year following your graduation how how after your baccalaureate diploma +

300-Patient 3: uh huh

301-MN: qu'est ce que vous pensiez faire après le bac qu'est ce que vous pensiez faire avant après le bac a c- // a l'époque

302-Patient 3: uh j'ai j'ai fait + après cela j'ai fait trois ans de comptabilité

303-MN: de comptabilité d'accord

304-Patient 3: uh

305-MN: ah super comptabilité a l'université

306-Patient 3: uh pas a // l'université

307-MN: // ah oui c'est com- mais com- comme une école prof//essionnelle

308-Patient 3: dans une école privée

309-MN: ah d'accord d'accord d'accord

310-Patient 3: dans une école privée professionnelle

311-MN: ah ok ah super

312-Patient 3: uh huh

313-MN: mais qu'est ce que vous pensiez est ce que vous pensiez uh faire quelque chose vous pensiez faire un travail yo- spécifique

314-Patient 3: ah je pensais mais uh vous voyez

315-MN: oui oui ((turning pages))

316-Patient 3: ca n'a pas eu lieu ((talk nearby becoming more and more audible)) parceque

317-Woman 1: keep on moving

300-Patient 3: uh huh

301-MN: what were you thinking of doing after the degree what were your plans before the baccalaureate at tha- // time

302-Patient 3: uh I I did + after that I studied accounting for three years

303-MN: accounting ok

304-Patient 3: uh

305-MN: oh super accounting at the university

306-Patient 3: uh not at // university

307-MN: // oh yes it's like- like a professional // training school

308-Patient 3: in a private school

309-MN: oh ok yes ok

310-Patient 3: in a private professional school

311-MN: oh ok oh super

312-Patient 3: uh huh

313-MN: but what were you thinking were you thinking uh about doing a specific type of job at that time what was it

314-Patient 3: ah I was thinking uh well you see

315-MN: yes ok ((turning pages))

316-Patient 3: that never happened ((talk nearby becoming more and more audible)) because

317-Woman 1: keep on moving

318-Woman 2: I ma keep on going but I got a ((rest inaudible))	318-Woman 2: I'mma keep on going but I got a ((inaudible))
319-MN: y a beaucoup de truc	319-MN: there are plenty of things
320-Patient 3: au pays y a beaucoup de problemes	320-Patient 3: back home there way to many problems
321-MN: oui oui oui c'est sur // d'accord	321-MN: yes ok yes that's right // ok
322-Patient 3: // huh	322-Patient 3: // huh
323-MN: donc donc maintenant après l'école truc la juste après l'école quand vousavez fini votre formation qu'est ce que vous avez fait comme métier la au pays ou	323-MN: so ok now after school what just after school when you finished your training what did you do as a job back then did you get a job there back home or what
324-Patient 3: j'ai fait + je j'ai gere une entreprise au gabon	324-Patient 3: I did + I did run a business in gabon
325-MN: ah ha ah ha + ah u- au gabon	325-MN: oh ho oh ho + oh u- in gabon
326-Patient 3: pendant pendant six mois	326-Patient 3: for during six months
327-MN: ok ok ok	327-MN: ok yes ok
328-Patient 3: uh huh pendant six mois uh mais après ca ((man greeting woman in Fulani))	328-Patient 3: uh huh for six months uh but after that ((man greeting woman in Fulani language))
329-Fulani man: on njaarama ne	329-Fulani man: hello
330-Fulani woman: oh njaaraama	330-Fulani woman: hi
331-Fulani man: marsu de	331-Fulani man: everything good
332-Fulani woman: jan tun naa ala e mon hi don e jam ((rest is inaudible))	332-Fulani woman: I am in peace hope you are alright also ((rest inaudible))
333-MN: uh	333-MN: uh
334-Patient 3: mais après ca j'ai abandonne parceque la personne qui + m'avait uh embaucher	334-Patient 3: but after that I quit the job I was doing because the person who + hired me
335-MN: oui	335-MN: yes
336-Patient 3: (2) uh eh c'était un somalien	336-Patient 3: (2) uh eh he was from somalia

337-MN: ah d'accord d'accord

338-Patient 3: donc c'était un gabonais  
c'est- la société était pour un gabonais +  
donc il ne voulait pas que je rencontre uh  
le // gabonais

339-MN: // le gabonais ah oui d'accord  
je vois

340-Patient 3: donc je n'ai pas p- je n'ai  
pas eu le courage de continuer ((plays  
with phone by tossing it from hand to  
hand))

341-MN: ah oui c'est sur c'est sur

342-Patient 3: quelqu'un m'a proposé uh  
le même salaire // quelque part

343-MN: // quelque part t'es parti ah oui  
c'est sur je comprends je comprends  
((turning pages))

344-Patient 3: uh uh

337-MN: oh ok yes

338-Patient 3: so it was a gabonese the  
business belonged to a gabonese + so the  
somali didn't want me to uh meet // the  
boss

339-MN: // the Gabonese oh yes ok I see  
what you mean

340-Patient 3: so I was not able to t- I  
didn't have the courage to continue  
((plays with the phone by tossing it from  
hand to hand))

341-MN: oh yeah that's for sure it's

342-Patient 3: somebody else offered uh  
the same salary // someplace else

343-MN: // someplace else you left on  
your own oh ok that's for sure I  
understand ((turning pages))

344-Patient 3: uh huh

## Transcript Four

1-MN: Quand est qu'on vous a dit p-pour la premiere fois que vous avez le diabete

2-Patient 4: bon je m'excuse que euh l'interview soit fait +en francais

3-MN:oui

4-Patient 4: // pour la simple raison que je n'ai pas un bon anglais + je suis monsieur AAAA de l'ouest afrique comme +vous l'avez bien precise

5-MN: oui

6-Patient 4: je suis diabetique + ((musique a l'arriere plan)) le constater depuis + notre pays c'est a dire la BBBB

7-MN: oui

8-Patient 4: et cela umm (tv in the background) (2) je suis diabetique constate diabetique il ya de sela exactement dix sept ans

9-MN: dix sept ans aujourd'hui donc c'est uh

10-Patient 4: parceque ((tv blaring commercials in English)) (2) //

11-MN: // ok

12-Patient 4: dix sept ans

13-MN: dix sept ans

14-Patient 4: parceque j'ai ete constate avant que je ne sois la

15-MN: ok

1-MN: when were you f-first diagnosed when were you first told that you had diabetes

2-Patient 4: well I'm sorry we have to conduct this interview in + French

3-MN: yes

4-Patient 4: // simply because my english is not good + I am mister AAAA from west Africa just like you said so well at the beginning

5-MN: yes

6-Patient 4: I am diabetic + ((music in the background)) it was known since + my country which is BBBB

7-MN: yes

8-Patient 4: and that umm ((tv in the background)) (2) it had been exactly seventeen years since I was first diagnosed with diabetes

9-MN: seventeen years today that would be uh

10-Patient 4: because ((tv blaring commercials in English)) (2) //

11-MN: // ok

12-Patient 4: seventeen years

13-MN: seventeen years

14-Patient 4: because I was diagnosed before I came here

15-MN: ok

16-Patient 4: douze ans + et ca fait maintenant uh presque cinq ans pas complet mais cinq ans presque ici ((tape sur la table))

