

Diabetes Self Care Activities and adherence to diabetic treatment among patients attending OPD in selected Hospitals of Indore City

Ms. Dhan Lakshmi Gutian, Research Scholar, Malwanchal University, Indore

Prof.Dr.Maya .E. Patliya, Research Supervisor, Malwanchal University, Indore

The study was carried out to assess the Diabetes Self Care Activities and adherence to diabetic regimen of male and female diabetic patients attending an OPD at a selected hospital in Indore. With the prevalence of diabetes mellitus on the rise, more emphasis should be placed on educating diabetic patients. It is true that there is a great need to counsel diabetics on diet, exercise, drugs, and foot care. An understanding of the knowledge and skills that diabetic patients must acquire can aid in the delivery of effective patient education and counselling. Teaching clients about self-care will aid in keeping blood glucose levels within a normal range .

Data from developing countries on the prevalence and correlates of adherence in diabetic patients are especially scarce. As the prevalence of diabetes is expected to rise sharply in developing countries such as India, it is critical to mitigate the epidemic's consequences. To improve patient adherence to the regimen, it is necessary to determine their Diabetes Self Care Activities. Nurses play an important role in educating and assisting diabetics in properly managing their condition and preventing or delaying the development of complications.

Because the researcher discovered that the correlation studies of Diabetes Self Care Activities and adherence to the regimen are few, further research into those areas is required. So the researcher decided to conduct this study.

Methodology

The conceptual model for the study was Bandura's Social Cognitive theory. The model addresses the individual's personal, environmental, and behavioural factors. The modified Diabetes Self Care Activities Scale was used in this study to assess the internal, chance, and powerful others Diabetes Self Care Activities , and the Diabetes Self Care Activities Scale was used to assess adherence to the diabetic regimen. The tool's reliability was determined to be $r=0.79$, 0.71 , 0.73 , and 0.68 for the internal, chance, and powerful others Diabetes Self Care Activities scales, as well as the Diabetes Self Care Activities Scale. The content validity of the tool was determined by distributing it to five experts.

The pilot study was carried out in a few hospitals in Indore. The samples consisted of five males and five females with diabetes who visited the hospital's Diabetology OPD.

For this study, 100 male and 100 female diabetes patients attended the Diabetology OPD of the selected hospitals in Indore. The sampling technique employed was one of convenience.

The data collection period lasted six weeks. Data was gathered using questionnaires and check lists.

After tabulating the data, descriptive and inferential statistics were used to analyse it.

Results

According to age, the majority of male samples were 41-50 years old and 51-60 years old (30 percent and 31percent, respectively), whereas the majority of female samples (35 percent) were 51-60 years old. 28 percent of females are between the ages of 61 and 70. In terms of educational attainment, the majority of males (57%) and females (43%) had completed primary school, while 39% of males and 38% of females had completed upper primary school. In terms of occupation, 59 percent of males were employed and 38% were unemployed, while 56 percent of females were unemployed and 47% were employed. In terms of diabetes type, 100% of males and 100% of females had type 2 diabetes mellitus. In terms of diabetes duration in the sample population,

45% of males had diabetes for 1-5 years, , and 38% of females had diabetes for 1-5 years. Only 29% of males and 24% of females had diabetes for more than 7 years. In terms of internal Diabetes Self Care Activities , 87% of males and 88% of females had a good internal Diabetes Self Care Activities . There was no evidence of a poor internal Diabetes Self Care Activities in any of the samples. In terms of chance Diabetes Self Care Activities , 47% of males had a poor chance Diabetes Self Care Activities , while 43% of females had a moderate chance Diabetes Self Care Activities . In terms of powerful others Diabetes Self Care Activities , 87% of males and 65% of females had a moderately powerful Diabetes Self Care Activities .

