



## ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON LIFESTYLE MODIFICATION AMONG DIABETES MELLITUS PATIENTS IN GHAZIABAD.

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### ABSTRACT

**INTRODUCTION:** Life style modifications have several beneficial effects in the form of improvement in glycemic control, reduction in the body weight and favorable alterations in lipid profile parameters. Life style interventions must become priority in health care if the epidemics of diabetes are to be reversed. Health care professionals and the public should be educated regarding life style modification for the prevention and treatment of diabetes.

**AIM:** To assess the pre & post test knowledge among Diabetes Mellitus patients in Ghaziabad (UP)

**MATERIAL AND METHODOLOGY:** The research approach adopted for the study was evaluative approach. Non Randomized Convenient sampling technique was followed. A total of 30 respondents were selected for the study.

**RESULTS:** The level of knowledge assessment of the respondents reveals 21% in pretest and 40% in post test. Among 30 respondents post test scores shows very good knowledge in Diabetes mellitus.

**CONCLUSION:** This study need to develop an understanding of the level of public awareness is helpful for health educators to plan for future programmes.

**KEYWORDS :** Diabetes Mellitus, Lifestyle modification, Knowledge, Practice, Effectiveness, Structured teaching programme.

### INTRODUCTION:

Diabetes mellitus is an endocrine metabolic disorder in which there is an imbalance between insulin productions, supply and demand. There are two major types of diabetes mellitus type 1 and type 2. In type 1 (insulin-dependent) diabetes mellitus, the body completely stops producing insulin, a hormone that enables the body to use glucose for energy. People with type 1 diabetes mellitus must take daily insulin injections to survive. In Type 2 (also called adult-onset or non insulin-dependent) diabetes mellitus the body doesn't produce enough insulin or the body is unable to use insulin properly (insulin resistance).<sup>[1]</sup>

Diabetes mellitus is a common non communicable disease in India, as well as the rest of the world. It has emerged as a major public health problem, with low- and middle-income countries facing the greatest burden. As of 2013, India ranks second in the list of diabetes among people aged 20–79 years next only to China. India had 65.1 million diabetic people aged 20–79 years, while China had 98.4 million people. Probably because of a staggering rise in obesity, diabetes has manifested as a global epidemic. The change in life expectancy and lack of improvement in healthcare are in part responsible for the astounding rise in the incidence of this disease.<sup>[2]</sup>

Good nutrition, regular exercise, and consistent medication regimens have all been shown to improve control of blood glucose in patients with diabetes. Patients with excellent knowledge and understanding of diabetes are able to adhere to these principles of self-care and have documented improved health outcomes. Gaining diabetes knowledge, however, may be difficult for patients who lack insurance and are unable to access primary care providers.<sup>[3]</sup>

Unfavorable modification of lifestyle and dietary habits that are associated with urbanization are believed to be the most important factors for the development of diabetes. The prevalence of diabetes is approximately twice in urban areas than in rural population.<sup>[4]</sup>

The world needs to invest in integrated health systems that can diagnose, treat, manage and prevent diabetes, Diabetes is controllable and complications are preventable. Early screening, diagnosis and treatment also prevent or reduce the more serious consequences of the disease. Once diagnosed, diabetes requires self-management, including testing, lifestyle modification, and regular exercise and monitoring blood glucose levels. Hence, any strategy is likely to be more effective is the primary than the secondary prevention.<sup>[5]</sup>

### MATERIAL AND METHODS:

A Structured teaching programme was carried out to assess the knowledge of Diabetes Mellitus among the Diabetes patients in Ghaziabad. Non Randomized Convenient sampling technique was followed. The Diabetes patients between the ages 32-70 years were chosen for this study. The present study sample consisted of Diabetes patients in order to have representation of patients from all the lifestyle modification in the communities. After reliability and validity A total

of 30 respondents were examined through questionnaire method for knowledge of Diabetes mellitus according to standardized tool.

Written consent for the participation of the diabetes patients in the study was obtained, after explaining the purpose of the study. on the first day collected the demographic variables and knowledge level of diabetes mellitus assessed by questionnaire method and second day, with the help of teaching aids given to all diabetes mellitus patients .third day , post test was done by questionnaire method.

