Original Article

Determination of Belief in Myths about Diabetes in Individuals Visiting a Public Hospital

Busra Gurcay, PhD(c)
Research Assistant, Sakarya University of Applied Sciences, Faculty of Health Sciences, Nursing Department, Sakarya, Turkey

Betul Esra Cevik, PhD
Research Assistant, Sivas Cumhuriyet University, Suşehri Health College, Department of Nursing, Department of Nursing

Esma Akgul, PhD(c)
Research Assistant, Sakarya University of Applied Sciences, Faculty of Health Sciences, Nursing Department, Sakarya, Turkey

Feride Taskın Yilmaz, PhD
Professor, Sakarya University of Applied Sciences, Faculty of Health Sciences, Nursing Department, Sakarya, Turkey

Correspondence: Busra Gurcay, Research Assistant, PhD(c) Student, Sakarya University of Applied Sciences, Faculty of Health Sciences, Nursing Department, Sakarya, Turkey
E-mail: busra.gurcay@ogr.sakarya.edu.tr

Abstract
Background: There are many misconceptions about diabetes, which is one of the most common chronic diseases worldwide and has a high morbidity and mortality burden.
Objective: The aim of this study was to determine whether individuals believe in myths about diabetes and to determine the relationship with some variables.
Methodology: The descriptive cross-sectional study sample consisted of 236 individuals who applied to the internal medicine and surgery outpatient clinics and were not diagnosed with diabetes of a university hospital between March and June 30, 2024. Data were obtained using the individual identification form and the Diabetes Myths Evaluation Form.
Results: The majority of the individuals stated that they agreed with the myths "Eating sugar causes diabetes (81.4%)", "Diabetes patients should follow a 'special diabetic diet' (72.9%)", "Individuals with diabetes must use insulin (65.7%)" and "Diabetes causes blindness (64.8%)". There was a statistically significant difference ($p<0.05$) between the variables of age, educational status, having a chronic disease, considering oneself risky in terms of diabetes, having a relative diagnosed with diabetes in the family and having information about diabetes and believing in some myths.
Conclusion: The study found that participation in myths about the diet and medication components of diabetes treatment was widespread. It is important for health professionals to transform myths about diabetes into accurate information and inform the public about this issue.

Keywords: belief, diabetes, healthcare professionals, myth.

Introduction

Diabetes Mellitus (DM) is a chronic metabolic disease characterized by chronic hyperglycemia resulting from insufficient insulin secretion or complete lack of insulin, and it poses a major global burden in terms of morbidity and mortality (ADA, 2017; TEMD, 2022). According to the 10th edition of the Diabetes Atlas published by the International Diabetes Federation (IDF) in 2021, 537 million individuals aged 20–79 years were diagnosed with diabetes worldwide, diabetes-related deaths reached 6.7 million, and the number of people with diabetes is projected to

rise to 643 million by 2030 and to 783 million by 2045 (IDF, 2021a). When examining the prevalence of diabetes in our country, IDF reported that in 2021, 9 million adults in Turkey had diabetes, accounting for approximately 15% of the adult population, with 7 million of these individuals aged between 20 and 79 years. (IDF, 2021b).

The concept of "myth" refers to beliefs—typically lacking scientific basis—that vary across societies and cultures and are transmitted from generation to generation (Rai & Kishore, 2009; Adler & Paauw, 2003). These myths influence individuals' health-seeking behaviors, their perception of illness, adherence to treatment, acceptance of lifestyle interventions, and their access to health-related information (Adler & Paauw, 2003; Göke, 2020; ADA, 2019; Abdulrehman et al., 2016). Although diabetes is one of the most common chronic diseases, there are widespread misconceptions and myths regarding its diagnosis, treatment, and self-management process (Brod et al., 2014). Common societal myths about diabetes include: "consumption of foods high in sugar directly causes diabetes," "diabetes only occurs in overweight individuals," "diabetes can be completely cured through the use of herbal products," and "insulin use eventually leads to dependence" (Rai & Kishore, 2009; Abdulrehman et al., 2016; Patil et al., 2013). These myths not only hinder healthy lifestyle behaviors in individuals without a diabetes diagnosis but also negatively affect treatment adherence and limit self-management skills in individuals with diabetes (Rai & Kishore, 2009). It is also known that individuals with diabetes, who hold different cultural beliefs and myths, may vary in their dietary practices, correct use of insulin therapy, and attitudes toward physical activity and exercise (Chen et al., 2020; Nance et al., 2022; Sękowski et al., 2022).