In terms of male and female diabetic clients' adherence to the diabetic regimen, 56 percent of males and 58 percent of females had a moderate level of adherence. Poor adherence was reported by 37% of males and 39% of females. Only 23% of males and 8% of females adhered to the diabetic regimen effectively. Males had a mean score of 43 and females had a mean score of 45 for internal Diabetes Self Care Activities . Males had a mean score of 19 and females had a score of 22 for chance Diabetes Self Care Activities . Males had a mean score of 23 and females had a score of 27 for powerful others Diabetes Self Care Activities . Females had a higher chance Diabetes Self Care Activities than males, while males had a higher internal Diabetes Self Care Activities . There is no significant difference in powerful others Diabetes Self Care Activities between males and females. Males had a mean score of 48 and females had a mean score of 51 for adherence to diabetic regimen. Females, on the other hand, had a higher level of adherence than males. There was a statistically significant relationship between internal Diabetes Self Care Activities and adherence to diabetic regimen in male diabetes patients. The calculated 'r' value was 0.59. Male patients' adherence to diabetic regimen had no statistically significant correlation with chance and powerful others Diabetes Self Care Activities . The resulting r values were -48 and 42, respectively. There was no statistically significant relationship between internal, chance, and powerful others Diabetes Self Care Activities and adherence to diabetic regimen in female diabetes patients. The resulting r values were -0.30, -0.24, and -0.27 respectively. There was a link discovered between female diabetes patients' internal Diabetes Self Care Activities and chance Diabetes Self Care Activities , as well as age, education, and duration of diabetes. A link was discovered between female diabetes patients' powerful others Diabetes Self Care Activities and age and duration of diabetes. An association was discovered between the internal Diabetes Self Care Activities of diabetic male patients and age and education. There was a link between chance Diabetes Self Care Activities and age, education, and duration of diabetes in male diabetes patients. A link was discovered between the powerful others Diabetes Self Care Activities of male diabetes patients and their age and duration of diabetes. There is a link between male diabetes patients' adherence to their diabetic regimen and their age, education, and duration of diabetes. There is a link between diabetic regimen adherence and education and duration of diabetes in female diabetes patients.

Conclusion

Males had a high internal Diabetes Self Care Activities , while females had a higher level of chance Diabetes Self Care Activities , according to the study. There is no statistically significant difference between males and females in terms of powerful others Diabetes Self Care Activities . Females adhere to diabetic regimens at a higher rate than males. The study discovered that males had a positive relationship between internal Diabetes Self Care Activities and diabetic regimen adherence and a statistically negative relationship between chance Diabetes Self Care Activities , powerful others Diabetes Self Care Activities , and diabetic regimen adherence.™ Female diabetes patients had a statistically significant negative relationship between internal Diabetes Self Care Activities , chance Diabetes Self Care Activities , and powerful others Diabetes Self Care Activities and diabetic regimen adherence.™ There was a link discovered between female diabetes patients' internal Diabetes Self Care Activities and chance Diabetes Self Care Activities , as well as age, education, and duration of diabetes.

Reference

1. Brezo j, Royal C, Ampy F, Headings V. Ethnic Identity and type 2 Diabetes Health Attitudes in Americans of African Ancestry. *Ethnicity & Disease* 2006; 16: 624- 632.
2. Caputo GM, Cavanagh PR, Ulbrecht JS, Gibbons GW, Karchmer 51 AW. Assessment and management of foot disease in patients with diabetes. *N Engl J Med.* 1994;331:854–60
3. Kralik D, Koch T, Price K, Howard N. *Journal of Clinical Nursing* 2004; 13,259–267.
4. Kannel WB,. Update on some epidemiologic features of intermittent

claudication: the Framingham study. *J Am Geriatr Soc* 1985;33:13–8.

5. Lavery LA, Armstrong DG, Quebedeaux

TL, Walker SC. Puncture wounds: normal laboratory values in the face of severe infection in diabetics and non-diabetics. *Am J Med.* 1996; 101:521–5.

6. Lee JS, Lu M, Lee VS, Russell D, Bahr C, Lee ET. Lower extremity amputation.

Incidence, risk factors, and mortality in the Oklahoma Indian Diabetes Study. *Diabetes.* 1993;42:876–82.

7. McGee DL. Diabetes and glucose tolerance as risk factors for cardiovascular disease: the Framingham study. *Diabetes Care.* 1979; 2:120–6.