### DATA ANALYSIS

Collected data were tabulated and analyzed using Descriptive and inferential statistics.

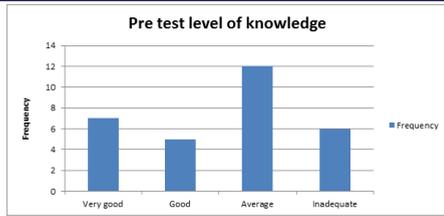
### RESULTS:

**Table 1: Frequency and percentage distribution of Diabetes Mellitus patients as per sample characteristics : N:30**

Characteristics		Frequency	percentage
Age	a.32-40 yrs	11	36.7
	b.41-45 yrs	11	36.7
	c.45-50 yrs	6	20
	d.>50 yrs	2	6.6
Gender	a.Male	21	70
	b.Female	9	30
Religion	a.Hindu	25	83.3
	b.Muslim	5	16.7
Marital status	a.Married	30	100
	b.unmarried	0	0
Type of Family	a.Nuclear	20	66.7
	b.Joint	3	10
	c.Extended	7	23.3
Education	a.Illiterate	5	17
	b.Primary	7	23.3
	c.secondary	8	26.6
Income	a.<5000	22	73.3
	b.5000-10000	7	23.3
	c.>10000	1	3.4
Diet	a.Vegetarian	17	56.7
	b.Non-veg	13	43.3

**Table 2: Frequency and percentage knowledge level of diabetes mellitus patients before giving structured teaching programme.**

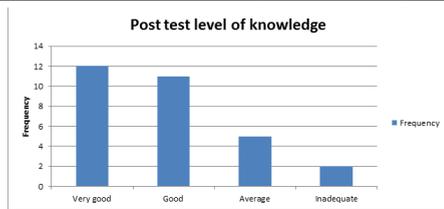
S.No	Level of knowledge	Frequency	Percentage
1.	Very good	7	23.4
2.	Good level	5	16.6
3.	Average	12	40
4.	Inadequate	6	20



**Fig: 1-**Shows that in pre test 20% of the Diabetes patients having poor lifestyle modification followed by good (17%), average (40%) and very good 23% level of lifestyle modification.

**Table 3: Frequency and percentage knowledge level of diabetes mellitus patients after giving structured teaching programme.**

S.No	Level of knowledge	Frequency	Percentage
1.	Very good	12	40
2.	Good level	11	36.6
3.	Average	5	16.6
4.	Inadequate	2	6.66



**Fig: 2-** Indicates that in post test 7% of the Diabetes patients having poor lifestyle modification followed by good (37%), average (16%) and very good 40% level of lifestyle modification.

**DISCUSSION:**

This study finding reveals that 73.4% Diabetes patients were in the age group 32-50 years and majority of them (70%) male, 46.7% were under graduated and 50% of them were self employed. Majority of patients (73.33%) were having income less than 5000 INR per month. 43.3% patients were non-vegetarian and 55% were having sedentary life style.

This study assessed the knowledge of life style modification among Diabetes patients in Ghaziabad. It shows that mean scores of pre and post test knowledge level of lifestyle modification among Diabetes patients 50.67(SD=10.72), 44.5(11.45) respectively.

These findings were supported by a study conducted to assess the lifestyle modification of the Diabetes patients. It shows that 43.33% patients were in age group of 31- 45 years and majority of them (60%) were male, 31.67% were primary educated and 50% of them were self-employed. Majority of patients (73.33%) were having income less than 5000 INR per month. 51.67% patients were non-vegetarian and 55% were having sedentary life style. Majority of patients (61.67) reported that any friend or relative having diabetes mellitus have not influenced them to modify their life style. (samranjit kaur)<sup>(6)</sup>

**CONCLUSION:**

On the basis of the findings of the study, Diabetes Mellitus patients who were provided teaching aids experiences increase level of knowledge in terms of answering for the lifestyle modification questions. An understanding of the level of public awareness is helpful for control the Diabetes Mellitus in the community and health educators to plan for future programmes

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