17-MN: plus plus douze ans au// labas

18-Patient 4: // donc douze ans au pays

19-MN: ok

20-Patient 4: et cinq// ans

21-MN: // cinq ans

22-Patient 4: // maintenant ici

23-MN: // oui donc ca fait dix sept ans

24-Patient 4: ca fait dix sept ans

25-MN: oui oui vous vous c- souvenez du mois non du du // mois

26-Patient 4: // de quel uh mois

27-MN: // la le le quand on vous a quand vous avez constater votre diabete la vous vous souvenez du mois

28-Patient 4: ah oui c'etait au mois d'aout

29-MN: d'aout ok

30-Patient 4: j'etais au mois d'aout uh + uh (1) je contestais bien au moi d'aout

31-MN: ok d'accord

32-Patient 4: uh voila

33-MN: d'accord est ce que votre docteur vous avez dit quel genre de diabete vous avez vous aviez // you know si c'etait type un type deux

16-Patient 4: twelve years+ and it's been uh almost five years not quite but almost 5 years here ((knock on the table))

17-MN: plus twelve years at// over there

18-Patient 4: ok twelve years in my country

19-MN: ok

20-Patient 4: and five// years

21-MN: // five years

22-Patient 4: // now here

23-MN: // yes it's seventeen years then

24-Patient 4: it's been seventeen years

25-MN: yes yes d- do you remember the the // month

26-Patient 4: // what month

27-MN: the the when they when you were diagnosed with diabetes do you remember the month

28-Patient 4: oh yeah it was in the month of august

29-MN: august ok

30-Patient 4: it was in august + uh I'm pretty sure it was august

31-MN: ok I agree

32-Patient 4: uh there you go

33-MN: good did your doctor tell you what kind of diabetes you have you had // do you know at all if it was type one or was it type two which one

34-Patient 4: // oui bon chez chez nous on peut pas te dire le type parceque ce j'ai la premiere fois que j'ai ete decele c'est un certain docteur CCCC qui ne se trouve pas dans la capitale parceque j'etais dans mon

34-MN: d'accord

35-Patient 4: precisement a DDDD et la uh + c'etait après parceque c'est a l'annee a laquelle j'ai installe une plantation + donc j'etais permanent en brousse + ((musique)) et contrairement a mon travail + c'est un travail qui etait contraire + a mon travail reel parceque je suis administrateur //civil

36-MN: // civil d'accord

37-Patient 4: et qui se met a faire l'agriculture donc ici au lieu d'un travail f- + chose comment intellectuel je fais un travail physique en plus

38-MN: // en plus d'accord

39-Patient 4: donc ce travail physique après trois mois en campagne en train d'installer la plantation de de palmier a huile + j'etais tres epuise + parceque je buvais+ pas une eau tres propre// souvent

40-MN: // propre

41-Patient 4: parceque j'etais en brousse et je faisais beaucoup d'efforts physique donc au troisieme mois je me suis vu tres fatigue et j'avais meme perdu du poids ((avalant sa salive)) donc je suis venu a

34-Patient 4: well in my country they can't tell you the type because the first time I was diagnosed by some doctor named CCCC who didn't live in the capital city because I was in my native village

34-MN: ok

35-Patient 4: precisely in DDDD and there uh + it was after because it was the year in which I grew a palm oil tree plantation + alright I lived there in permanence in the bush + ((music)) and contrarily to my job +it was a job that was contrary + to my real job of civil servant because that was what I was trained in

36-MN: civil servant ok

37-Patient 4: who starts farming then instead of a job f- + using my my intellect as I was trained to do i was doing a physical job on top of that

38-MN: on top of that ok

39-Patient 4: then this physical manual labor in the bush after three months growing this plantation making sure it was up and running +I was worn out + because I drank + not a very clean water // often

40-MN: // clean

41-Patient 4: because I was in the bush doing hard work three months later I felt very tired and worn out and I had even lost a lot of weight during that time ((swallowing)) therefore I went to the

L'hôpital pour un contrôle de routine  
avec un généraliste // docteur

42-MN: // ok

43-Patient 4: DDDD alors arrive la lui il  
m'a fait faire plusieurs tests (2) il m'a  
fait voir les selles les urines le sang (1) a  
l'issue de ces tests + il m'a attiré mon  
attention en me disant qu'il voudrait  
reprendre le test du sang en ce qui  
concerne + le taux de sucre

44-Patient 4: donc c'est ainsi que j'ai  
donné encore mon accord il a repris + le  
résultat qu'il a eu pour la seconde fois il  
m'a appelé et me dit que attention  
monsieur AAAA vous avez un taux de  
sucre élevé qui dépasse la moyenne donc  
je crois que + vous devez faire attention  
désormais et voilà le comportement que  
vous devez faire ((tapant sur la table))  
moi je suis généraliste // comme

45-MN: // d'accord

46-Patient 4: comme vous s- êtes à  
Conakry + quand vous allez retourner à  
Conakry dans la capitale la vous se- vous  
allez essayer de voir encore un peu plus//  
clair

47-MN: //je l'espère bien

48-Patient 4: vous allez voir un  
spécialiste

49-MN: ah ok donc ah donc labas mais  
maintenant quand vous êtes venu ici est  
ce que à l'hôpital on // vous a de

50-Patient 4: // ça c'est l'historique de  
labas

hospital for a routine check up with a  
generalist // doctor

42-MN: // ok

43-Patient 4: DDDD after I got there he  
made me undergo many tests (2) he  
checked my stools and urine and also  
drew blood (1) following those tests + he  
told me that he wanted to draw some  
more blood regarding + the rate of sugar  
in my blood

44-Patient 4: well then that was how I  
gave my approbation again for a new  
test + what he found the second time  
around made him call and told me be  
careful mister AAAA your sugar is high  
and it's higher than the average so I  
think that + you should from now on  
adopt a new attitude ((drumming table))  
you should r pay attention from now on I  
am a general practitioner // since

45-MN: // ok

46-Patient 4: since you reside in  
Conakry + when you come back from  
the bush back to the capital city you w-  
you will try to // sort all this out very  
clearly

47-MN: // I hope so

48-Patient 4: you will have to go see a  
specialist

49-MN: ah ok then ah over there then  
but now when you came here did t- the  
hospital // did they

50-Patient 4: // I'm telling you the facts  
over there

51-MN: // oui oui oui // mais ici on vo-

52-Patient 4: // après labas aussi j'ai vu un spécialiste en guinée ya un spécialiste

53-MN: ah d'accord

54-Patient 4: ya un jeune spécialiste tres doue et tres competent que tout le monde connait + il a + confirmé mon diabète

55-MN: mais pas le type t- jusqu'a // present

56-Patient 4: // non il na pas fait de type

57-MN: // ok

58-Patient 4: de diabète + mais j'ai un diabète si vous voulez parceque du coup (1) parceque le taux etait tres eleve je crois avoir quelque cho- pour la première qu'on m'a décelé le taux etait jusqu'a trois

59-MN: wow

60-Patient 4: j'étais a trois je ne sais pas comment on le traduit // ici

61-MN: // comment on le traduit ici

62-Patient 4: c'était tres eleve alors ils m'ont mis tout de suite a l'insuline (2) j'ai pris l'insuline sans être hospitaliser //

63-MN: // hospitaliser wow ok

64-Patient 4: donc et ca a diminué mon taux (1) j'ai stoppé l'insuline parceque jusqu'a l'insuline j'étais p- pas avec un spécialiste encore c'était un autre généraliste d'ailleurs qui m'a vu avant + le spécialiste c'est lui la qui m'a mis a