Individuals' health literacy levels, socioeconomic status, cultural beliefs, and past experiences play a significant role in the formation of misconceptions about diabetes in society (Le et al., 2021; Mogre et al., 2019; Saleh et al., 2021). With the increasing influence of digitalization, internet usage has become widespread, and the internet is now commonly used as a source of health-related information. However, this may lead to the acquisition of incorrect information from unreliable sources, causing patients to develop false beliefs and negative attitudes toward diabetes (Yom-Tov et al., 2016; Kim et al., 2018). Health professionals have critical roles and responsibilities in ensuring public access to accurate information about diabetes and in preventing misinformation. In their educational role, health professionals should organize training programs aimed at promoting preventive health behaviors, increasing awareness, and improving public health. Furthermore, it is important for health professionals to evaluate individuals from a holistic perspective by considering their past experiences, cultural beliefs, family and social relationships, and sources of health-related information (Watts et al., 2017; Shin & Lee, 2018; Kim et al., 2020). In this context, the present study was conducted to determine the beliefs in diabetes-related myths among individuals who applied to a public hospital. It is anticipated that the findings of this study will contribute to the literature and guide health professionals in shaping the content of diabetes education programs aimed at the general population. In this context, the following research questions were addressed:

- What is the level of belief in myths about diabetes among individuals visiting a public hospital?
- Is there a significant difference between individuals' sociodemographic characteristics and their belief in myths about diabetes?

Materials and methods

Aim of the study: This descriptive cross-sectional study was conducted to determine individuals' beliefs in diabetes-related myths and to examine their association with certain variables.

Study

Study Population and Sample: The study population consisted of individuals who applied to the internal medicine and surgical outpatient clinics of a university hospital. The study sample included 236 individuals who met the inclusion criteria and presented to the aforementioned clinics between March 1 and

June 30, 2024, selected using convenience sampling. In this study, a convenience sampling method was utilized due to time and accessibility constraints. However, this method may introduce sampling bias and limit the generalizability of the findings to the broader population. Inclusion criteria were: being 18 years or older, literate, not having a known diagnosis of diabetes, being able to speak Turkish, not having any verbal or visual communication impairments, and willingness to participate in the study. Individuals who did not complete the data collection forms or who chose to withdraw after completing the forms were excluded from the study.

Data Collection Tools: Data were collected using the "Individual Identification Form" and the "Diabetes Myths Evaluation Form."

Individual Identification Form: This form, developed by the researchers, consists of 18 questions assessing sociodemographic characteristics (age, height, weight, gender, marital status, educational level, employment status, etc.), general health status (presence of chronic diseases, general health perception, etc.), and diabetes-related knowledge and perceptions (receiving information about diabetes from healthcare professionals, perceiving oneself at risk for diabetes, emotions associated with thinking about diabetes, etc.).

Diabetes Myths Evaluation Form: This form, designed by the researchers in line with the literature (Rai & Kishore, 2009; Adler & Paauw, 2003; ADA, 2019; Brod et al., 2014; Nance et al., 2022), consisted of 26 items representing common misconceptions about diabetes, including its risk factors, management, complications, and progression. Each item was rated on a 3-point Likert scale: "Disagree", "Undecided", and "Agree." The Cronbach's alpha coefficient for this form was found to be 0.61.

