A Study on Knowledge, Attitude & Practices among Diabetic Patients in Mahottary District of Nepal

Savan Kumar Yadav[1] Dr. Dipak Kumar Bose[2] Dr. Neena Gupta[3]
[1]Student [2]Associate Professor [3]Assistant Professor & Head of Department
[1,3]Department of Public Health [2]Department of Agriculture & Extension
[1,2,3]SHUATS Allahabad, India

Abstract— Diabetes mellitus (DM) is one of the most common non-communicable disease (NCDs) globally and leading cause of death. Globally around 366 million people had Diabetes in 2011 and by 2030 this will be raised to 552 million. In Nepal, cause of diabetes among 16.6 per cent female population and 13.6 per cent male as stated by WHO. Hence, this study was undertaken to analyse the knowledge, attitude and practices of diabetes patient in Mahottari district Nepal and found that majority of the respondents were low level of knowledge, attitude and practices but in case of practices respondents were medium level of practices and minimum of the respondents were categorized comparatively medium level of KAP.

Key words: Knowledge, Attitude, Practices, Diabetes Patient

I. INTRODUCTION

The American Diabetes Association has classified diabetes mellitus into two main classes, type 1 and type 2. Type 2, the most common form of diabetes, is a more progressive form of the disease that is typically diagnosed in adults and is characterized by an insulin secretory defect. Type 2 dia5betes may account from 90-95% of all diagnosed cases of diabetes. Complications of diabetes include the progressive damage, dysfunction and failure of various organs including the kidneys, nerves, heart, eyes and blood vessels. (IDF) estimated that the situation is much worsened as the burden would increase from 347 million (2014) to 552 million (2030). In South East Asia Region 75 million people are affected and by 2035 it will rise to 123 millions. The projection data may vary from different organization but the problem remains the same as the burden of diabetes is increasing day by day. In Nepal, obesity is found to be a cause of diabetes among 16.6 per cent female population and 13.6 per cent male as stated by World Health Organization. Likewise, dullness is identified to be another cause among 3.3 per cent population. Doctors have pointed that Nepal is at high risk of diabetes. According to the WHO, there is no exact data of patients with diabetes in Nepal. But, the 2016 Diabetes Profile has shown that 9.1 percent Nepali population are living with diabetes. It includes 10.5 percent men and 7.9 percent women. Now it is clear that diabetes imposes a heavy disease burden in both developed and developing countries. In Nepal, for example, diabetes is an endemic disease, and is bringing new challenges in connection with rapid urbanization and modernization. The level of awareness about diabetes was low even among diabetic population who suffered from complications of the disease.

II. RESEARCH METHODOLOGY

The study conducted in rural area of Mahottari district of Nepal. This area is comes under Tarai region of Nepal. Descriptive Study was followed for the present study. There are 15 Municipalities in the selected district, out of that 04 municipalities (Manara Sisawa,Ramgopalpur, Balwa, and Ekdara) were selected randomly and from each municipality There are one primary hospital in each municipality therefore all 4 primary hospitals were selected purposively for the present study. The sample are comprised of 288 respondents (72 from each hospital) were selected on the basis of first come first services process. Patients who are attending clinic for diabetic follow up were treated as respondents. The information collected was scored , tabulated, computed and analyzed to have necessary interpretation.

III. RESULTS & DISCUSSION

The results obtained from present study as relevant discussion have been presented below

A. Education Status of the Respondents

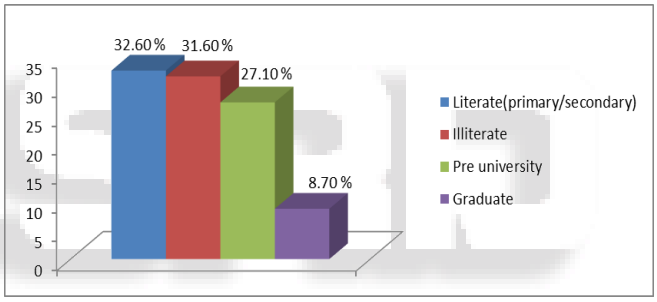

Fig. 1:

