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'EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING MANAGEMENT OF PSYCHO-SOCIAL PROBLEMS AMONG ADULTS WITH DIABETES MELLITUS AT SELECTED OPD'S BIJAPUR.'

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Abstract : Patients diagnosed to have diabetes react to the news in a variety of methods. Anxiety depression sleep problems supportive anger, sadness, resignation and fear are some of the commonly seen reactions after a patient receive a diagnosis of diabetes. A pre-experimental one group pre test and post-test research design was used for the study. 60 adults with diabetes mellitus were selected using a purposive sampling technique. Regarding demographic variables 53.33% of respondents were in the age group of 21-60years, 43.33% of were Majority 43.33% of adults with diabetes mellitus were in the age group of 31-40.Highest 83.33% of the respondents belong to male. Highest 96.6% of the samples belong to Hindu religion and nuclear family. Majority 85% of the respondents were self-employer. Total 100% of adults with diabetes mellitus were income above 7,500 monthly and were married persons. Majority 41.66% of respondents were vegetarians. 70% of respondents were does not have family history of DM Majority 46.66% of respondents belongs to 1-5 years duration of illness. Highest 80% 0f respondents took insulin injection to control the DM Total 100% of respondents were health checkup had monthly. 28.3% respondents were taking help from spouse. 90% respondents getting information of DM by the mass media

Key word : Management psychosocial problems on among adults with diabetes mellitus structured teaching.

Introduction :

Diabetes mellitus is a chronic systemic disease characterized by either a deficiency of insulin or a decreased ability of the body to use insulin. Diabetes mellitus is sometimes referred to as "high sugars" by both clients and health care providers. The notion of associating sugar with diabetes is appropriate because the passage of large amounts of sugar –laden urine is characteristic of poorly controlled diabetes. However, high levels of blood glucose are only one component of the pathological process and clinical manifestations associated with serious complication, but people with diabetes can take preventive measures to reduce the like hood of such occurrences.[1] In 2010, there were 45.2 million cases of type 2 diabetes mellitus in India. Of these, 14.7 million and 30.5 million were found in rural and urban areas, respectively. It is estimated that, by the end of 2020, data monitor estimates that the total prevalent cases of type 2 diabetes will increase to 47.2 and 69.7 million, respectively.[2] Diabetes is a clinical syndrome characterized by hyperglycemia due to deficiency or diminished effectiveness of insulin. Each cell in the body needs glucose in the form of sugar as fuel to function effectively. The cell can never use nor burn this fuel unless it is properly processed with the help of the hormone insulin. Lack of insulin, whether absolute or relative, affects the metabolism of carbohydrate, protein, fat, water and electrolytes, sometimes with grave consequences.[3] Family dynamics may change due to the person with diabetes may have special foods prepared for family or be allowed to avoid family chores, causing animosity. At times, the entire family's schedule may be changed by a diabetic's inability to attend or participate in a traditional family function. Trying to follow a diabetic diet can be in social situations. It can be difficult to avoid overindulging in the presence of people who eat large quantities of food. People with diabetes may have to refrain from some group activities due to need to monitor maintain their blood sugar leading stigmatization or group isolation.[4] Individuals with diabetes may experience these with varying degrees of severity. Manifestations may range from anxiety over day-to-day events to mild transient distress related to being diagnosed with diabetes to more serious psychopathology. These manifestations may wax and wane over the course of the many years that people live with diabetes. Thus, it is normal and to be expected that, through the course of living with diabetes, most individuals will experience some negative emotions that will interfere with management of their diabetes. Successful coping with negative emotions, however, will almost always enhance diabetes management and quality of life.[5] A healthy coping cuts across all of diabetes self management. At the same time, it includes some very specific interventions such as Cognitive Behavior Therapy or meditation. Adding complexity, the boundaries of different intervention approaches are broad. Thus, for example, problem solving is an approach found in almost every self-management intervention. At the same time, it is a distinctive approach to psychotherapy for emotional problems. The same kind of breadth applies to stress management and cognitive behavioral approaches. Although this breadth and confusion of boundaries may make the field seem somewhat chaotic, it is an important feature of healthy coping interventions. Indeed, it reflects the problems being addressed; that is, the many ways in which our emotions, stressors, and barriers to important behaviors cut across all areas and dimensions of our lives.[6] Self-management education or training is a key step in improving health outcomes and quality of life. This type of education or training focuses on self-care behaviors, such as healthy eating, being active, and monitoring blood sugar. Self-management education or training is a collaborative process in which diabetes education