Data Collection: Data were collected by the researchers in an environment that allowed for comfortable communication. Participants were informed about the purpose and significance of the study, and those who agreed to participate were asked to complete the data collection forms. Researchers assisted participants in understanding the statements when needed. Additionally, participants' height and weight were measured using the scales and stadiometers available in the data collection area. Based on the measurements, body mass index (BMI) was calculated and categorized as normal weight (18.5–24.9 kg/m²), overweight (25.0–29.9 kg/m²), or obese (30 kg/m² and above). Completion of the data collection forms and anthropometric measurements took approximately 20–25 minutes. No significant sources of bias or confounding were identified during the study process. The data were collected systematically from participants who met predefined criteria, and statistical analyses did not reveal any confounding variables that would have altered the main results. The study adhered to the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) reporting guidelines throughout the research process.

Data Analysis: Data were analyzed using IBM SPSS Statistics 29.0 software package. No data were excluded during the study, and all collected data were included in the analysis. Descriptive statistical methods (percentages, means, and standard deviations) were used to evaluate participants' demographic characteristics and distribution of beliefs in diabetes-related myths. The Chi-square (χ^2) test was employed to compare certain socio-demographic characteristics with myth-related beliefs. Before applying the Chi-square test, the assumptions of the test were checked, including whether the variables were categorical and whether the expected cell frequencies were sufficient. A p-value of <0.05 was considered statistically significant.

Ethical Considerations: Prior to data collection, written approval was obtained from the Non-Interventional Research Ethics Committee of Sivas Cumhuriyet University (Decision No: 2023-10/39) and from the hospital where the study was conducted (Decision No: 2023-40). Additionally, informed consent was obtained from all participants after informing them about the study content and emphasizing voluntary participation.

Results

The mean age of the participants was 62.37 ± 8.68 years, with 57.6% being

under the age of 65. Of the participants, 57.2% were female, 81.8% were married, 77.5% had completed primary or secondary school, and 74.6% were not employed. In addition, 85.6% rated their economic status as moderate, and 94.1% had social security coverage.

According to their BMI values, 46.2% of the participants were classified as overweight and 26.7% as obese. It was found that 15.7% of the individuals were current smokers and 0.8% consumed alcohol. Other characteristics of the participants and their diabetes-related knowledge and perceptions are presented in Table 1.

Table 2 presents the distribution of participants' agreement with diabetes-related myths. Accordingly, the vast majority of participants agreed with the statements "Eating sugar causes diabetes" (81.4%) and "People with diabetes need to follow a 'special diabetic diet'" (72.9%).

More than half of the participants also agreed with the following myths: "Individuals with diabetes must use insulin" (65.7%), "Diabetes causes blindness" (64.8%), "Diabetes only affects individuals who are obese" (61.0%), "Some natural products cure diabetes" (56.8%), "Medication is the only solution for diabetes" (55.1%),

"People with diabetes should not consume fruits, sweets, or chocolate" (54.2%), "If insulin is prescribed instead of pills, it indicates worse diabetes management" (53.0%), "Insulin used in the treatment of diabetes causes weight gain" (50.8%), and "Diabetes is more common in women" (50.4%).

The myths with the lowest agreement among participants were: "Type 2 diabetes is a milder form of diabetes compared to type 1" (14.0%), "Diabetes is contagious" (8.1%), and "Diabetes is not a serious disease" (5.5%).

Table 3 presents the myths associated with certain participant characteristics. Accordingly, the percentage of agreement with the myth "Diabetes is a disease of old age" was found to be higher among individuals aged 65 and over.

When compared by educational level, individuals with a high school or university education had a higher percentage of agreement with the myths "Diabetes only affects individuals who are obese," "People with diabetes should not drive," and "If insulin is prescribed instead of pills, it indicates worse diabetes management."

On the other hand, individuals with primary or secondary school education were more likely to disagree with the myth "Diabetes is contagious." Participants who had prior knowledge about diabetes showed a higher rate of agreement with the statement "Insulin used in the treatment of diabetes causes weight gain."