51-MN: ok ok ok // but here did the-

52-Patient 4: // over there too I saw a specialist in guinea there is a specialist

53-MN: ah ok

54-Patient 4: there is a young and gifted specialist very competent who is well known + he + confirmed the diabetes

55-MN: but still not the type // not just yet

56-Patient 4: no he didn't do the type

57-MN: ok

58-Patient 4: of diabetes + but I have type- if you want because right there (1) because the sugar was so high I think I had somewhere around three the first time I was diagnosed the rate was up to three

59-MN: wow

60-Patient 4: it had reached three I don't know how that translates// here

61-MN: // how they translate that here

62-Patient 4: it was very high so they put me on insulin immediately (2) I took insulin without being hospitalized //

63-MN: // hospitalized wow ok

64-Patient 4: so and that drove the sugar level down (1) I stopped the insulin because till I started insulin I was s- still not seeing a specialist again it was another generalist who saw me before + the specialist and this same generalist

a l'insuline + et l'insuline coutait tres cher mais j'avais les moyens quand meme de le payer

65- MN: oui oui

66- Patient 4: donc

67-MN: ok

69-Patient 4: après il a essayer quand le taux est descendu un peu il a essayer le glucophage c'est un autre en comprimé

70-MN: ok

71-Patient 4: donc quand il a essayé le glucophage ça a marché + j'ai continué avec le glucophage jusqu'à l'arrivée ici jusqu'à voir le spécialiste mais j'ai vu aussi le spécialiste quand j'ai fait une indisciplinisme + alimentaire // qui a

72-MN: // alimentaire

73-Patient 4: qui a remonter encore le taux de sucre + cette fois ci j'ai été hospitalisé

74-MN: ici

75-Patient 4: non

76-MN: non labas s- toujours en guinée

77-Patient 4: toujours en guinée et mon hospitalisation a pris au moins une semaine le médecin m'a dit que c'est une obligation d'être hospitalisé parceque non seulement je s- j'allais avoir les soins + mais j'allais apprendre à savoir qu'est ce que c'est le diabète et comment qu'est ce qu'il faut manger

who saw me before + the specialist put me on insulin + insulin was very expensive but I could at least afford it

65-MN: yes yes

66-Patient 4: so

67-MN: ok

69-Patient 4: later on after the sugar level went down he tried metformin it's another kind in tablets

70-MN: ok

71-Patient 4: so when he tried metformin it worked + I continued with metformin until I got here until I saw a specialist however I had to see a that same specialist when I showed lack of discipline in my eating habits // which had me

72-MN: Food habits

73-Patient 4: which made my sugar level high again + this time I had to be hospitalized

74-MN: here

75-Patient 4: no

76-MN: no over there s- still in guinea

77-Patient 4: in guinea still and my hospitalization lasted at least a week the doctor told me it was a necessity to be in the hospital because not only was I going to receive the appropriate care + but I was also going to learn about diabetes and what to eat what not to eat (2) so I was given some brochures in

qu'est ce qu'il faut éviter (2) donc c'est ainsi qu'ils m'ont donné des brochures pour savoir exactement le type de manger à prendre les heures de manger + huh

78-MN: d'accord d'accord

79-Patient 4: et les interdits aussi en alimentation comme en boisson

80-MN: d'accord d'accord

81-Patient 4: donc ça c'est à l'hospitalisation avec le spécialiste que j'ai eu ça mais j'ai pas eu la curiosité de demander quel type mais // type

82-MN: // quel type

83-Patient 4: mais j'entends toujours le type gras t-type amaigrissant ainsi de suite

84-MN: oui ici d- par exemple ici là ils ont deux types // c'est juste type un et type deux

85- Patient 4: // uh

86-MN: type deux

87-Patient 4: uh

88-MN: c'est c'est c'est par exemple type un généralement c'est uh ça va de de truc là you know ça va dans la maison par exemple si ton papa il l'avait tu as des chances de l'avoir et truc là ça c'est type un c'est héréditaire

89-Patient 4: uh huh

brochures in order for me to know exactly what kinds of foods to eat the kinds of foods to avoid and the best hours in which to eat my meals stuff like that + huh

78-MN: ok ok

79-Patient 4: and also the foods to stay away from likewise the drinks

80- MN: ok ok

81-Patient 4: so that I had that in the hospital with the specialist but I was not curious enough to ask the type of diabetes I was suffering from // but

82-MN: // what type

83-Patient 4: but I hear all the time the fatty type the lean type and so on and so forth

84-MN: yeah here t- for example here they have deux types // it's type one or type two

85-Patient 4: // uh

86-MN: type two

87-Patient 4: uh

88-MN: it it it is for example type one generally is uh it goes something like you know it goes around in the family for example if your dad had it there are chances you could have it too that thing that is type one and is hereditary

89-Patient 4: uh huh

90-MN: mais type deux c'est pas hereditaire on on on truc la on l'attrape comme ca // au courant de notre vie

91-Patient 4: // ah bon bon bon moi mon cas par exemple

92-MN: oui oui

93-Patient 4: je ne sais pas dans quel type dans ces conditions il faut le mettre pourquoi parceque la question m'a etait posee si mon pere est diabetique + mon pere est mort il ya (1) six ans une annee avant que je ne quitte + mais il n'a jamais ete decele diabetique

94-MN: de diabete ah oui d'accord ok ok ok

95-Patient 4: mais il av- vait un cousin decele diabetique ((television)) (3)

96-MN: ok ok ok

97-Patient 4: bon ma mere j'ai ete decele diabetique avant que elle elle ne soit decele diabetique //

98-MN: // diabetique ah oui d'accord d'accord

99-Patient 4: donc j'ai ete le premier dans la famille a etre decele diabetique après ma mere a ete decelee

100-MN: ah ok d'accord

101-Patient4: après ma jeune soeur qui vient après moi // a ete decelee

102-MN: // a ete decelee ah d'accord

90-MN: but type two is not hereditary it's it's a thing that we just catch it like this // during our lifetime

91-Patient 4: ah ok ok in my case for example

92-MN: yes yes

93-Patient 4: I have no idea in what category I fit in in these conditions because the question was already put to me as to whether or not my father was diabetic + my father died (1) six years ago a year before I left + but he was never diagnosed with diabetes

94-MN: of diabetes ah yes ok ok ok I agree

95-Patient 4: but he h- had a cousin who was diagnosed with diabetes ((tv)) (3)

96-MN: ok ok ok

97-Patient 4: ok my mother I was diagnosed with diabetes way before she did //

98-MN: diabetic ah yes ok I see what you mean

99-Patient 4: so I was the first one in my family to be diagnosed after that my mother was diagnosed

100-MN: ah ok

101-Patient 4: later on my baby sister who was born after me// was diagnosed

102-MN: // was diagnosed oh ok

103-Patient 4: // mais j'ai ete le premier a etre decele

103-Patient 4: // but I was the first one diagnosed with the disease

104-MN: ah d'accord d'accord

104-MN: oh ok ok

105-Patient 4: donc je ne sais pas comment

105-Patient 4: so I really don't know how

106-MN: comment fait- ok

106-MN: how to- ok

107-Patient 4: le le me mettre dans quel type

107-Patient 4: to to under which category to

108-MN: oui oui d'accord ok

108-MN: yes yes I agree ok

109-Patient 4: dont vous faites allusion la

109-Patient 4: you are alluding to over there

110-MN: d'accord d'accord ok

110-MN: ok ok ok

111-Patient 4: oui

111-Patient 4: yes

112-MN: alright donc uh ((rires a la tele)) est ce que vous pouvez me dire ce qu'est le diabete et comment comment comment c'est traiter comment on traite le diabete selon vous