help people with or at risk for diabetes gain in knowledge and problem-solving and coping skills needed to successfully self-manage the disease and its related conditions.[7] An individual's health behavior is influenced by his or her social, economic, cultural, and physical environment. Medical experts have reported on the psychological components of almost all diseases, particularly chronic illnesses such as diabetes mellitus. Psychological well-being is itself an important goal of medical care, and psychosocial factors are relevant to nearly all aspects of diabetes management. Lifestyle disorders, such as diabetes, are chronic and require a different yardstick for management. Acute medical conditions usually have defined points of onset, course, cure, or death. Lifestyle disorders are neither so well defined, nor do they depend solely on medical treatment. Lifestyle changes are equally important in addition to medical interventions in the management of chronic medical disorders. Patient participation is crucial in the management of diabetes. In addition to lifestyle changes, patients are also expected to practice self-monitoring of treatment and to be involved in other aspects of prevention of complications, such as proper foot care. All these may appear very burdensome to the patient and this can impact negatively on the overall feeling of well being.[8]

Methods and Materials : The study was undertaken to evaluate the structured teaching programme developed on knowledge regarding management of regarding management of psychosocial problems on adults with diabetes mellitus at selected OPD's at, Bijapur. An evaluative approach with pre experimental design of one group pre-test post-test was adopted for the study as it was found to be appropriate keeping in view the objectives of the study. Purposive sampling technique was used to select a sample of 60 adults with diabetes mellitus. The data obtained were analyzed by using descriptive and inferential statistics.

Result :

SECTION 1: ANALYSIS OF THE DEMOGRAPHIC VARIABLES OF THE SUBJECTS.

Table 1 : Frequency and percentage distribution of samples according to their Demographic variables.

S. No	Demographic variable	Frequency	Percentage
1	Age in years		
	a) 20-30	00	00
	b) 31-40	26	43.33
	c) 41-50	14	23.34
	d) 51-60	20	33.33
2	Gender		
	a) Male	50	83.34
	b) Female	10	16.60
3	Religion		
	a) Hindu	58	96.66
	b) Muslim	2	3.34
	c) Christian	00	00
	d) Others	00	00
4	Type of family		

	a) Nuclear family	58	96.66
	b) Joint family	2	3.34
	c) Living alone	00	00
5	Occupation		
	a) Self-employer	51	85
	b) Agriculture	9	15
	c)Government employee	00	00
	d) Retired	00	00
6	Family Income per month		
	a) 2,500-5,000	00	00
	b) 5001-7,500	00	00
	c) 7,501 and above	60	100
7	Marital status		
	a) Unmarried	00	00
	b) Married	60	100
	c) Separated	00	00
	d) Divorced	00	00
	e) Widow	00	00
8	Diet/Food pattern		
	a) Vegetarian	25	41.66
	b) Non- Vegetarian	13	21.66
	c) Mixed	22	36.68
9	Family history of DM		
	a) Yes	18	30
	b) No	42	70
10	Duration of illness		
	a) 1-5 yrs	28	46.66
	b) 6-10yrs	19	31.67
	c) 11-15yrs	13	21.67
	d) 16 and above	00	00
11	How do you control your DM		
	a) Oral glycoside	00	00
	b) Insulin injection	48	80
	c) Diet regulation	12	20
	d) Exercises	00	00

12	Frequency of check up		
	a) Monthly	60	100
	b) Bi- annually	00	00
	c) annually	00	00
	d) Irregularly	00	00

In this presents study 43.33% of the adults with diabetes mellitus belongs to age group 31-40 years, followed by 33.3% between 51-60years and 23.34% between 41-50years.

