


Diabetes Management and Culturally Sensitive Care: An Approach to Care for Bangladeshi Patients

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Diabetes is a chronic disease that affects millions of people worldwide, including those in the Bangladeshi community. While no specific data exists on diabetes prevalence among U.S. Bangladeshi communities, their generally older age, lower socioeconomic status, and limited healthcare access elevate their diabetes risk.¹ Diabetes can lead to several complications, such as cardiovascular disease, neuropathy, and retinopathy, and can significantly reduce the quality of life. In this manuscript, we aim to discuss our approach to providing optimal ways to care for Bangladeshi patients in the United States with diabetes, with particular importance to culturally sensitive care and culturally sensitive nutrition counseling.

Culturally sensitive care is an approach to healthcare that considers a patient's cultural background, beliefs, and values when providing medical care. Culturally sensitive care is especially important for Bangladeshi patients with diabetes, as cultural beliefs and practices can have a significant impact on their health outcomes. For example, in the Bangladeshi culture, family and community support are essential, and patients often seek advice and guidance from family members before making any health-related decisions.² Therefore, it is crucial to involve family members in the care of Bangladeshi patients with diabetes and educate them on the importance of self-management and adherence to treatment.

Cultural humility, similar to cultural sensitivity, are integral to effective healthcare. Cultural humility involves a lifelong commitment to self-evaluation and adapting approaches to diverse populations.³ For providers, cultural humility means continually learning about a community's unique challenges, understanding their experiences, and acknowledging personal gaps in cultural understanding.³ This self-aware, adaptable approach enhances culturally sensitive care by fostering mutual learning between provider and patient. It enables more nuanced, individualized care plans.

Language barriers may also pose a significant barrier to diabetes management for Bangladeshi Americans who speak Bengali with limited English proficiency. This can make it difficult for patients to understand medical instructions or to communicate their health concerns effectively. To address this,

providers should offer language services or the provision of translated materials in Bengali.⁴ Healthcare providers should also be aware of and respectful of cultural differences, such as dietary practices, religious practices, and gender roles when providing care to Bangladeshi patients.⁵

In addition to being aware and respectful of cultural differences, there are several concrete steps that healthcare providers and systems can take to bridge the cultural gap in treating Bangladeshi patients with diabetes. On a structural level, institutions can implement policies that require cultural sensitivity training for all healthcare staff and allocate resources for dedicated interpreters for commonly spoken languages, including Bengali. To incorporate these institutional efforts, adopting recognized frameworks and standards can offer clear guidelines for action. Specifically, institutions could consider aligning with The Joint Commission's National Patient Safety Goals (NPSGs), which include mandates for cultural competence such as providing language assistance services and respecting patients' cultural and religious beliefs.⁶ Another viable option is adhering to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) developed by the Office of Minority Health. These frameworks can serve as a comprehensive roadmap for healthcare organizations to improve quality of care for patients from diverse cultures.

Systemically, research focused on quantifying the unique healthcare needs of Bangladeshi communities could influence policy and practice, such as offering more affordable copays through insurance adjustments. These adjustments can help facilitate more thorough consultations. On an intrapersonal level, integrating cultural sensitivity into medical education can better prepare future healthcare providers to navigate cultural nuances in patient care. An example is for providers to learn basic Bengali phrases to improve provider-patient rapport. Interpersonally, family is a crucial component in the Bangladeshi community. Therefore, institutions should consider providing educational materials in Bengali that are geared toward the patient as well as their family.

Nutrition plays a vital role in the management of diabetes, and culturally sensitive nutrition counseling is essential for



Bangladeshi patients with diabetes. The Bangladeshi diet is typically high in carbohydrates and fats and low in protein and fiber.⁷ For example, many Bangladeshi Americans believe that certain foods, such as rice or lentils, are essential for good health and may be reluctant to modify their diets to manage diabetes.⁵ This dietary pattern can lead to poor glycemic control and increase the risk of diabetes complications. Therefore, it is important to provide culturally appropriate nutrition counseling that considers the patient's dietary preferences and cultural practices. One approach to providing culturally sensitive nutrition counseling is to incorporate traditional Bangladeshi foods into the diet plan while ensuring that the overall macronutrient distribution is appropriate for diabetes management. For example, traditional Bangladeshi dishes such as daal (lentil soup), sabzi (vegetable curry), and fish curry can be incorporated into a diabetes-friendly meal plan.^{5,7} Healthcare providers can also educate Bangladeshi patients on portion control and the importance of balancing carbohydrates with protein and fiber to prevent blood sugar spikes.

Another approach to providing culturally sensitive nutrition counseling is to consider the patient's religious practices, notably fasting during Ramadan. Fasting is an essential part of the Islamic faith that many Bangladeshi Muslims observe. While fasting during Ramadan poses unique challenges to glycemic control, there exists well-documented guidelines for managing both type 1 and type 2 diabetes in adults, as well as type 1 diabetes in children during this period.⁸ Healthcare providers should consult these published guidelines to appropriately adjust medication and meal plans for Bangladeshi patients who fast during Ramadan to ensure adequate glycemic control.⁹ These guidelines can also be universally applied to other U.S. populations whose preferred language of care is not English and who observe religious fasting practices.

Culturally sensitive care and culturally sensitive nutrition counseling are essential components of diabetes care for Bangladeshi patients living in the United States. Healthcare providers should be aware of and respectful of cultural differences, involve family members in the care of Bangladeshi patients, provide language-concordant care, and incorporate traditional Bangladeshi foods and religious practices into the nutrition counseling plan. By providing culturally sensitive care and nutrition counseling, healthcare providers can improve diabetes management and ultimately improve the quality of life for Bangladeshi patients with diabetes.

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Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Author contributions

MZH has involved in conceptualization; data curation; formal analysis; funding acquisition; investigation; methodology; project administration; resources; software; supervision; validation; visualization; writing—original draft; writing—review and editing. FH has involved in conceptualization; formal analysis; project administration; validation; writing—original draft; writing—review and editing. SLK has involved in investigation; methodology; project administration; validation; writing—original draft; writing—review and editing. MM has involved in methodology; validation; writing—original draft; writing—review and editing. HJK has involved in methodology; project administration; writing—original draft; writing—review and editing. MA has involved in methodology; project administration; writing—original draft; writing—review and editing. MH has involved in conceptualization; project administration; supervision; writing—original draft; writing—review and editing.


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