



ORIGINAL RESEARCH PAPER

Nursing

DIABETES & ITS HOME CARE MANAGEMENT

KEY WORDS: Diabetes, Home Care Management, Knowledge, Attitude, Pamphlet

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ABSTRACT

India has the second-highest total population in the world at more than 1.3 billion people. The International Diabetes Federation estimated that 72.9 million adults in India were living with diabetes in 2017. A true experimental research study was conducted to assess the effect of pamphlet on level of knowledge & attitude regarding diabetes mellitus & its home care management among 50 experimental & 50 control group adults aged more than 35 yrs . The result of the study shows that the mean pretest knowledge score is (12.00±1.2) , (5.8±1.7) in experimental & control group whereas posttest mean score is (18.48±1.9), (6.08±2.1) and in attitude score , the mean pretest score is (38±2.0), (35±1.6) in experimental & control group where as in posttest mean score is (96±1.44), (42±0.32) in both group. The result indicates that pamphlet on the level of knowledge & attitude regarding diabetes mellitus & its home care management was effective for the adult who is suffering with diabetes mellitus.

INTRODUCTION

Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood sugar. Hyperglycaemia, or raised blood sugar, is a common effect of uncontrolled diabetes and over time leads to serious damage to many of the body's systems, especially the nerves and blood vessels. In India, there are estimated 77 million people above the age of 18 years are suffering from diabetes (type 2) and nearly 25 million are prediabetics (at a higher risk of developing diabetes in near future). More than 50% of people are unaware of their diabetic status which leads to health complications if not detected and treated early.

Need For The Study

The estimates in 2019 showed that 77 million individuals had diabetes in India, which is expected to rise to over 134 million by 2045. Approximately 57% of these individuals remain undiagnosed. Type 2 diabetes, which accounts for majority of the cases, can lead to multiorgan complications, broadly divided into microvascular and macrovascular complications. These complications are a significant cause for increased premature morbidity and mortality among individuals with diabetes, leading to reduced life expectancy and financial and other costs of diabetes leading to profound economic burden on the Indian health care system. The prevention and management of diabetes and associated complications is a huge challenge in India due to several issues and barriers, including lack of multisectoral approach, surveillance data, awareness regarding diabetes, its risk factors and complications, access to health care settings, access to affordable medicines, etc. Thus, effective health promotion and primary prevention, at both, individual and population levels are the need of the hour to curb the diabetes epidemic and reduce diabetes-related complications in India.

OBJECTIVES

1. To assess the level of knowledge regarding diabetes mellitus & its home care management in both groups.
2. To assess the level of attitude regarding diabetes mellitus & its home care management in both groups
3. To evaluate the effectiveness to assess the effect of pamphlet regarding diabetes mellitus & its home care management in experimental group.

Hypothesis

H1 ;There is no significant difference between mean pretest & posttest level of knowledge score before and after administration of pamphlet regarding diabetes mellitus & its home care management in experimental group at the level of P ≤ 0.05

H2 ;There is no significant difference between mean pretest & posttest level of attitude score before and after administration of pamphlet regarding diabetes mellitus & its home care management in experimental group at the level of P ≤ 0.05.

RESEACH METHODOLOGY

Quantitative experimental research approach used with True experimental pre-test-posttest control group design, among 50 experimental & 50 control group adults aged more than 35 yrs of sun city area GIDC, Vapi. Random sampling technique used that is lottery method for the selection of samples and first choice goes to control group of the study. tool consist of two section I has part I of demographic data and part two consist of 25 knowledge questionnaire section ii consist of 5 point attitude scale with 20 items, pamphlet on Diabetes & its home care management has been prepared under expert guidance. Validity & reliability of tool has checked before main data collection of study.

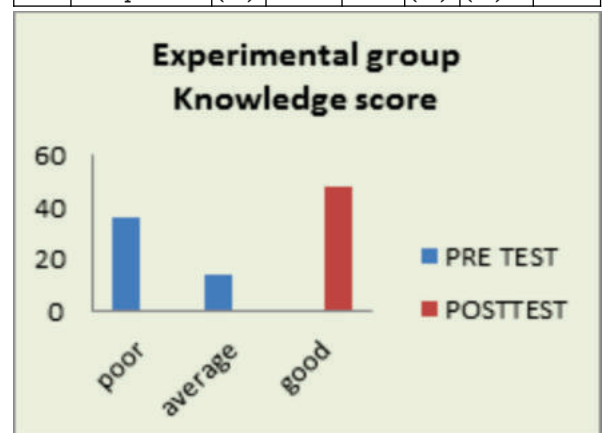
RESULT & DISCUSSION

Section I ;