112-MN: alright so uh ((laughs on tv)) can you tell me what diabetes is and how it is treated how do you treat diabetes I want you to tell me that in your own words

113-Patient 4: bon ce que je sais du du diabete c'est que + ((avalant)) je sentais la pre- le premier constat c'était la fatigue (1) j'étais enormement fatigue et permanent fatigue je pensais que c'était du aux travaux champetres la

113-Patient 4: well what I know of of diabetes is that + ((swallowing)) I was feeling fi-firstly the first thing I noticed was tiredness I was very tired and always tired I was thinking that it was due to the farm work there

114-MN: champetres ah ok

114-MN: farm work oh ok

115-Patient 4: mais après le champ après le traitement de mon palu parceque c'était tout etait melange

115-Patient 4: but after the farm after the malaria treatment because everything was so mingled together

116-MN: oui oui

116-MN: yes yes

117-Patient 4: après le traitement du palu je sentais toujours des courbatures ((bruit de la tele)) (2) alors c'est quand j'ai commence a prendre les medicaments que la lourdeur du corps (2) s'est apaise (1) c'est a dire que le suc- le taux de sucre a diminue

118-MN: d'accord

119-Patient 4: avec + le // me – dicament

120-MN: // le medicament

121-Patient 4: et on m'a explique que c'était une defaillance du pancreas ((tv)) + c'est le pancreas qui ne jouait pas qui ne joue pas son role correctement (2) donc cette defaillance il faudrait donner quelque chose qu'on appelle l'insuline pour remplacer le travail du pancreas pour que le sucre puisse etre elimine du corps par les urines ou par la transpiration

122-MN: // oui oui

123-Patient 4: voila ce qu'on m'a appris du diabete que je sache

124-MN: ok ok oui d'accord donc uh like vous connaissiez quelqu'un qui avait le diabete avant vous

125-Patient 4: oh je m'etais jamais interesse du diabete au diabete c'est quand j'ai eu le diabete que je me suis j'ai commence a m'interesse au diabete

126-MN: ok

117-Patient 4: after being treated for malaria I was still feeling body aches ((noise of the television)) (2) so it was when I started my medications that the feeling of heaviness of my body (2) went down (1) meaning that the level of sugar had gone down

118-MN: ok

119-Patient 4: with + the // me- medication

120-MN: the medication

121-Patient 4: they explained to me that it was the failure of the pancreas ((tv blaring)) + it was the pancreas which was not playing is not playing it's role correctly (2) so this failure something should be given it's called insulin to replace the work of the pancreas so that the sugar can be eliminated from the body by urinating or by sweating it out like that

122-MN: // yes yes

123-Patient 4: that's what I was taught about diabetes that I know

124-MN: ok ok yes ok I agree so uh like do you know anybody who had diabetes before you did

125-Patient 4: oh I was never interested of diabetes in diabetes it was only when I became diabetic that I started showing interest in the disease

126-MN: ok

127-Patient 4: j'ai connu d'autres  
diabetiques apres

127-Patient 4: I got to know other  
diabetic patients later

128-MN: ah d'accord d'accord apres

128-MN: oh ok ok after

129-Patient 4: voila mais pas avant que  
j'ai le diabete

129-Patient 4: there you go but not  
before i had diabetes

130-MN: ok

130-MN: ok

131-Patient 4: donc j'ai eu tres peur pour  
la premiere fois que je

131-Patient 4: so I was very scared for  
the first time that i

132-MN: // pour la premiere fois oui  
c'est sur

132-MN: // the first time yeah I'm sure  
you were

133-Patient 4: voila

133-Patient 4: there you go

134-MN: ok donc uh maintenant qui  
vous a donne des informations a propos  
de la truc la de la maladie c'est le  
docteur la ou c-

134-MN: ok so uh now who told you  
information about the disease about this  
thing this disease was it the doctor or  
who t-

135-Patient 4: c'est le docteur en guinee  
d'abord

135-Patient 4: it was the doctor in guinee  
at first

136-MN: ok

136-MN: ok

137-Patient 4: qui m'a donne des  
premieres informations

137-Patient 4: who gave me the first  
informations

138-MN: ok

138-MN: ok

139-Patient 4: autour du diabete

139-Patient 4: regarding diabetes

140-MN: d'accord + ok eh uh how  
maintenant maintenant en ce moment  
qu'est ce que vous faites la pour uh pour  
essayer de controler votre diabete la pour  
essayer de de controler votre // sucre

140-MN: ok + ok oh uh what are you  
doing now to uh try and control your  
diabetes to try and and keep a firm  
control on the level of your blood //  
sugar

141-Patient 4: // le glucometre j'ai un  
glucometre j'avais un glucometre depuis  
la guinee que j'ai achete

141- // the diabetes testing machine I  
have a diabetes testing maching I had  
one since guinea that I had bought

142-MN: ok

143-Patient 4: j- j'avais des //  
bandelettes mais ca coutait extremement  
cher labas

144-MN: // ((froissement de pages)) cher  
ah d'accord

145-Patient 4: ici on m'a donne ici ca a  
ete un don

146-MN: d'accord

147-Patient 4: on m'a donne une fois  
deux fois par mon assurance on m'a  
donne deux fois

148-MN: ok ok ok maintenant qu'est ce  
que vous pensez de votre uh de votre  
abilite a truc la a controler votre diabete  
la vous pensez que vous etes uh vous uh  
vous controlez bien votre diabete vous  
pensiez comme vous disiez l'autre jour  
que vous faites une indiscipline  
alimentaire

149-Patient 4: ah oui cette indiscipline  
alimentaire m'est arrive une seule fois

150-MN: ah d'accord

151-Patient 4: en guinee et j'ai ete  
hospitalise + et de l'indiscipline  
alimentaire la on peut compter la moitie  
du temps que j'ai mis un peu plus de la  
moitie + parceque disons (2) c'est quand  
j'avais ya au moins dix ans je suis pas  
tombe dans l'indiscipline

152-MN: donc// en ce moment

142-MN: ok

143-Patient 4: I I had some // testing  
strips but it was very expensive over  
there

144-MN: // ((crumbling pages))  
expensive oh ok

145-Patient 4: here they were given to  
me it was a gift

146-MN: ok

147-Patient 4: they gave me the strips  
one or two times by my insurance they  
gave me the strips twice

148-MN: ok ok ok I agree with that now  
what do you think of your ability to  
manage your thingy your diabetes now  
there do you think that you are in uh in  
control of your diabetes do you think  
just as you said before you fell once into  
a lack of uh discipline vis a vis your  
food choices

149-Patient 4: oh yes this lack of  
discipline only happened to me once

150-MN: oh ok

151-Patient 4: in guinea I was admitted  
to the hospital + and since that lack of  
discipline you can count half of that time  
a little bit more than half + because let's  
say (2) it was when I had it had been a  
least ten years I have fallen into  
indiscipline

152-MN: so // right now

153-Patient 4: // j'ai ete hospitalise a sept ans quand j'avais sept // ans de diabete

