

Food Habits and the Family and Cultural Restrains in the Druze Population Influence the Diabetes Management in the Female Population

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Abstract

Objective: This study analysed the narrative of the family structure, the status of Druze-women, and the ability of those women to adapt to diabetes and manage it successfully.

Design and setting: Qualitative-research, of the Druze women with Diabetes, Diabetes prevalence in the Arab population in Israel is around 20%, whereas the prevalence of diabetes in the general population in Israel approximates 7.2%.

Subjects: 15 Druze-women suffering from type 2 diabetes, aged 30-70, with varying personal and socio-demographic characteristics, who were hospitalized in the "Ziv-hospital-Safed", as well as in the community, were interviewed.

Results: Most of the respondents described the family structure and the Druze-society, the relationships and the communication within the family as obstacles that prevent them from managing their diabetes successfully. A small number of them indicated that the family might constitute a support factor. The obstacles impeding the women's ability to maintain a healthy diet and to engage in physical activity, the woman's role in the family, self-efficacy, perception of the dangers involved, culture and religion, relationships and lack of direct communication with their significant other.

Conclusions: Druze-women, suffering from diabetes, managing her diabetes are subject to the influence of her role and status within the family, her self-restraint, her position in the decision-making process, the influence of the culture and society upon her life, her perception of the disease, as well as the influence of the religion. Therefore, there is a need for empowering the Druze-women which would in turn enable them to manage their diabetes better.

Scientific Background

Type II diabetes

The WHO defines Type 2 Diabetes Mellitus as a metabolic disorder of a complex etiological nature, characterised by a high blood and urine concentration of glucose, constitutes 90% of all instances of diabetes, and usually affects adults over the age of 30 [1]. Risk factors: obesity, smoking and alcohol consumption, low levels of physical activity, unbalanced diet. In 2014, the world prevalence of diabetes was estimated at 9% of the adult population (over age 18), and the prognosis for the year 2030 is 530 million people affected worldwide. This disease is considered to be the 12th leading cause of death [2], and the third leading cause of death in the general population in Israel in 2010 [3].

In accordance with the National Register of Diabetes for 2012, the highest risk for unbalanced diabetes were observed among the patients living in towns with low and medium socio-economic levels, as compared to patients residing in towns with higher socio-economic status, by 28% and 17%, respectively [4]. It is necessary to add to this that the prevalence of diabetes in Israel is higher among the Arab population, as compared to the Jewish population. Diabetes patients constituted 8.4% of all instances of death in the Arab population in 2012, as opposed to 5.3% in the Jewish population, which means that the diabetes mortality rate, standardized by age, was 2.4 times higher in the Arab population as compared to the Jewish population [5].

The Druze community

The Druze community in the Middle East is located primarily in Syria, Lebanon and Israel, with a small number residing in Jordan and other places [6]. Following the establishment of the State of Israel there were 14,5 thousand Druze people residing in Israel, and the population grew steadily

throughout the years, reaching at the end of 2012 a number of 131.5 thousand, out of those 64.5 thousand being women [6-8].

The definition of health in the context of the Druze religion

The highest belief of the Druze women is in a God who protects them and preserves their health, alongside the belief in reincarnation, where a soul of the deceased family member is instantly reincarnated in a body of a newborn - another Druze member of the family [6].

Women’s status

The Druze extended family is patriarchal, ruled by the father [6,8]. The position of a woman in a Druze society is at the very bottom of the social hierarchy. Religious traditionalism and the long-established social isolation prevented the village girls from exiting. In the recent decade, tremendous changes took place in the Druze communities, initiated by the Druze women turning to higher education, which in turn was perpetuated by close proximity of the Druze communities to another society and culture, disturbing the existing familial-societal balance in the community, and changing the subordinate status of the women [9].

Factors behind the rise in the incidence of diabetes in the Arab population

The high prevalence of diabetes in the Arab world and the continual prevalence rise, observed in the recent years, is explained partially by a number of factors:

1. The transition from the rural to urban society, and the adoption of the stationary lifestyle, which tends to limit physical activity [10-14].
2. The improvement of the socio-economic status and the transition to the rich in calories fast food [15,16].
3. The cultural customs which are prevalent and accepted in the

society, which include inviting guests for calorie-laden meals, sometimes on a frequent basis; the meals are followed by desserts rich in saturated fats and simple sugars and a lot of sweet beverages.