Distribution of adults with diabetes mellitus according to gender, 83.34% of respondents are male and 16.6% are female

Distribution of adults with diabetes mellitus regarding religion of respondents', 96.6% of respondents belongs to Hindu and remaining 33.34% belongs to Muslims respectively.

Allotment of adults with diabetes mellitus with their respect of types of family, majority 97% belongs to nuclear family and remaining 3.34% belongs to joint family.

Distribution of adults with diabetes mellitus regarding the occupation status shows that maximum 85% of respondents were noticed as self-employer and remaining 15% of them engaged in agriculture respectively.

Distribution of adults with diabetes mellitus regarding the monthly income of the family status shows that maximum 7.500 and above of respondents.

Distribution of adults with diabetes mellitus regarding the occupation status shows that maximum 100% of respondents were noticed as married and remaining 60 of them engaged in married respectively.

Regarding distribution of adults with diabetes mellitus according to their dietary pattern shows that highest 41.66% were vegetarian, 36.66% were mixed and remaining 21.66% were non-vegetarian respectively.

With regards to adults with diabetes mellitus, 70% of them not having family history of diabetes mellitus and 30% having family history of diabetes mellitus.

Majority of 46.66% of respondents suffered since 1-5 years of illness 31.67% of respondents suffered since from 10years of illness and remaining 21.67% of respondents suffer since form 11-15 years of illness.

Allotment of adults with diabetes mellitus according to their controlling method, 60% of them using oral glycemic method, 20% of them follow insulin injection method, and 10% of them practicing dietary and exercises method respectively

Distribution of adults with diabetes mellitus cent percent of respondents undergo monthly checkups

Distribution of adults with diabetes mellitus regarding the occupation status shows that majority 35% seek help from Neighbors followed by 28.34% from spouse 26.33% from relatives and 10% from friends respectively.

Distribution of adults with diabetes mellitus according to their source of information, Majority 90% respondents getting information from health personnel and remaining 10% respondents getting information from mass media.

SECTION 2: Analysis of the existing knowledge regarding management of psychosocial problems among adults with on diabetes mellitus at selected hospitals of Bijapur in Pre-test

Table 2: Frequency and percentage distribution of levels of knowledge of subjects based on the scores in pre-test N=60

S.No	Level of knowledge	Pre-test	
		Frequency	Percentage
1	Never manage (0-37)	18	30%
2	Sometime manage (38-75)	42	70%
3	Always manage (76-112)	00	00%

Distribution of adults with diabetes mellitus according to their management knowledge in pre-test, 70% of respondents were sometimes manage psychosocial problems and remaining 30% respondents never manage the psychosocial problems .

TABLE 3:- PRE-TEST AREA WISE KNOWLEDGE SCORE OF SUBJECTS:

N=60

S.No	Area wise	No. of items	Mean	SD	Mean %
1	Physical management	7	4.9	0.94	35
2	Nutritional management	9	5.98	0.78	33.22
3	Sleep management	8	5.38	1.21	33.62
4	Depression management	8	5.68	0.84	35.5
5	Anxiety management	7	4.91	1.1	35.07
6	**Life style management**				
6.1	Supportive management	7	4.86	1.04	34.7
6.2	Recreational management	4	2.91	0.70	36.37
6.3	Spiritual management	6	4.06	0.69	33.83
Total		**56**	**37.88**	**2.73**	**33.82**

Table 3 represents that the overall mean value is 37.88 with standard deviation of 2.73 suggesting the sample distribution around mean. Total mean percentage of knowledge score is found to be 33.82 percent. Mean percentage area wise are found to be recreational management 36.37%,followed by 35.5% depression management, 35.07% anxiety management, 35% physical management, 34.7% supportive management, 33.83% spiritual management, 33.62%sleep management, and 33.22% nutritional management

Section 3: Analysis of the existing knowledge regarding management of knowledge regarding management of psychosocial problems among adults with on diabetes mellitus at selected hospitals of Bijapur Post-test

Table 4: level of knowledge of subjects based on the scores in post-test

N=60

S. No	Level of knowledge	Post-test	
		Frequency	Percentage
1	Never manage (0-37)	00	00%
2	Sometime manage (38-75)	00	00%
3	Always manage (76-112)	60	100%

Cent percent o the respondents always mange the psychosocial problems post test after implementation of STP.