153-Patient 4: // I was hospitalized at seven years after I had diabetes for // seven years

154-MN: //sept ans d'accord

154-MN: // seven years ok

155-Patient 4: mais depuis ca je n'ai plus connu d'hospitalisation autour de en tout cas cause diabete non

155-Patient 4: but since then I hadn't been admitted to a hospital about diabetes at least no

156-MN: d'accord d'accord donc //

156-MN: ok ok ok so //

157-Patient 4: // parceque tout simplement + je ne prends qu'un seul medicament de la guinee jusqu'ici

157-Patient 4: because simply + I have only taken one medication from guinea to here in the usa

158-MN: ici

158-MN: here

159-Patient 4: i- arrivee ici des que j'ai declare que j'etais malade de diabete on m'a mis aussi a l'insuline tel que le premier medecin // avait fait avec moi

159-Patient 4: t- as soon as I got here and declared that I was diabetic they put me on insulin on the spot just like the first doctor // did at the time

160-MN: // oui d'accord

160-MN: yes ok

161-Patient 4: j'ai dit non j'ai dit je ne veux pas l'insuline je prefere les comprimés que de me mettre a m'injecter

161-Patient 4: I said no I said I didn't want to be on insulin that I preferred the pills over being given the insulin shots like that

162-MN: oui

162-MN: yes

163-Patient 4: ils ont dit ah que pour le moment l'hospital ne donne pas de comprimés pour un diabetique arrive ici ((tapant la table)) mais + c'est juste corrige si le taux est un peu eleve

163-Patient 4: they said oh for the time being this hospital doesn't give out pills for a diabetic who just got here ((jabbing the table)) but + they just regulate the sugar level if it's too high

164-MN: oui

164-MN: yes

165-Patient 4: et puis après on verra si c-le medicament qui convient a toi // on peut le faire

165-Patient 4: after that we'll see what medication is appropriate for you // then we can do that

166-MN: // c'est d'accord d'accord

166-MN: // it's ok ok

167-Patient 4: c'est ainsi que le medecin maintenant d'ici m'a après l'insuline ils m'ont prescrit le glucophage (1) donc c'est ce glucometre la que j'utilise

167-Patient 4: that's how the doctor here after the shots prescribed me metformin (1) so this is the diabetes meter that I use currently

168-MN: ah d'accord

168-MN: ok ok

169-Patient 4: que j'ai ici maintenant je peux te donner le nom

169-Patient 4: that I have here now I can give you the brand name

170-MN: d'accord c'est bien si-

170-MN: ok it's good i-

171-Patient 4: voila ((cherchant dans un paquet))

171-Patient 4: there ((searching in a bag))

172-MN: ok ((tournant des pages))

172-MN: ok ((turning pages))

173-Patient 4: ((met des boites sur la table)) voila bon faut voir le nom d'abord

173-Patient 4: ((puts medicine on the table)) ok check out the name of of the doctor first

174-MN: ah d'accord

174-MN: oh ok

175-Patient 4: c'est ce medicament la // que je prends

175-Patient 4: it's this medication here // that I take

176-MN: // yeah metformin yeah metformin // yeah

176: // yeah metformin yeah metformin // yeah

177-Patient 4: // uh une minute la je vais dans les toilettes

177-Patient 4: // uh just a minute I need to use the bathroom

178-MN: d'accord pas de probleme

178-MN: ok no problem

179-Patient 4: c'est justement du a ca parceque des qu'il fait froid

179-Patient 4: it's exactly because of that because as soon as it gets cold

180-MN: ah ok

180-MN: oh ok

181-Patient 4: c'est un autre signe tu pisses beaucoup

181-Patient 4: it's another sign when you pee a lot

182-MN: c'est vrai

182-MN: that's true

183-Patient 4: surtout avec l'humidite la  
+ a chaque deux heures une heure

184-MN: il faut // aller

185-Patient 4: // il faut pisser

186-MN: d'accord pas de pas de quoi  
yeah ((pause de cinq minutes)) ok on  
etait ah donc maintenant uh est ce que  
vous etes uh vous etes jamais frustre par  
par par votre diabete la par exemple qui  
uh par exemple uh il ya des choses par-  
parcequ'on dit qu'il ya des choses que  
vous faire il ya des choses que vous  
poula- pourrait plus faire est ce que ca  
vous frustre de temps en temps

187-Patient 4: uh moi j'ai surmonte ce  
ce passage la pour la simple raison que  
en temps que croyant on meurt toujours  
de quelque chose

188-MN: c'est vrai ca c'est vrai

189-Patient 4: donc moi ma vie ne  
m'appartient pas

190-MN: oui

191-Patient 4: alors pourquoi  
m'emballer

192-MN: ah oui c'est sur

193-Patient 4: je ne le fais pas

194-MN: d'accord d'accord

195-Patient 4: au debut comme je vous  
ai dis j'ai pris peur ((television)) la  
premiere fois quand on m a dit

196-MN: c'est inconnu

183- Patient 4: especially with the  
humidity + every other hour

184-MN: you gotta // go

185-Patient 4: // you gotta go urinate

186-MN: ok no problem yeah ((five  
minute break)) ok we were at so now uh  
have you felt uh ever felt frustratrated by  
by by your diabetes for example there uh  
for example uh there are some things  
beca- because they say there are some  
things you can do that some things you  
can do some things you can't do  
anymore does that frustrate you every  
now and then

187-Patient 4: uh I have overcome that  
passage for the simple reason that as a  
believer I know we will always die of  
something

188-MN: that's true

189-Patient 4: so for me I feel like my  
life doesn't belong to me

190-MN: yes

191-Patient 4: so why get carried away  
for nothing

192-MN: oh yeah that's for sure

193-Patient 4: I don't do it

194-MN: ok ok

195-Patient 4: at the beginning like I told  
you I got scared ((tv blaring)) the first  
time when I was told

196-MN: it's the unknown

197-Patient 4: que je suis diabetique et pour la petite histoire + j'ai entendu que le pre- le celui qui devait remplacer le premier president guineen on l'a dit qui- j'ai entendu par france inter que uh il a une santé preciaire parceque + tout simplement il etait diabetique (1) alors ca uh la premiere fois que j'ai entendu meme ou que j'ai prete attention au diabete

198-MN: uh huh

199-Patient 4: c'était a l'époque la

200-MN: ah d'accord d'accord ok

201-Patient 4: oui bon mais après + quand moi meme je suis tombe malade quand on m'a declare plutot que j'étais diabetique j'ai eu une frayeur + mais uh au fil du temps j'ai compris que le diabete etait comme toute une autre maladie // surtout

202-MN: oui

203-Patient 4: quand j'ai pris les cours a l'hopital quand j'étais hospitalise avec le medecin specialiste qui m'a donne des bouquins qui m'a dit voila ce qui peut + c'est un pe- il m'a dit chez nous on ne peut pas traiter le diabete

204-MN: oui c'est // une maladie chronique

205-Patient 4: // donc c'est une maladie que tu vas partir avec

206-MN: oui c'est chronique

197-Patient 4: that I was diabetic and just a little anecdote + I heard that the pre- the one who was supposed to replace the first president of guinea was told that- I heard on radio france international that uh his health was precarious because + simply he was diabetic (1) so that uh for the first time I heard or the first time I paid attention to diabetes on that day

