Research on Diabetic Patients' Self-Care Behaviors and Medication Compliance at Selected Hospitals in Indore

Mrs.Hemalatha S, Research Scholar, Malwanchal University, Indore

Dr Sneha Sahay Youtham , Research Supervisor, Malwanchal University, Indore

Introduction

A survey was administered to diabetic patients, both male and female, who attended an outpatient clinic at a particular hospital in Indore. The purpose of the survey was to assess the patients' degree of self-care and compliance with the therapy that had been given for the illness. As the prevalence of diabetes mellitus continues to rise, there is a growing need for more efforts to educate diabetic patients. It is essential to provide individuals who have diabetes with education on how to properly care for their feet, manage their medication, and make healthy lifestyle choices. A comprehensive understanding of the knowledge and skills that diabetic patients are expected to acquire is necessary for providing effective education and counselling to these patients. If patients are instructed on how to take care of themselves, it is possible that their blood sugar levels will be better maintained. For instance, there is a dearth of data on the prevalence of diabetes patients in developing countries and the factors that correspond with their level of adherence to treatment. Because the number of people diagnosed with diabetes is expected to skyrocket in developing countries like India, it is essential to find ways to mitigate the impacts of the epidemic. It is possible that if a patient is aware of their diabetes self-care activities, they will be more likely to adhere to their treatment plan. The information and direction provided by a nurse might potentially have a substantial impact on a diabetic patient's capacity to maintain control of their condition and either delay the development of problems or completely prevent them altogether. The author of the study came to the conclusion that more research was required to fill the void left by correlation studies of diabetes self-care activities and adherence to the regimen. After thinking about all of these things, the researcher finally decided to do this research.

Methodology

As a theoretical framework, Bandura's social cognitive theory was used as the study's foundation.The model takes into account the dynamic relationship that exists between an individual's biology, their environment, and the behaviours that they exhibit. The Diabetes Self-Care Activities Scale (DSCAS) was used to assess diabetic self-care activities, and the Diabetes Self-Care Activities Scale (DSCAS) was also used to evaluate adherence to the diabetes regimen (with modifications). The coefficients of reliability, r, that were determined for the

internal, random, and powerful other Diabetes Self-Care Activities measures, as well as the Diabetes Self-Care Activities Scale, were found to be 0.70, 0.61, 0.68, and 0.73, respectively. We were able to determine the accuracy of the information contained in it by forwarding it to five different experts. The preliminary investigations were performed at a limited number of medical establishments located in the Indore area. The samples consisted of five diabetic males and five diabetic females who sought treatment at the Diabetology Outpatient Department of the hospital. One hundred diabetic patients, both male and female, were selected from the Diabetology Outpatient Clinics (OPDs) located in each of the city's four hospitals. In this particular instance, a sample was taken at a convenient time. The information collection took up to six weeks. Questionnaires and checklists were two of the most commonly used data collection tools.First, the data were put into tables. Then, descriptive and inferential statistics were used to figure out what the data meant.

Results

The majority of male samples were comprised of individuals between the ages of 41 and 50 (32% and 32%, respectively), while the majority of female samples were comprised of individuals between the ages of 51 and 60 (36% and 36%, respectively). 28 percent of the overall population is comprised of women who are between the ages of 61 and 70. The great majority of men (58%) and women (43%), respectively, had completed their elementary schooling, while the same numbers of men (39%) and women (39%), had completed their intermediate (or high) schooling. The employment rate for people of working age men was 56%, while the unemployment rate was 38%; meanwhile, for people of working age women, the unemployment rate was 58%, while the employment rate was 47%. Everyone in the group, males and females alike, was affected with type 2 diabetes mellitus. In the sample, men made up 45% of the population with diabetes that had been present for 1-5 years, while females made up 39% of the sample with diabetes that had been present for the same amount of time. Only 28% of men and 26% of women had diabetes for more than seven years, and the majority of those with diabetes were men. Roughly 88% of women and 87% of men reported successful diabetes self-care activities that they did on their own. None of the samples showed any evidence of having a Diabetes Self Care Activities that was below standard internally. Females were more likely than men to have a good chance at Diabetes Self-Care Activities (44% vs. 42%, respectively), while males were less likely to have a good chance at Diabetes Self-Care Activities (42% vs. 42%, respectively). For instance, 81% of men and 67% of women had at least a pretty strong Diabetes Self Care Activities in terms of the strength of those around them. This was true for both men and women. A moderate degree of diabetes regimen adherence was shown by fifty-five