Research Design and Methods

The current research was a qualitative research in the field of Anthropology, investigating society and culture, by means of describing the semiotic structures, societal symbols which fashion the society and its expressions [17]. Qualitative research, dealing with healthcare issues, is particularly useful when researching beliefs, perceptions, traditions and culture, as they relate to healthcare, preventative healthcare, and treatment of disease [18].

Sample population

This current study was based on the presence of diabetes patients in the inpatient departments of the hospitals, as well as in the villages in the Galilee, and the acquaintance between the interviewer and some of the families. 15 Druze women, suffering from Diabetes type 2, aged 30-70, from different villages, were chosen for participation in this research. They vary in their religious observance, their levels of education, and occupation (Table 1).

Research Methods and Procedure

The tool chosen for the purposes of this study is a semi-structured interview.

The first stage consisted of opening the research protocol, which included questions in the following areas:

1. Family structure, the woman’s role in the family,
2. Perception of danger,
3. The woman’s personal plans (self-empowerment and control), and the Druze society: culture, customs and religion.

Table 1: Description of the sample population.

	Respondent’s name	Age	Marital status	Years of education	Employment	Duration of diabetes symptoms	Level of religious observance
1	Ach.B.	67	M + 5	3	Housewife	15	Religious
2	Su.K.	65	M+11	7	Fruit-picking	2	Religious
3	Vs.A.	65	M+11	8	Housewife	5	Religious
4	Su.G.	65	M+2	12	Retirement, after working as a kindergarten teacher	25	Secular
5	Hn.S.	65	M+10	0	Housewife	27	Religious
6	Na.G.	59	M+4	9	Housewife	14	Secular
7	Tm.S	58	M+2	7	Fruit-picking	8	Religious
8	Rah.B	57	W+5	12	Vendor	2	Religious
9	Sah.K.	55	M+7	8	Fruit-picking	5	Religious
10	Rt.H.	54	M+8	4	Housewife	2	Religious
11	Aah.H	54	M+5	8	Housewife	8	Secular
12	Ae.A	50	M+7	13	kindergarten teacher	11	Traditional
13	Li.A	48	M+4	12+BA	kindergarten teacher	4	Secular
14	Al.H	48	M+4	12+ BA (studying towards an MA)	Teacher	5	Religious
15	Nah.G	47	M+5	13	Secretary	8	Secular

The protocol was updated following the points made during the first (pioneer) interview with H.S.,(initials of the name of the first interviewer).

The second stage included 14 interviews by the researcher, in the years 2014-2015, face to face, following the interview protocol. Almost all the interviews lasted between 45 min and an hour, and all the interviews were completed. All of the information gathered in the interviews was recorded and transcribed, the interviews were conducted in Arabic, and the transcriptions were translated by the researcher into Hebrew. The content of the gathered information was analysed, as is customary in such cases, for the purpose of gathering the central idea and identification of various points of view, related to the various research points.

Quality control and data processing: validity and reliability

Reliability in an interpretive-qualitative research is to include meaningless data; also as the studied phenomenon is being observed as a one-time occurrence, since no two social events are identical in all aspects. In other words, you cannot go back and examine the

phenomena again to verify it. The main research tools - observations and interviews- are not considered objective and reliable regarding their accuracy [19]. It is possible to narrow down the variations discrepancy by recording and transcribing the interview and repeated analysis of the content.

Results

Table 1 reports the characteristics of the women responding to the survey. WE Identified 9 main themes from the responders (Table 2).

Theme 1: Family structure and its effect upon the decision making process among women suffering from diabetes in the Druze community.

The decision-making process in the family and the woman’s involvement in the process depend on the family structure and the division of labour. Traditional gender roles are evident in most families, ascribing the housework chores to the woman, and the important issues to the man, unquestioningly.

Table 2: 9 Themes and subthemes of a woman’s status in the Druze community and family were singled out, keeping in mind their effect upon the dietary habits and diabetes control in the community.