198-MN: uh huh

199-Patient 4: it was that time

200-MN: oh ok ok ok

201-Patient 4: yeah well but after + when I fell ill when I was rather declared diabetic I had a very big fright the scare of my life really + but as time went on by I understood that diabetes was nothing but just like any another disease // especially

202-MN: yes

203-Patient 4: when I took classes at the hospital when I was hospitalized with that specialist who gave me books who told me here's what can happen + it's a little bi- he told me here we cannot cure diabetes

204-MN: yeah it's // just a chronic disease

205-Patient 4: // so it's a disease you will never get rid of

206-MN: yeah it's chronic

207-Patient 4: mais c'est toi qui peut  
accélérer + des causes du diabète ou tu  
atténues c'est dépend de ce que tu fais

208-MN: oui

209-Patient 4: il dit la première des  
choses si tu bois de l'alcool tu arrêtes

210-MN: parce qu'il y a trop de sucre oui

211-Patient 4: il dit tu arrêtes si tu fumes  
tu arrêtes (3) a plus forte raison les  
boissons sucrées et tout ce qui est du sucre  
chimique

212-MN: oui d'accord d'accord donc  
maintenant au contraire comme vous  
n'êtes plus frustrés par le diabète donc on  
contraire donc maintenant vous êtes bien  
contents ou vous en êtes là à vot- // votre  
capacité à contrôler

213-Patient 4: oh je suis je te je suis  
satisfait de ma // position actuelle

214-MN: // oui

215-Patient 4: parce que déjà j'ai la  
maladie

216-MN: oui

217-Patient 4: alors pourquoi  
m'emballer

218-MN: oui c'est clair

219-Patient 4: il faut trouver moyen de  
ne plus m'emballer et de uh c'est à dire  
de supporter

220-MN: oui

207-Patient 4: but it's up to you to rush  
the symptoms of diabetes or lessen them  
it depends on what you do

208-MN: yeah

209-Patient 4: he told me first of all if  
you drink alcohol you need to stop

210-MN: because there's much sugar

211-Patient 4: he said stop smoking if  
you are a smoker (3) not to mention the  
soft drinks and all industrial chemical  
sugars

212-MN: yes ok ok so now on the  
contrary since you are no longer  
frustrated by the diabetes then on the  
contrary so now are you happy with your  
where you are with your ability to //  
control your diabetes

213-Patient 4: oh I'm I'm I'm satisfied  
with // my current position

214-MN: // yes

215-Patient 4: because I already have the  
disease

216-MN: yes

217-Patient 4: so why get carried away  
for nothing

218-MN: yeah that's right

219-Patient 4: you have to find a way  
not to get carried away and to uh like to  
bear it

220-MN: yes

221-Patient 4: de supporter ma //  
maladie

221-Patient 4: to be able to bear my //  
illness

222-MN: // d'accord

222-MN: ok

223-Patient 4: donc je suis a ce stade  
moi je m'emballes pas pour ca

223-Patient 4: I'm at that point I don't  
get carried away for that

224-MN: d'accord d'accord

224-MN: ok ok

225-Patient 4: je te dirai honnetement  
que je dirai dieu merci pour la simple  
raison que je prends regulierement je  
suis un malade discipline

225-Patient 4: I will tell you honestly  
thank god for the simple reason that I  
take regularly I'm a very disciplined  
patient

226-MN: ah d'accord ca ca ca aide

226-MN: oh ok that that helps

227-Patient 4: voila je ne fume pas je  
fumais a v- au moment j'etais decele je  
fumais et quelque part je prenais de  
l'alcool de la biere + mais depuis ce  
moment donc t- tu peux compter dans  
ma vie depuis au moins seize ans  
maintenant pour laisser au moins une  
annee de ma uh au moment ou on m'a  
decele

227-Patient 4: ok I don't smoke anymore  
I used to smoke at the moment when I  
was diagnosed and I drank alcohol I  
drank beer + but since then so you can  
count in my life for at least sixteen years  
now give or take one year when I was  
diagnosed how few times I actually  
slipped up from the day I was diagnosed  
to this moment

228-MN: oui

228-MN: yes

229-Patient 4: depuis seize ans  
maintenant moi je n'ai ni fumer ni bu

229-Patient 4: for sixteen years now I  
have neither smoken nor drunk

230-MN: oui ok

230- yeah ok

231-Patient 4: c'etait les autres  
l'indiscipline alimentaire que je te disais  
la

231-Patient 4: it was the others like the  
lack of discipline about food that I told  
you about

232-MN: ca c'est plus difficile // avec

232-MN: that is harder

233-Patient 4: voila c'est quelque fois  
chez nous tu ne peux pas le respecter

233- ok sometimes back home you  
cannot respect

234-MN: c'est vrai

234-MN: true

235-Patient 4: c'est pas comme ici ou tu as uh un confiture pour les diabetiques ou tu as du sucre pour le diabetique

236-MN: oui

237-Patient 4: ou tu as ceci cela pour les diabetiques c'est a dire il peut tout faire ((tv)) comme les autres les hommes normaux quoi

238-MN: oui c'est vrai d'accord

239-Patient 4: voila

240-MN: d'accord donc maintenant uh ca fait combien de temps que vous connaissez votre docteur actuel celui qui vous traite du diabete

241-Patient 4: u::h je suis entrain de passer de medecin en medecin

242-MN: ah d'accord

243-Patient 4: le premier que j'ai connu je ne suis plus avec lui il a ete affecte en afrique pour un travail contre le sida

244-MN: ok

245-Patient 4: il est parti je ne me rappelle pas de son nom

246-MN: de son nom d'accord d'accord

247-Patient 4: j'avais son nom mais si je me mets a fouiller

248-MN: ah oui non non ce n'est pas la peine mais mais l'actuel la maintenant

249-Patient 4: bon l'actuel a son nom ((fouillant)) mais lui aussi c'est ses

235-Patient 4: it's not like here where you can find jam for diabetics or you have sugar for diabetics

236-MN: yes

237-Patient 4: or you have this and that for diabetics meaning he can do everything ((loud tv)) just like the other normal people

238-MN: yes it's true ok

239-Patient 4: there you go

240-MN: ok now I agree with you so uh how long have you known your doctor the one who is treating you for diabetes currently

241-Patient 4: u::h I'm going from doctor to doctor

242-MN: oh ok

243-Patient 4: the first one I knew I don't see him anymore because he went to Africa to work against hiv aids

244-MN: ok

245-Patient 4: he's gone I don't remember his name

246-MN: his name ok ok

247-Patient 4: I had his name but if I try looking for it

248-MN: oh ok no no no need but your new doctor now

249-Patient 4: so the current one's is ((searching bags)) but him that one too

ses dernieres prescriptions ca parceque  
j'ai quitte + la ou je residais j'ai quitte  
j'ai fait un changement de de // uh de  
domicile

250-MN: // de domicile uh d'accord

251-Patient 4: donc je suis maintenant  
entraîné de trouver un autre physicien

252-MN: ah d'accord d'accord d'accord

253-Patient 4: cet autre la c'est a EEEE

254-MN: ah ok d'accord d'accord

255-Patient 4: hein et son nom

256-MN: c'est FFFF

257-Patient 4: // FFFF voila

258-MN: yes d'accord d'accord donc //  
maintenant

259-Patient 4: // tu ecris si tu as besoin

260-MN: non j'ai truc la

261-Patient 4: ok ((rempile)) donc c'est  
le dernier medecin mais comme je suis  
arrive ici