Those with chronic illnesses had higher agreement with the myths "Women with diabetes cannot get pregnant" and "A person with no family history of diabetes has no risk of developing the disease." Participants who did not have a first-degree relative with diabetes were more likely to agree with the myth "People with diabetes need to follow a special diabetic diet."

Furthermore, individuals who perceived themselves at risk for diabetes showed higher agreement with the myths "Obesity always leads to diabetes," "Insulin causes dependency," "Type 2 diabetes is a milder form of diabetes compared to type 1," and "If insulin is prescribed instead of pills, it indicates worse diabetes management."

No significant relationship was found between gender and belief in diabetes-related myths.

Discussion

In this study, the belief in diabetes-related myths among individuals who presented to the internal medicine and surgical clinics of a public hospital was evaluated. The findings revealed that participants particularly held strong beliefs in myths related to dietary interventions and pharmacological treatments for diabetes.

Identifying diabetes risk factors at an early stage, taking appropriate preventive measures, and ensuring effective treatment management for individuals diagnosed with diabetes are essential components of public health strategies. Enhancing individuals' knowledge levels is a key element in promoting diabetes awareness across society.

Factors such as low health literacy, misinformation obtained from digital media, inadequate family and social support, and limited access to healthcare services may contribute to the development of misconceptions and myths about diabetes. Collectively, these factors are associated with low awareness and negative attitudes toward the disease (Pourhabibi et al., 2022; Ferreira et al., 2024).

Table 1. Distribution of some characteristics of individuals and their knowledge and thoughts about diabetes (n=236)

Characteristics		**n (%)**
Age(year) (Mean±SD)		62.37±8.68
	Under 65 years old	136 (57.6)
	Ages 65 and over	100 (42.4)
Gender	Female	135 (57.2)
	Male	101 (42.8)
Education level	Primary and secondary school	183 (77.5)
	High school and university	53 (22.5)
Body mass index	Normal weight	64 (27.1)
	Overweight	109 (46.2)
	Obese	63 (26.7)
Presence of chronic disease	Yes	140 (59.3)
	No	96 (40.7)
Presence of a person with diabetes in first-degree relatives	Yes	188 (79.7)
	No	48 (20.3)
Knowledge about diabetes	Yes	194 (82.2)
	No	42 (17.8)
Considering themselves at risk for diabetes	Yes	184 (78.0)
	No	52 (22.0)
How it feels to think about diabetes	Concern	69 (29.2)
	Anxiety	92 (39.0)
	Fear	38 (16.1)
	There is no feeling	37 (15.7)
General health assessment	Good	39 (16.5)
	Modarate	155 (65.7)
	Bad	42 (17.8)