Number of theme	Central theme	Sub-themes
1	Family structure and its influence upon the decision-making process among Druze women who suffer from diabetes	<p>Negative</p> <ol style="list-style-type: none"> 1. The patriarchal family structure 2. Druze women’s fear of taking responsibility and assuming authority and therefore entering the role of a victim. 3. Traditional masculine and feminine roles <p>Positive</p> <ol style="list-style-type: none"> 1. Honour, a sense of reciprocity 2. Communication 3. Entrusting the Druze woman with authority and responsibility
2	The influence of the family upon diabetes treatment and management among Druze women	<p>Negative support</p> <ol style="list-style-type: none"> 1. It is the Druze woman’s role to care for the family friends 2. The wishes of the family determine the choice of foods more than her health concerns <p>Positive support</p> <p>Family’s encouragement and support towards the diabetes patient.</p>
3	The Druze woman perception of danger associated with diabetes	<ol style="list-style-type: none"> 1. Aggressive illness 2. Repression of awareness of her situation 3. Acceptance of her situation
4	The effect of the danger perception by the Druze woman upon diabetes control and management.	<ol style="list-style-type: none"> 1. Fear of complication 2. The effect of the danger perception upon the psychological, financial and social state
5	Self-efficacy of the Druze woman in the area of diabetes treatment	<ol style="list-style-type: none"> 1. The dilemma of the Druze woman’s self-control in diabetes management. 2. Strategies in the illness management and self-care. 3. The “postulates of faith” of a Druze woman.
6	The woman’s perceptions regarding self-treatment and the society’s influence upon the treatment of diabetes.	<ol style="list-style-type: none"> 1. The Druze woman’s perception of physical activity as a treatment for diabetes. 2. Awareness of health and a sense of obligation regarding it. 3. The Druze woman’s perception of the treatment of diabetes as a heavy task. 4. Entering the jobs market as a treatment for diabetes.
7	The Druze woman’s perception of the housework and its influence upon diabetes management	<ol style="list-style-type: none"> 1. The burden of the housework is wholly upon the Druze woman’s shoulders, hereby preventing self-care 2. Exclusive responsibility provides extra strength
8	The effect of the Druze society upon the treatment of diabetes and its management among women.	<ol style="list-style-type: none"> 1. Society support for the Druze woman in her diabetes management and the efforts to control her blood sugar 2. The woman’s perception of the society’s attitude to her illness 3. Considerations for the guests’ needs versus the woman’s concern for her health 4. Druze customs and celebrations and their effect upon diabetes among women.
9	Faith in the Higher Power and the Druze religion and their effect upon the perception of women suffering from diabetes and its treatment	

The patriarchal family structure

- Decision making is the prerogative of the man, and the woman's involvement in the process is minor, about 1:3. The respondents described their families as traditional, the Druze woman does not play an active role in the decision making process within the family [9].

"me: what is your role in the home?"

Tm.S.: I am a mother, what else! He is the one who decides everything, in our society the man decides everything... our society differs from the other societies, such as Christians or Jews. We call ourselves "Druze". He is in charge of everything" (Respondent Tm.S.).

Honour, mutual consideration

- Families in today's society are characterized by mutual understanding based on honouring each other, communication, and the decisions pertaining to the husband, the wife, or the whole family, are mutual decisions. Educated women sensed that their opinions are of importance, and their wishes are to be considered, similarly to those of men [9].

"Who? Me, personally! I decide, and they accept it. In our house there is a kind of a cooperation, for example, when the issue relates to my studies, and after I made a decision for myself, I consulted them before starting, whether they are prepared to help me with my studies, they expressed their ascent, because without their help and support I would snap" (Respondent Al.H.).

Theme 2: The effect of the family upon the management and treatment of diabetes among Druze women.

The family constitutes an important factor, affecting diabetes management among Druze women. The respondents related to this aspect from two points of view, some presented the effects as positive, and some - as negative.

It is the woman's role - to care for the members of the family.

The care for the members of the family comes before the woman's own health needs

"Because I feel like I need to think of other things, more important than my illness, how to live, how to provide a good life for my daughter, how to forget about my illness" (Respondent Rah.B.).

Family attitudes towards the diabetes patient and their support of them

In 6 out of 15 interviews with women, the family support was presented as care, empathy on the side of the family, something that motivates her to take care of herself and to upkeep her health.

"I feel their fear, their concern for my health... you should know, it makes a woman's life much easier, all of it helps me balance my diabetes better..." (Respondent Sah.K.).

Theme 3: the Druze woman's perception of dangers related to diabetes

The perception of dangers related to diabetes differed among the respondents, 2/3 of them perceived diabetes as an acute illness, a hard

and dangerous thing, described it as a silent death, damaging all of their organs, one at a time, if the patient does not manage to maintain the blood sugar balance correctly.