262-MN: oui

263-Patient 4: j'ai meme autre assurance  
maintenant

264-MN: ah d'accord d'accord

265-Patient 4: mon hopital mon uh la ou  
je travaille me m'a accorde

266-MN: d'accord d'accord

theses are the last prescriptions of that  
health care provider because I left + I  
have changed my place of // uh place of  
residence

250-MN: // of residence uh ok

251-Patient 4: so I'm now trying to find  
another physician

252-MN: oh ok ok ok

253-Patient 4: the other one is in EEEE

254-MN: oh ok ok ok

255-Patient 4: uh and her name

256-MN: // oh it's FFFF

257-Patient 4: // FFFF there you go

258-MN: yes ok oki agree with that so //  
now

259-Patient 4: // write it down

260-MN: no I have everything I need

261-Patient 4: ok ((putting prescriptions  
back)) so that was the last doctor but  
since I came here

262-MN: yes

263-Patient 4: I even have a different  
insurance now

264-MN: ah ok ok

265-Patient 4: my the hospital uh where  
I work they have given me this insurance

266-MN: ok ok

267-Patient 4: je vais avoir un nouveau medecin bientot

267-Patient 4: I will have another doctor soon

268-MN: d'accord d'accord

268-MN: ok ok

269-Patient 4: que je n'ai pas encore

269-Patient 4: that I don't have yet

270-MN: d'accord d'accord

270-MN: ok ok

271-Patient 4: je suis entrain de tirer les dernieres ordonnances de // celui que je

271-Patient 4: I'm filling the last prescriptions from // her

272-MN: // mais elle lla elle vous avez ete avec elle pendant combien de temps avant qu'elle

272-MN: // but her how long have you and that doctor been together I mean before she

273-Patient 4: oh j'etais avec elle uh disons au moins deux ans maintenant

273-Patient 4: oh I was with her let's say at least two years now

274-MN: deux ans ah d'accord ah d'accord

274-MN: two years oh ok oh ok I see that's good

275-Patient 4: deux ans deux ans

275-Patient 4: two years two years

276-MN: ah ok ah d'accord mais mais quand vous etiez avec la elle repond a toutes vos questions que vous avez sur le diabetes

276-MN: ah ok ok I agree on that but you when you were with her was she answering all the your questions about diabetes

277-Patient 4: oh oui oui elle etait tres cooperante

277-Patient 4: oh yeah yeah she was very cooperative

278- MN: ah d'accord ok oui + et vous vous pensez qu'elle vous qu'elle vous traitez vraiment avec respect oui

278-MN: ah ok ok yeah + do do you think she treated you with respect yeah really treated you with respect

279-Patient 4: oui // tous les medecins que j'ai eu

279-Patient: yeah // all the doctors I'd had treated me with respect

280-MN: // ok d'accord

280-MN: // ok ok

281-Patient 4: de la guinee jusqu'ici me traitent avec respect

281-Patient 4: from guinea all the way here they treat me with respect

282-MN: oui uh est ce que vous avez déjà eu vous avez eu une fois des problèmes de trucs la des problèmes de communication entre vous

283-Patient 4: ah oui j'ai toujours eu des problèmes de communication parce que je parle pas anglais

284-MN: ah oui ((rires)) ah oui c'est vrai c'est vrai ça

285-Patient 4: c'est grâce à ma femme // ou

286-MN: ah

287-Patient 4: mes enfants qui font toujours l'interprète

288-MN: ah d'accord donc tu vous allez // avec un

289-Patient 4: l'un de mes enfants ou avec une une de mes femmes bon maintenant je comprends un // peu

290-MN: // un peu

291-Patient 4: mais je peux peut être pas répondre correctement

292-MN: d'accord d'accord d'accord

293-Patient 4: je comprends beaucoup de mots

294-MN: ah d'accord

295-Patient 4: je ne peux pas dire correctement

296-MN: correctement d'accord

297-Patient 4: la réponse

282-MN: yeah uh have you already had problems- have you ever had problems of communication between you and your provider

283-Patient 4: oh yeah I've always had problems communicating because I don't speak English

284-MN: oh yeah ((slight laugh)) oh yes it's true it's true

285-Patient 4: I mainly rely on my wife // or

286-MN: ah

287-Patient 4: my kids who always interpret

288-MN: oh ok I see so you all go // with a

289-Patient 4: one of my kids or with one of my wives well now I understand a // little

290-MN: // a little

291-Patient 4: but I probably couldn't answer properly

292-MN: ok ok ok

293-Patient 4: I do understand many words

294-MN: oh ok

295-Patient 4: I just can't enunciate correctly

296-MN: correctly ok

297-Patient 4: the answer

298-MN: ah oui

299-Patient 4: mais on se comprend quand meme avec mes medecins

300-MN: oui d'accord

301-Patient 4: ils savent parceque ici c'est un pays ou les gens uh + ils sont tres ouverts

302-MN: oui

303-Patient 4: ils sont communicatifs

304-MN: c'est vrai

305-Patient 4: ils n'ont pas besoin que tu parles leur langue ou que tu parles un mauvais anglais ((telephone sonne)) c'est pas leur problem

306-MN: oui c'est vrai c'est vrai

307-Patient 4: s- l'essentiel c'est de te comprendre ce que tu veux

308-MN: c'est vrai oui d'accord donc maintenant c'est uh donc ca la vous a-peut etre que vous auriez besoin de ca la après mais comme c'est en anglais // mais

309-Patient 4: // uh huh

310-MN: je vais je vais vous traduire ca comment ca dit parceque ca la a mesure au fur et a mesure qu'on y va donc vous allez essayer de tourner la page pour voir ((tournant les pages)) donc maintenant c'est pour // ca

311-Patient 4: // pourquoi ca dit quoi

298-MN: oh ok

299-Patient 4: but at least we understand each other with the doctors

300-MN: oh ok

301-Patient 4: they know because here is a country where people uh + they are very open

302-MN: yes

303-Patient 4: they are communicative

304-MN: it's true

305-Patient 4: they don't need one to speak their language and don't mind you speak it badly ((ringing phone)) it's not a big deal for them here

306-MN: yes it's true it's true

307-Patient 4: s- the mainly thing is for them to understand what you need

308-MN: It's true yes ok I have to agree with you on that so now it's uh so this here maybe you'll need this as we go on ((showing him questions)) later it's in english // but

309-Patient 4: // uh huh

310- I will I will translate this for you what it says because as we as we go you'll need to turn the pages accordingly to see the choices and answers ((flipping pages)) ok now that's the reason for it // this

311-Patient 4: // why what does it say

312-MN: ca dit ici ca dit ((portable qui sonne)) de votre truc la de votre uh de votre ecole la vous avez ete en classe jusqu'a quel niveau et tout ca la

313-Patient 4: uh huh

314-MN: donc c'est ca donc uh maintenant ((telephone)) donc uh quel truc la vous avez ete jusqu'a quel niveau en classe