TABLE 5:- POST-TEST AREA WISE KNOWLEDGE SCORE OF SUBJECTS:

N=60

S. No	Area wise	No. of items	Mean	SD	Mean %
1	Physical management	7	13.43	1.26	95.92
2	Nutritional management	9	17.18	1.85	95.44
3	Sleep management	8	15.35	1.04	95.93
4	Depression management	8	15.3	1.48	95.62
5	Anxiety management	7	13.36	1.40	95.42
6	Life style management				
6.1	Supportive management	7	13.38	1.30	95.57
6.2	Recreational management	4	7.63	0.70	95.37
6.3	Spiritual management	6	11.45	1.05	95.41
	TOTAL	**56**	**107.1**	**7.17**	**95.62**

Table 5 represents that the overall mean value is 107.1 with standard deviation of 7.17 suggesting the sample distribution around mean. Mean percentage of overall knowledge score is found to be 95.62 percent. Mean percentage area wise are found to be 95.93%sleep management, 95.92% physical management, 95.62 depression management, 95.57%supportive management, 95.44% nutritional management 95.42% anxiety management, 95.41% spiritual management and 95.37% recreational management.

Section 4- Analysis of area wise comparison of pre-test and post-test scores regarding management of psychosocial problems on among adults with diabetes mellitus

Table 6 Area wise comparison of pre-test and post-test scores of subjects

N=60

S. No	Aspects of knowledge	Pre-test (X)		Post-test (Y)		Enhancement (Y-X)	Enhancement %
		Mean	Mean %	Mean	Mean %		
1	Physical management	4.9	35	13.43	95.92	8.53	**60.02**
2	Nutritional management	5.98	33.22	17.18	95.44	11.2	**62.22**
3	Sleep management	5.38	33.62	15.35	95.93	9.97	**62.31**
4	Depression management	5.68	35.5	15.3	95.62	9.62	**60.12**
5	Anxiety management	4.91	35.07	13.36	95.42	8.45	**60.35**
6	Life style management						
6.1	Supportive management	4.86	34.7	13.38	95.57	8.52	**60.85**
6.2	Recreational management	2.91	36.37	7.63	95.37	4.72	**59**
6.3	Spiritual management	4.06	33.83	11.45	95.41	7.39	**61.58**
Total		**37.88**	**33.82**	**107.1**	**95.62**	**69.22**	**61.8**

Table 6 reveals that area wise mean percentage of post-test knowledge score is 95.62% significantly higher than the pre-test area wise mean percentage 33.82% with overall enhancement score 61.8% the area the mean score enhancement of 62.31% of sleep management, 62.22% of nutritional management, 61.58% of spiritual management, 60.85% of supportive management, 60.35% of anxiety management , 60.12% of depression management, 60.02% of physical management and 59% of recreational management about psychosocial problems among adults with diabetes mellitus .

Table 7 Effectiveness of Group teaching on knowledge regarding management of psychosocial problems on among adults with diabetes mellitus

N=60

Overall knowledge	Mean	SD	SE	Enhancement	Enhancement %	df (59)	t-value	Inference
Pre-test	37.88	2.73	0.98	69.22	61.8	2.001	70.63	**S**
Post-test	107.1	7.17						

The obtained paired t value with 59 degree of freedom is 70.63.

Table 7 reveals that post-test mean knowledge score **107.1** is significantly higher than the pre-test mean score **37.88** with enhancement of **69.22**. The statistical paired't' test for overall knowledge is found to be **70.63**

which implies that the difference in pre test and post-test knowledge score is found statistically significant at 0.05 level.

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