Table 2. Distribution of individuals' agreement with myths about diabetes

Statements	Disagree	Undecided	Agree
	n(%)	n(%)	n(%)
1. Eating sugar causes diabetes.	27 (11.4)	17 (7.2)	192 (81.4)
2. Diabetes is a disease of the elderly.	169 (71.6)	20 (8.5)	47 (19.9)
3. Diabetes is not a serious disease.	212 (89.8)	11 (4.7)	13 (5.5)
4. Diabetes only affects people with obesity.	67 (28.4)	25 (10.6)	144 (61.0)
5. Obesity always leads to diabetes.	76 (32.2)	46 (19.5)	114 (48.3)
6. Diabetes leads to blindness.	59 (25.0)	24 (10.2)	153 (64.8)
7. People with diabetes should not drive.	133 (56.4)	33 (14.0)	70 (29.7)
8. People with diabetes cannot be active.	151 (64.0)	37 (15.7)	48 (20.3)
9. Diabetes is more common in women.	61 (25.8)	56 (23.7)	119 (50.4)
10. Diabetes is contagious.	175 (74.2)	42 (17.8)	19 (8.1)
11. Diabetes gets better on its own with weight loss.	135 (57.2)	74 (31.4)	27 (11.4)
12. The child of a woman with diabetes will also have diabetes.	59 (25.0)	90 (38.1)	87 (36.9)
13. People with diabetes have to use insulin.	37 (15.7)	44 (18.6)	155 (65.7)
14. Some natural products cure diabetes.	55 (23.3)	47 (19.9)	134 (56.8)
15. Women with diabetes cannot get pregnant.	134 (56.8)	64 (27.1)	38 (16.1)
16. People with diabetes should not eat fruit, sweets and chocolate.	67 (28.4)	41 (18.4)	128 (54.2)
17. Diabetic patients become gangrenous.	62 (26.3)	105 (44.5)	69 (29.2)
18. Insulin is addictive.	62 (26.3)	59 (25.0)	115 (48.7)
19. The only cure for diabetes is medication.	81 (34.3)	25 (10.6)	130 (55.1)
20. People with diabetes cannot exercise.	146 (61.9)	44 (18.6)	46 (19.5)
21. Insulin used to treat diabetes makes people gain weight.	65 (27.5)	51 (21.69)	120 (50.8)
22. Type 2 diabetes is a lighter type of diabetes than type 1 diabetes.	59 (25.0)	144 (61.0)	33 (14.0)
23. If diabetics are given insulin instead of pills, the individual's management of the disease is worse.	34 (14.4)	77 (32.6)	125 (53.0)
24. Once blood sugar is under control. diabetes medications can be stopped.	75 (31.8)	54 (22.9)	107 (45.3)
25. Diabetics need to follow a “special diabetic diet”.	34 (14.4)	30 (12.7)	172 (72.9)
26. An individual without a family history of diabetes is unlikely to develop diabetes.	123 (52.1)	52 (22.0)	61 (25.8)

Table 3. Distribution of individuals' agreement with myths about diabetes according to age

Statements	Disagree	Undecided	Agree	Disagree	Undecided	Agree	χ^2 / p
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	
	Under 65 years old			65 years and over			
Diabetes is a disease of the elderly.	107 (78.7)	11 (8.1)	18 (13.2)	62 (62.0)	9 (9.0)	29 (29.0)	9.486 / **0.009**
	Primary or secondary school graduate			High school or university graduate			
Diabetes only affects people with obesity.	57 (31.1)	22 (12.0)	104 (56.8)	10 (18.9)	3 (5.7)	40 (75.5)	6.093 / **0.048**
People with diabetes should not drive.	111 (60.7)	22 (12.0)	50 (27.3)	22 (41.5)	11 (20.8)	20 (37.7)	6.417 / **0.040**
Diabetes is contagious.	141 (77.0)	26 (14.2)	16 (8.7)	34 (64.2)	16 (30.2)	3 (5.7)	7.305 / **0.026**
If diabetics are given insulin instead of pills, the individual's management of the disease is worse.	21 (11.5)	67 (36.6)	95 (51.9)	13 (24.5)	10 (18.9)	30 (56.6)	8.997 / **0.011**
	Have knowledge about diabetes			Not knowledgeable about diabetes			
Insulin used to treat diabetes makes people gain weight.	51 (26.3)	37 (19.1)	106 (54.6)	14 (33.3)	14 (33.3)	14 (33.3)	6.954 / **0.031**
	Have a chronic disease			Have no chronic diseases			
Women with diabetes cannot get pregnant.	73 (52.1)	38 (27.1)	29 (20.7)	61 (63.5)	26 (27.1)	9 (9.4)	5.987 / **0.048**
The only cure for diabetes is medication.	56 (40.0)	10 (7.1)	74 (52.9)	25 (26.0)	15 (15.6)	56 (58.3)	7.411 / **0.025**
An individual without a family history of diabetes is unlikely to develop diabetes.	77 (55.0)	23 (16.4)	40 (28.6)	46 (47.9)	29 (30.2)	21 (21.9)	6.444 / **0.040**
	First-degree relatives with diabetes			No first-degree relatives with diabetes			
Diabetics need to follow a “special diabetic diet”.	32 (17.0)	26 (13.8)	130 (69.1)	2 (4.2)	4 (8.3)	42 (87.5)	7.061 / **0.029**
	Consider oneself at risk for diabetes			Don't consider oneself at risk for diabetes			
Obesity always leads to diabetes.	53 (28.8)	35 (19.0)	96 (52.2)	23 (44.2)	11 (21.2)	18 (34.6)	6.011 / **0.048**
Insulin is addictive.	52 (28.3)	39 (21.2)	93 (50.5)	10 (19.2)	20 (38.2)	22 (42.3)	6.657 / **0.036**
Type 2 diabetes is a lighter type of diabetes than type 1 diabetes.	50 (27.2)	104 (56.5)	30 (16.5)	9 (17.3)	40 (76.9)	3 (5.8)	7.562 / **0.023**
If diabetics are given insulin instead of pills, the individual's management of the disease is worse.	23 (12.5)	54 (29.3)	107 (58.2)	11 (21.2)	23 (44.2)	18 (34.6)	9.100 / **0.011**