The education status of the respondents the data in table show that 31.6 per cent were illiterates among literates 31.6 per cent studied up to primary/secondary, 27.1 per cent studied up to Pree-University Course and 8.7 per cent studied up to graduation. Similar finding was also reported by Abdulkadir.et al. (2014)

B. Distribution of Knowledge towards Diabetes Level of the Respondents

S.N	Level of knowledge	Frequency	Percentage
1	Low (11-12)	124	43.05
2	Medium (13-14)	92	31.90
3	High (15-16)	72	25.05
	Total	288	100.00

Table 1:

The data in table show that knowledge regarding of diabetes 43.05 per cent of the respondents were low level of knowledge, 31.90 per cent had medium level of knowledge and 25.05 per cent had high level of knowledge about diabetes of the respondents. Similar finding was also reported by Gautam et al. (2015)

C. Distribution of Respondents According to their Overall Level of Attitude

S.N	Level of attitude.	Frequency	Percentage
1	Low (4-6)	112	38.85
2	Medium (7-8)	89	30.95
3	High (9-10)	87	30.20
Total		288	100.00

Table 2:

The data in table show that 38.85 per cent of the respondents were low level of attitude, 30.95 per cent had medium level of attitude and 30.20 per cent had high level of attitude towards diabetes of the respondents. Similar finding was also reported by Sharma et al. (2014)

D. Distribution of Respondents Practices Regarding Level of the Diabetes

S.N	Level of Practice.	Frequency	Percentage
1	Low (6-8)	125	43.46
2	Medium (9-10)	110	38.10
3	High (11-12)	53	18.44
	Total	288	100.00

Table 3:

The data table in show that 43.46 per cent of the respondents were low level of practice, 38.10 per cent had medium level of practice and 18.44 per cent had only high level of practices regarding diabetes of the respondents.

E. Relationship between Sex & Knowledge Level about Diabetes of the Respondents

Sex of the respondents	Yes	No	Total
Male	70	90	160
Female	43	85	128
Total	113	175	288

Table 4:

= Significant at P =0 .079

It is clearly seen from the table that sex of respondents have the data in table show that there was significant relationship between sex and knowledge about diabetes of the respondents.

IV. Conclusion

It is concluded that the majority of the respondents had low level knowledge on diabetes. Which were found significant change in knowledge. Majority of the respondents couldn't identify the symptom of diabetes, almost respondents were not aware on diabetes, reason to give to the patient and almost respondents had low level of knowledge that can prevent diabetes. Attitude towards of disease majority of the respondents were disagree. Practices regarding diabetes majority of respondents weren't doing in regular exercise and physical work. According to (KAP) level majority of the respondents have lack and low level of knowledge, attitude, and practices of diabetes patient about diabetes. Our study revealed diabetes related low level of health knowledge, low level attitude and low level of practices among those who are affected by diabetes in rural area of mahottari district Nepal.

References

[1] WHO/ Diabetes. [Accessed on 8th January 2016].
[2] WHO. World Health Organization (2009). Global health risks: mortality and burden of disease attributable to selected major risks.
[3] Abdulkadir.M,Esayas.T,Belayneh.K(2014). Assessment of Knowledge, Attitude and Practices Regarding Life Style Modification among Type 2 diabetic Mellitus Patients Attending Adama Hospital Medical College,Oromia,Ethiopia,Global Journal of Medical Research: Drug Discovery, Toxicology and Medicine.
[4] Gautam A, Bhatta DN, Aryal UR (2015). Diabetes related health knowledge, attitude and practice among diabetic patients in Nepal. BMC EndocrDisord .
[5] Sharma SK, Ghimire A, Radhakrishnan J, Thapa L, Shrestha NR, Paudel N, (2011). Prevalence of hypertension, obesity, diabetes, and metabolic syndrome in Nepal. Int J Hypertension.

Web References

[6] www.who.int
[7] www.nepaldiabetesassociation.com