"An aggressive disease.... More so than any other.... Damages a person's body slowly, slowly...." (Respondent Nah.G.).

Theme 4: the effect of the danger perception by the Druze woman on her diabetes maintenance and treatment

The effect of the danger perception on her emotional state, economic and social status.

Diabetes causes damage to various organ systems, the patients are likely to experience pain and decreased functioning, which could affect the woman emotionally, due to her inability to fulfil her obligations towards herself, as well as towards her family [20].

"of course, so many changes (happened). I changed towards my daughters, towards my husband, even with my friend... Everything is because of unawareness... before the surgery I was in a very bad emotional state, now I am taking anti-anxiety medication. This is the first part, I thought, and then they will carry on chopping pieces off me, bit by bit, I was afraid, my daughters need me now, and then I got depressed". (Respondent Tm. S.)

Theme 5: self-efficacy of a Druze woman in the self-treatment of diabetes

Self efficacy is defined as the individual's perceptions and beliefs regarding their ability to perform certain actions that would yield certain results [21]. Self-efficiency in treating diabetes refers to the patient's ability to follow through with the various aspects of the self-treatment regimen [22].

The dilemma of self control when treating diabetes, as seen by the Druze women

In essence, diabetes management is the personal ability of the patient to control their eating behaviour, and this ability is attributed to the extent of the woman's knowledge about the disease, its development and management, and her self-efficacy as relates to the treatment. This dilemma was described by all of the respondents, without exception, whilst some claimed full control, some claimed partial control or inability to control themselves, especially during holidays and celebrations, when women adopt this hedonistic approach of living the moment and enjoying it at any cost [23].

"I was doing a lot of sports, I've cut back on eating, I lost weight, I repeated the tests... the doctor told me that the enzyme shows that the sugar is high. And then I started on the medication, being as careful as I can (with the food)". (Respondent Li.A.)

"I eat sweets in the morning, afternoon and evening, I am not careful about the food. And then we had celebrations and I ate a lot of sweets, and this had an effect on me, the sugar went up, and I began the injections." (Respondent Su.G.)

Theme 6: Women's perception regarding self-treatment and the effect of society on diabetes treatment.

The Druze woman's perception of physical activity as a diabetes treatment

Some of the women present physical activity as a part of their lives;

however, the activity they talk about is included in their housework, working in the field, and not an organized physical activity.

“I walk... walk to the field. For three or four hours. In the summer. During the events. They come and go. You know we engage in constant movement in the summer.” (Respondent Na.G.)

Theme 7: the Druze woman’s perception of the housework and its effect upon the treatment of diabetes.

The burden of housework rests wholly upon the Druze woman, which causes her disability to take care of herself.

1/3 of the respondents presented the housework as a burden that falls exclusively upon them, which causes them to neglect their treatment of diabetes they’re suffering from.

“In the morning, my children need to go out to work. It’s me who wakes them up, I don’t even have time for a quick cup of coffee. The housework lasts all day, from morning till evening.” (Respondent Vs.A.)

Theme 8: the effect of the Druze society upon diabetes treatment and management among women.

The society’s support for the diabetic women

The society’s attitude towards physical activity arouses suspicion among the Druze women. Any decision related to engaging in an activity depends upon the society’s attitude towards women, causing them to withdraw, and take a step back, in order to avoid judgement and humiliation [24].

“I wish I could. We had a course in Zumba. I would have loved to participate, but everybody there is young, and I’m embarrassed.... I feel like I’m too old for such things. What will they say? That I’m jumping. And not because of the diabetes, no, they will say, she went to jump, isn’t it better to walk upon the ground.” (Respondent Ae.A.)

Concern for the guests above the concern for their health

When a woman is invited out, it’s important to her to partake of the host’s food, for reasons of politeness and honouring, despite her knowledge of the effects it is likely to have upon her blood sugar. This is one of the customs of the Druze community.

“Yes, it is improper to say, I don’t want to drink, as I don’t drink those drinks... but not to drink at all by others, it’s very unpleasant”. (Respondent Rt. H.)

“Yes, I eat, if you do not partake with them, they will not eat. But if I am eating by them, then I apologize for my inability to partake, because of my illness. (Respondent Sah. K.)

Theme 9: A belief in the higher power, the Druze community, and their effect upon the perception of women and diabetes management.