In our study, the majority of individuals (78%) perceived themselves at risk for diabetes, and 39.0% reported experiencing anxiety when thinking about the disease. Studies in the literature indicate that individuals with diabetes often experience high levels of anxiety concerning the disease and its treatment process (Basiri et al., 2023; Johnson et al., 2022; Horsbøl et al., 2024). Diabetes, which is among the chronic diseases with the highest incidence, especially in developing countries, requires complex management, demands lifestyle modifications, and affects individuals physically, psychosocially, and economically. Therefore, raising awareness about diabetes in the general population is of great importance.

Through health education programs tailored to different age groups, individuals' awareness of the early symptoms of diabetes can be enhanced, which may in turn help reduce their anxiety levels (Ma et al., 2021; Li et al., 2022). In our study, a substantial majority of participants (81.4%) agreed with the statement "Eating sugar causes diabetes." Additionally, 54.2% agreed with the statement "People with diabetes should not eat fruit, sweets, or chocolate." In a cross-sectional study conducted in India by Rai and Kishore (2009), which included both individuals with and without diabetes, the most common myth identified was that "eating too much sugar causes diabetes." Similar to our findings, several studies in the literature have reported myths such as "stopping the consumption of sweets cures diabetes" or "people with diabetes must avoid all kinds of sweets" (Alhaik et al., 2019; Chen et al., 2022). These findings suggest that individuals in the community often associate the consumption of foods high in glucose directly with the development of diabetes and that the myth suggesting that individuals with diabetes are prohibited from consuming glucose-containing foods is widespread.

In our study, 61% of participants agreed with the statement "Diabetes only affects those who are obese." In the study by Sękowski et al. (2022), which assessed public knowledge and awareness about diabetes, participants identified obesity as the most important risk factor for diabetes. Regarding insulin treatment, more than half of the participants (65.7%) agreed with the statement "People with diabetes must use insulin." Moreover, 50.8% of individuals agreed with the statement "Insulin used for diabetes treatment causes weight gain." Studies conducted in different countries have also demonstrated the widespread presence of misconceptions regarding insulin, such as the belief that insulin use can lead to kidney damage and the need for dialysis (Chen et al., 2020; Sękowski et al., 2022). In the study by Sękowski et al. (2022), 53% of participants agreed with the statement "If a person with diabetes is given insulin instead of pills, it means their condition is worse." This belief may stem from the perception that individuals using insulin—due to the injectable nature of the treatment—have more complicated disease profiles compared to those using oral antidiabetics.