Distribution of pretest and posttest level of knowledge score before and after administration of pamphlet regarding diabetes mellitus & its home care management at the level of P ≤ 0.05 in both Control and experimental group.

n1 -50,n2-50

sr. no	group	pre test			post test		
		poor f(%)	averag e f(%)	good f(%)	poor f(%)	averag e f(%)	good f(%)
1	Experimental Group	36 (72)	14(28)	0	0	2(04)	48 (96)
2	Control Group	38 (76)	12(24)	0	32 (64)	18 (36)	0



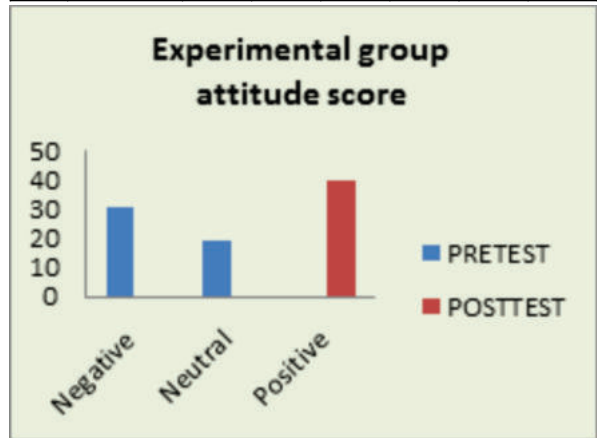
In present study maximum subjects 36 (72%) were having poor knowledge score and 14 (28%) were average knowledge score in pretest, 48(96%) were had good knowledge score during posttest in experimental group, whereas in control group 38 (76%) were had poor knowledge score & 12 (24%) were average knowledge score in pretest, 32(64%) were had poor, 18(36%) were had average knowledge score in posttest.

Section II;

Distribution of pretest and posttest level of attitude score before and after administration of pamphlet regarding diabetes mellitus & its home care management in experimental group at the level of P ≤ 0.05 in both Control and experimental group.

n1 -50,n2-50

sr. no	Group	pre test			post test		
		Negat I' ve f(%)	Neutr al f(%)	Positiv e f(%)	Negat ive f(%)	Neutr al f(%)	Positiv e f(%)
1	Experimen tal Group	31 (62)	19 (38)	0	0	10 (20)	40 (80)
2	Control Group	28 (56)	22 (44)	0	26 (52)	24 (48)	0



In present study maximum subjects 31 (62%) were had neutral attitude and 19 (38%) were had negative attitude in pretest, 40 (80%) were had positive attitude during posttest in experimental group, whereas in control group 28 (56%) were had negative attitude & 22 (44%) were had neutral attitude in pretest, 26(52%) were had negative attitude, 24(48%) were had had neutral attitude in posttest.

Section III:

comparison of pretest level of knowledge & attitude scores with posttest level of knowledge & attitude scores of diabetes & its home care management in experimental group.

Sr. No	Variables	Pre Test		Post Test		T Test SCORE	P value level of significance (p≤0.05) df = 84
		Mean	SD	Mean	SD		
1	Knowledge	10.65	1.4	32.41	0.7	121.45	< 0.0001
	Attitude	71.34	7.4	146.82	1.8	92.18	< 0.0001

From the above table, it indicate that the mean knowledge score of posttest in experimental group is (18.48±1.9) is higher than the mean level of knowledge score of pretest score, that is (12.00±1.2) the difference is (6.48 ± 0.7) with (t 49 – 12.45) at 0.05 level of significance where p value is less than 0.0001. which indicate There is a significant difference between mean pretest & posttest level of knowledge score before and after administration of pamphlet regarding diabetes mellitus & its home care management in experimental group at the level of P ≤ 0.05, hence H1 is accepted. The mean attitude score of posttest in experimental

group is (96±1.44) is higher than the mean attitude score of pretest score, that is (38±2.0) the difference is (58 ± 0.56) with (t 49 – 9.18) at 0.05 level of significance where p value is less than 0.0001, it conclude that There is a significant difference between mean pretest & posttest attitude score before and after administration of pamphlet regarding diabetes mellitus & its home care management in experimental group at the level of P ≤ 0.05, hence H2 is accepted.

CONCLUSION

Hence we can conclude that well prepared pemphlet is effective in improving the level of knowledge as well as level of attitudes towards diabetes & its home care management. We can use such kind of material in community set ups to impart knowledge and give suggestion to health department to utilize this pamphlet for awareness in rural areas.

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