315-Patient 4: jusqu'a //

316-MN: // donc donc c'est les choix la ici la

317-Patient 4: oui j'ai fait j'ai l'universite en guinee

318-MN: uh huh

319-Patient 4: je suis sorti de l'universite de conakry

320-MN: et vous avez vous etes sorti avec quel diplome labas a l'universite

321-Patient 4: remarquable

322-MN: avec avec quel diploma une maitrise oh

323-Patient 4: oui c'est la maitrise

324-MN: ah c'est la maitrise ok // d'accord

325-Patient 4: //oui

326-MN: (4) d'accord donc c'est uh c'est le numero dix la

327-Patient 4: uh uh

312-MN: it says here ((my phone rings)) that this thing your uh talks about your schooling how far have you been in school and all that

313-Patient 4: uh huh

314-MN: ok that's what it is so uh now ((phone rings)) so uh this thing what's the highest level of school you have reached

315-Patient 4: till //

316-MN: so so the choices are just right here

317-Patient 4: yes I went to university in guinea

318-MN: uh huh

319-Patient 4: I graduated from Conakry university

320-MN: and you you graduated with what diploma from that university

321-Patient: honorable

322-MN: with what diploma a masters oh

323-Patient 4: yeah a masters degree

324-MN: oh master ok // ok I agree with you

325-Patient 4: // yes

326-MN: (4) ok so it's uh it's number ten on the protocol

327-Patient 4: uh huh

328-MN: comme vous etes

328-MN: since you are

329-Patient 4: oui

329-Patient 4: yes

330-MN: ah d'accord ok maintenant avec uh maintenant l'annee qui avait truc k- avant que vous ayez le bac truc la comment vous truc la parceque vous devez normalement penser ah ok quand je vais a l'universite je vais faire ca je vais faire ca uh donc quand vous etiez la derniere annee dans votre lycee vous pensiez faire suivre quelle filiere la a l'universite

330-MN: ok ok now with uh no the year before uh t- before you graduated high school how did y- you you normally must have been thinking ah ok when I go to the university I will do this I will do that so uh when you were in the last year in high school what were you thinking of pursuing in college what branch of studies were you thinking of pursuing once you got to the university

331-Patient 4: ah j'ai voulu faire l'agriculture

331-Patient 4: oh I wanted to study agriculture

332-MN: ah

332-MN: oh

333-Patient 4: mais j'ai fait les finances // c'est

333-Patient 4: but I studied finance instead it's

334-MN: // ((rires))

334-MN: // ((laughs))

335-Patient 4: pourquoi je suis reparti a l'agriculture pratique cette fois ci parceque j'ai l'amour de la terre

335-Patient 4: why I went back to do agriculture this time only because I love to work the land

336-MN: de la terre ah d'accord d'accord d'accord

336-MN: the land uh ok ok ok I see your point

337-Patient 4: moi j'aime la terre meme ici pourquoi je suis venu dans ce secteur de GGGG je vois la nature ici j'aime la nature

337-Patient 4: I love the land even here why I came to live in this area of GGGG because I can see nature and I love nature

338-MN: oui c'est vrai ah d'accord donc ca c'est la raison pour laquelle vous aviez int- donc vous vous etes partis donc refaire l'agriculture// juste uh

338-MN: is that right oh ok so that's the reason why you int- why you went back to get involved in agriculture right // just uh

339-Patient 4: // oui j'ai j'ai l'amour de la terre

339-Patient 4: // yes I I have love for the land

340-MN: d'accord

340-MN: ok

341-Patient 4: mais je suis financier de profession

341- but by profession I'm a financier by training

342-MN: d'accord d'accord

342-MN: ok ok

343-Patient 4: administrateur civil

343-Patient 4: civil servant

344-MN: d'accord mais comment se fait il que comme vous vouliez faire l'agriculture et comment se fait il que // vous

344-MN: ok I see but tell me this how come you you since you always wanted to do agriculture and why is it that after all // you

345-Patient 4: oh mais je n'ai pas les moyens

345-Patient 4: oh but I don't have the means

346-MN: donc agriculture c'est // chez vous l'agriculture

346-MN: so agriculture it's //in your country agriculture

347-Patient 4: // c'est un probleme de moyens l'agriculture se fait avec les moyens c'est pas avec une daba

347-Patient 4: // it's a question of means agriculture requires plenty of means it is not done using just a hoe

348-MN: ah d'accord non non je // pense que

348-MN: oh ok I see what you mean no no I // think that

349-Patient 4: // moi j'ai eu a utiliser parceque j'ai quand meme beneficier de certains avantages dans le pays

349-Patient 4: // as for me I was able to use I was at least able to benefit from certain advantages in the country

350-MN: oui

350-MN: yes

351-Patient 4: donc j'ai pu acheter un tracteur j'ai pu faire utiliser les gens parceque c'est pas moi meme qui me mettait a terre pour faire

351-Patient 4: so I was able to buy a tractor I was able to get people to work for me because I was not going to start bending over to do it myself

352-MN: oui c'est vrai d'accord donc mais mais pour les etudes quand meme pourquoi vous avez o- pouviez vous pouviez aller a l'ecole pour uh a l'universite pour etudier l'agriculture mais vous avez choisi de faire finance pourquoi

353-Patient 4: non ce n'est pas f- labas a l'epoque c'etait pas un choix on t'affecter

354-MN: uh

355-Patient 4: on t'affectait

356-MN: ah d'accord

357-Patient 4: voila j'ai ete affecte j'ai ete l'un des tout le monde partait a l'agriculture pour aller a l'agriculture c'etait la chose la plus facile a l'epoque

358-MN: ah d'accord

359-Patient 4: je te parle des annees parceque ca c'etait en soixante quatorze soixante quinze

360-MN: ah oui

361-Patient 4: quand je rentrais a l'universite

362-MN: oui d'accord

363-Patient 4: mais a l'epoque tout le monde pouvait partir a l'agriculture moi j'ai demande j'ai ete l'un des rares a demander meme a ecrire parceque tu n'as pas besoin d'ecrire agriculture pour aller + mais je me suis retrouve en option planification statistique

352-MN: yes you're right ok so but come on for the studies why did you y- you could have gone to school to study agriculture but you chose to go and study finance instead I want to know why tell me why this change how come it went that way

353-Patient 4: no it's not l- over there at that time you didn't chose you were picked

354-MN: uh

355-Patient 4: you were picked

356-MN: oh ok

357-Patient 4: so I was picked and directe as a matter of fact I was one of the everybody did agriculture to study agriculture was the easiest at that time

358-MN: oh ok

359-Patient 4: I am telling you about thoses years because it was in seventy four seventy six

360-MN: oh ok

361-Patient 4: when I started going to the university

362-MN: ok I agree

363-Patient 4: but at that time anyone could go and study agriculture I did apply for it in fact I was one of the only ones to apply and write because you didn't need to apply for agriculture to go there + but I found myself in the department of planification economic

economique une annee après ca c'est transformer on a supprimer l'option pour le remplacer par economie finance

364-MN: ah d'accord d'accord donc c'était une contrainte donc

365-Patient 4: donc j'ai fait economie finance

366-MN: ah d'accord

367-Patient 4: mais cela aussi m'interessait

368-MN: d'accord ok

369-Patient 4: parceque la aussi m'interessait ca ne m'a pas deplu non plus

370: MN: oui d'accord d'accord

statistics a year later that department was done away with and they replaced it with economy and finance

364-MN: ah ok ok so it was not a choice then

365-Patient 4: so I studied economy and finance

366-MN: oh ok

367-Patient 4: but that too I was interested in

368-MN: true ok

369-Patient 4: because that also interested me I did not dislike it either to tell the truth

370: MN: ok ok ok

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