When comparing the sociodemographic characteristics of the individuals included in the study with their beliefs in diabetes-related myths, it was found that individuals with a high school or university education were more likely to agree with the myths that "diabetes only affects those who are obese," "individuals with diabetes should not drive," and "if individuals with diabetes are prescribed insulin instead of pills, it means their disease management is worse," compared to those with only primary or secondary education. Contrary to our findings, several studies in the literature have reported that higher educational attainment is associated with increased knowledge and awareness regarding diabetes (Rai & Kishore, 2009; Chen et al., 2020; Sękowski et al., 2022, Alhaik et al., 2019; Muhammad et al., 2021). This discrepancy may be attributed to the possibility that individuals in our study obtained inaccurate information from unreliable sources such as the internet. Although the increasing use of artificial intelligence over the past decade has facilitated access to health-related information, the responses provided by artificial intelligence to diabetes-related questions may be incomplete or lack fully up-to-date content (Huang et al., 2023)

In our study, individuals with chronic illnesses were more likely to believe the myth that "women with diabetes cannot become pregnant," compared to those without chronic conditions. In a study conducted in Taiwan by Chen et al. (2020) involving individuals diagnosed with diabetes who presented at a hospital, 45% of participants believed that women with diabetes should not become pregnant, as it could result in their children developing diabetes. Moreover, individuals without a first-degree relative diagnosed with diabetes were more likely to agree with the myth that "people with diabetes must follow a special diabetic diet." In contrast to our study, Sękowski et al. (2022) found that individuals with a family history of diabetes had higher knowledge about diabetes symptoms. This difference in findings may be due to individuals learning from their relatives' experiences and observations regarding diabetes management, which might have been shaped by incorrect practices or misconceptions.

This study is specific to the Turkish population and focuses on common diabetes-related myths prevalent within the community. In a study conducted by Sari et al. (2022), which examined the influence of cultural beliefs and practices on diabetes management in Indonesia, participants were found to hold misconceptions such as the belief that insulin causes organ damage and that herbal products are necessary to lower blood glucose levels. Similarly, a study by Alemayehu et al. (2019) in Ethiopia involving individuals without a diabetes diagnosis revealed widespread misconceptions about the disease and generally low levels of knowledge. In a qualitative study conducted by Desse et al. (2024) investigating the factors that complicate the management of type 2 diabetes mellitus, sociocultural influences and religious beliefs were identified as significant contributors. Patients were found to prefer holy water, prayer, or herbal remedies over conventional medical treatments. Similarly, in a study conducted by Muksor et al., (2023) in India involving women with diabetes, participants were found to hold misconceptions such as believing that diabetes is a temporary condition, that it can be treated solely with herbal medicines, and that individuals with diabetes should avoid consuming root vegetables. These examples from the literature illustrate that cultural beliefs related to diabetes vary across different societies. Therefore, addressing culturally rooted beliefs and promoting awareness of evidence-based information sources are essential steps toward improving diabetes knowledge and self-management across diverse populations.

Limitations: This study has several limitations. Firstly, due to its descriptive and cross-sectional design, the relationships identified cannot be interpreted as causal, as they do not account for changes over time. Secondly, potential sampling bias may limit the generalizability of the findings, since the sample reflects a restricted population based on the setting in which the study was conducted and the characteristics of the participants included. Thirdly, the data were based on self-reported responses, which may be subject to bias and inaccuracies due to participants' perceptions or recall limitations.

Conclusions: In this study, the most commonly believed myths about diabetes were identified as: "eating sugar causes diabetes," "people with diabetes must use insulin," and "individuals with diabetes must follow a special diabetic diet." It was found that individuals with a higher level of education, those without a family member diagnosed with diabetes, those with a chronic illness, those who had knowledge about the disease, and those who considered themselves at risk for developing diabetes had a higher tendency to believe in certain myths. Understanding the myths related to common chronic diseases like diabetes and transforming these myths into accurate information by healthcare professionals can improve the quality of care and treatment services for both patients and healthy individuals. Organizing health education programs to raise awareness about diabetes at the community level can support diabetes prevention and facilitate the early diagnosis of individuals with prediabetes. Moreover, it can positively influence disease perception among individuals diagnosed with diabetes, enhance treatment adherence, and reduce the risk of developing acute and chronic

complications associated with diabetes. Conducting longitudinal or interventional studies aimed at identifying diabetes-related myths among healthy individuals or those with comorbidities in the general population may contribute to raising awareness of the significance of this subject.

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