The Druze faith and religion have an effect upon the woman’s perception of the treatment of her illness. The religion attributes great importance to the holiness of the body, and the preservation of health, to creating a healthy lifestyle. In addition, the faith in a Higher Being benefits the sick women by providing them with a sense of control and ability to care for their health, for the sake of the body’s holiness and for the preservation of their families [25].

“God gave you your body so that you will take care of it. You know that according to our religion, you are required to care for your body” (Respondent Na.G.)

Discussion and Conclusions

The purpose of this research was to examine the effect of the family structure and the status of women in the Druze community upon diabetes management among the patients who suffer from it.

The patriarchal structure of the Arab population entitles men to extra authority and protects them [26], and the Druze society that has been adhering to a unique religion that has split off from Islam in the 11th century, has preserved a similar societal structure to that of the Arab society. There is a clear and unmistakable hierarchy, that positions men on the top rungs of the societal ladder, and the other members of the family are required to obey them and to honour the elders of the family [8]. Most of the opinions expressed by the respondents support the literature on the subject that indicates that the status of women in the Druze society is inferior to that of men, that the men possess complete authority over the decision-making process, including the decisions that pertain to women [8].

The social status of the Arab woman is determined by the religious statutes (Muslim or Christian) and by the patriarchal norms, determining the gender roles, which ascribe, first and foremost, the roles of a daughter, a spouse and a mother to the woman [27]. Some of the women tend to attribute higher importance to the needs of the family than to their own health needs, such as postponing treatment for diabetes, denial and consumption of inappropriate foods for the sake of pleasing others [28]. The findings of the current research highlighted the concern a Druze woman feels regarding care for her family above her own needs, which was most prominent in the respondent Ach. B. who lives for the sake of the children, repressing the issue of her diabetes.

The family plays an important role in the physical, emotional, financial and social support for the diabetes patient. In the research performed by Zamzam and her colleagues [20], about Syrian women suffering from diabetes, it was observed that some women describe their role as a mother and the great responsibility connected to that role, as a cause for stress and shortage of time for self-treatment of diabetes, as well as describing their families’ lack of support as the main obstacle standing between them and controlling the disease. This finding supports another research which showed that lack of emotional support could cause a burn-out in diabetes treatment, which stems not only from a decreased self-control, but also from a sense of despair and hopelessness regarding the treatment of diabetes, compounded by fear of future complications, accompanied by frustration [29]. The Druze woman encounters obstacles on the part of her family, especially her husband, as a woman is required to cook food that is suitable for her husband, as well as for other members of her family, without a mention of her illness.

The respondents in the current study were aware of their health issue and the complications which are likely to develop as a result. A number of them behaved in health-conscious ways, perceiving the disease as aggressive, but controllable. As a consequence of their perceiving the disease as severe, they tended to maintain their health-oriented behaviours, which goes in line with the health beliefs model. On the other hand, other respondents repressed their condition and

expressed their inability to control the disease, claiming they “forget” about it, as in the case of Aah. H. Those women, despite perceiving the disease as dangerous, their responsiveness to the treatment was low, and lifestyle changes tended to be minimal.

The effect of the diabetes danger perception by the Druze woman upon the treatment can be explained by the Zimbardo’s time perspective theory that states that it is possible to explain health-related behaviour by three main components: perception of the future, fatalism and hedonism. Future-oriented behaviour, such as acting in an aware manner in the present in order to achieve a result in the future. Fatalism is characterised by a sense of powerlessness, lack of control and a faith in a predestined future. Hedonism is adopting behaviours that yield immediate satisfaction [23]. In a qualitative research study, where 12 women suffering from type 2 diabetes were observed, it was found that some women feel anxiety and fear in relation to the disease and its consequences, the future health state of their children, and in addition to that, women who participated in the study confessed that the anxiety is related to lack of control over sugar levels and the development of complications [20]. The Druze respondents in the current study expressed their fear of complications, fear of death, of leaving their children orphaned, and by means of memories of family members who also suffered from diabetes and its complications they were motivated to undertake further precautions and to behave in the most health-conscious way possible.