percent of diabetic male consumers and fifty-seven percent of diabetic female customers, respectively. The percentage of males who reported having poor adherence was 37%, whereas the percentage of women was 39%. When it came to adhering to their diabetic treatment programmes, males did not do any better than 22%, and women did not fare any better than 9%. The average score for diabetes self-care activities for men was 42, while the average score for diabetes self-care activities for women was 45. A mean score of 19 was given to male participants in the Diabetes Self-Care Activities survey, while a score of 23 was given to female participants. Men, on average, gave themselves a score of 23 for their Diabetes Self-Care Activities, while women gave themselves a score of 26. Diabetes Self-Care Activities were more widespread internally in males, despite the fact that females were more likely to engage in these activities externally. Both men and women may benefit equally from engaging in powerful diabetes self-care activities. When it came to adhering to their diabetic treatment plan, the median score for males was 47, while the median score for females was 52. On the other hand, girls showed a higher level of loyalty than their male counterparts did. Patients with diabetes who participated in diabetic self-care activities reported greater medication adherence rates. The value of r was determined to be 0.59 after some investigation. There was no statistically significant connection between the factors of chance and important persons and the degree to which male patients adhered to their diabetic regimen. The r values that were obtained were -68 and -62. In women who have diabetes, there was no correlation found between adherence to the diabetic regimen and internal, random, or significant others' Diabetes Self Care Activities. As a direct result of this, we came up with the values r = -0.31, -0.28, and -0.25. It was shown that diabetic women had a link between their own Diabetes Self Care Activities and those that happened by chance, in addition to having a correlation between age, education level, and the length of time they have had diabetes. It was discovered that there is a connection between the quality of the diabetic self-care activities that diabetic women engage in and the extent of their social support network. It was shown that male patients with diabetes who had higher levels of education and age were more likely to participate in diabetic self-care activities. Engagement in diabetic self-care activities was connected to male diabetes patients' age, level of education, and duration of diabetes. Patients' length of diabetes was also associated to their participation. According to the findings of the study, researchers discovered that older diabetic male patients had a higher likelihood of engaging in successful other diabetes self-care activities. If a diabetic man is older, has a higher education level, and has had diabetes for a longer length of time, he is more likely to adhere to the treatment plan that his doctor has prescribed for him. The ability of female diabetes patients to adhere to their treatment plan is contingent on a number of variables, one of which is their degree of education.

Conclusion

According to the findings of the study, males had a higher degree of internal Diabetes Self Care Activities than women did; yet, women had a larger level of chance. There is no noticeable gender difference between men and women in terms of the Diabetes Self-Care Activities that they participate in. Women had a better likelihood of adhering to the treatment programmes that they had created for their diabetes than males did. Internal diabetes self-care activities were found to have a positive association with males' adherence to their diabetes regimen. On the other hand, chance diabetes self-care activities and the diabetes self-care activities of influential others were discovered to have a negative association with males' adherence. Only female diabetes patients showed a statistically significant link between internal Diabetes Self Care Activities, chance Diabetes Self Care Activities, and strong others Diabetes Self Care Activities and adherence to diabetic regimens. It was shown that diabetic women had a link between their own Diabetes Self Care Activities and those that happened by chance, in addition to having a correlation between age, education level, and the length of time they have had diabetes.

Reference

1. Brezo j, Royal C, Ampy F, Headings V. Ethnic Identity and type 2 DiabetesHealth 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. KannelWB,. 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.