A Druze woman’s self-efficacy in diabetes treatment is tested in this study, Albert Bandura, defined the self-evaluation of a person, regarding his/ her ability to perform the tasks necessary for coping with a certain situation [30]. Perceived self-efficacy is understood by the respondents as ability to perform behaviours which would reserve their health, and perceiver in this task, in order to maintain the blood sugar levels. The majority of women spoke of specific behaviours, which is maintaining control over the diabetes-appropriate diet, withstanding the temptation of foods that are likely to raise their blood sugar, opposing the society’s insistence upon disrupting their willingness to control their dietary intake, to make the necessary changes and to avoid the sweet foods which they love.

Druze women’s perception of her ability to self-treat and the influence of the society upon the treatment of diabetes. Health awareness has an effect upon the person’s perception of the severity of the disease, which prompts him/her to undertake means of precaution, to maintain the health-promoting behaviours, in accordance with the health belief model [20,23]. Understanding the disease could be said to be the cornerstone of the awareness construction, which is necessary for the self-treatment, preventing complications and improving the quality of life in the presence of the disease [31]. A number of the respondents in the current study speak of their health awareness, and about the progression of their diabetes and the way they treat it. Most of the women discussed the importance of the correct diet for diabetes patients, and reported adhering to the nutritionist’s advice. However, when discussing their physical activity, few of the respondents reported engaging in such activity, despite their awareness of its importance for the blood sugar balance.

The Druze woman’s perception of housework and its effect upon the treatment of her diabetes is the final strokes to the labour

division in the home are delivered in a dynamic setting, affected by the couple’s expectations and their social setting. In the traditional societies, characterised by patriarchy, the social norms entrust the power to the man. The women continue to absorb their traditional gender roles definitions from their parents. They are still expected to act as housewives and mothers, in accordance with the traditional approach, even if they work outside the home. The housework burden rests squarely upon the woman’s shoulders, affecting her ability to self-treat her diabetes, as well as her responsiveness to such treatment [24].

The effects of the Druze society upon diabetes treatment and management among women is influence by the social and cultural habits, as well as the traditional Arab generosity, which includes welcoming guests, raises the calorie consumption count due to the meals and the food that is served to the guests [11]. The guest may not refuse the food that has been offered him; otherwise it may be interpreted by the host as an insult and a humiliation [14]. The social encounters such as welcoming guests and invitations for events force the women to eat more [24]. In the current study the respondents reported lack of support on the part of the society. Despite their explanations regarding their illness, the hosts refuse to listen and continue to try and honour them through food. The Arab population is characterised by high levels of negative social support, in terms of a large number of existing social connections and the frequency of family gatherings. Exposure to a large number of foods makes it difficult for the diabetes patients to observe the recommended lifestyle, and raises the need to conceal their illness in order not to appear unwell [32].

The belief in the Higher Power and the Druze religion, and their effect upon the women’s perception of diabetes treatment is shown by religion that shapes the way a person accepts responsibility for his own health and wellbeing, and is therefore considered an important factor forming the perceptions, opinions, beliefs and behaviours of an individual in relation to his/her treatment [33]. Religion and faith could have a positive or a negative effect upon health-preserving behaviours. The majority of Muslims claim that God gave the disease and He is the one to cure it [34]. Those findings are supported by the current study, where the Druze women, believing in the Higher Power, and that God protects them and watches over their health, as well as upholding the faith in reincarnation, where the soul of the family member who has passed away is reincarnated in the body of another Druze family member who was just born. They believe that the soul is eternal and the body is temporary and prone to decay, therefore, there is no reason to fear death [6].

One of the components of the time perspective theory by Zimbardo is fatalism. It is characterised by a sense of helplessness, lack of control and the belief that life is controlled by external factors, which the individual cannot change. The fatalistic approach causes the lowest possible responsiveness to performing health-oriented actions [23]. The Druze women express their faith in the Higher Power and in predestination, causing them to fall ill. However, they do not present the fatalistic approach. Keeping in mind, that apparently they do not fulfil the doctor’s orders, and the Druze religion encourages wellbeing, and whoever dwells deep on the religious matters can understand the connection to health, and the religion supporting and benefiting the health state of the patient.

Limitations of this Study

This study was performed using qualitative methodology for the purpose of analysis and examination of the processes which affect diabetes management among Druze women, from the point of view of the family and culture, and it is the first study of this kind that raised those questions. As a result, there are certain limitations to this study.

Ethical Approval

All of the interviews were performed after receiving the permission form the Human Research Ethics Committee of the Haifa University, permit number 131/15, and of the Ziv Hospital, Safed, permit number 0037-14ZIV, and the respondent's written consent.

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