



Non-adherence to foot care activities and its associated factors among patients with type II Diabetes Mellitus in an urban area

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Abstract

Type 2 diabetes mellitus is a commonest metabolic disorder the prevalence of type 2 diabetes mellitus has been increasing all over the world in the past 30 years. According to international diabetic federation (IDF) 425 million of the global population has type 2 diabetes mellitus (2017) and the death occurred by type 2 diabetes mellitus is 4 million. The prevalence of type 2 diabetes mellitus in India is 2.4 % in rural, 11.6 % in urban population. Thus the successful managing of type 2 diabetes mellitus is great challenging necessary education related to type 2 diabetes mellitus such as nutrition, exercise, monitoring of glycemic control, foot care and pharmacological resources should be given to reach a successful management, descriptive study was chosen to assess the non- adherence to foot care activities and its associated factors among patients with type 2 diabetes mellitus. The present was conducted at thirumazhi 100 type 2 diabetes mellitus under inclusion criteria were selected by purposive sampling technique, data was collected by using socio demographic variable. structured questionnaire was provided to the selected samples to assess the non-adherence to foot care activities and its associated factors. frequency and percentage distribution of the level of knowledge showed that most of the people 74% had moderate knowledge regarding factors associated with non-adherence to foot care activities and 18% of adequate knowledge and 8% are inadequate knowledge on factors associated with non-adherence to foot care activities. existing knowledge of client regarding foot care activities Important was found to be in adequate, client associated factors for non-adherence to foot care activities are known after administration of structured questionnaires.

Keywords: non-adherence, diabetes mellitus, foot care

Introduction

Type 2 diabetes mellitus is a commonest metabolic disorder the prevalence of type 2 diabetes mellitus has been increasing all over the world in the past 30 years. According to international diabetic federation (IDF) 425 million of the global population has type 2 diabetes mellitus (2017) and the death occurred by type 2 diabetes mellitus is 4 million. The prevalence of type 2 diabetes mellitus in India is 2.4 % in rural, 11.6 % in urban population. Thus, the successful managing of type 2 diabetes mellitus is great challenging necessary education related to type 2 diabetes mellitus such as nutrition, exercise, monitoring of glycemic control, foot care and pharmacologic resources should be given to reach a successful management ^[1].

Most of the adult suffers from type 2 diabetes mellitus and with complication which result in morbidity and mortality. It is considered as a burden of life and changes the quality of life. The most common complication among population is diabetic foot ulcers 25 % and 50% infected, is 20% people needed amputation. Diabetes is considered as metabolic syndrome characterized by inappropriate high blood glucose result in the form of abnormal resistant to insulin effect coupled with inadequate level of insulin secretion in the body system. In every aspect there is the goal in managing the chronic diseases in the improvement of the people health ^[2].

Since diabetic foot is a predominant cause it results in hospitalization and amputation, thus it can be prevented by regular foot care, this study was undertaken to find non

adherence to foot care activities among patient with type 2 diabetes mellitus and its associated factors. Thus, the management regimen of the diabetes is by monitoring, diet, physical activity, foot care and medication that is associated with brining diabetes under control can reduce diabetes related morbidity and mortality and simultaneously ^[3].

Self-care is the simple management in diabetes which helps the individual successfully manages the disease by them and can prevent the complications. 352 million people were at risk of developing type 2 diabetes mellitus, adult 212 million are with diabetes in urban area (279 million), 327 million people with diabetes are working age this is a result in global population ^[4].

Material's and Methods

Descriptive study was chosen to assess the non- adherence to foot care activities and its associated factors among patients with type 2 diabetes mellitus. The present was conducted at thirumazhi 100 type 2 diabetes mellitus under inclusion criteria were selected by purposive sampling technique, data was collected by using socio demographic variable. structured questionnaire was provided to the selected samples to assess the non-adherence to foot care activities and its associated factors.

Result and Discussion

Socio-demographic variable of the type 2 diabetic client;

Table I

The findings of the study showed that the age in the years 40-59 years of age group were 50%, and the age group of 30-39 were 24%. regarding the gender most of the people were female 52% and the male were of 48%. Regarding the marital status the married were of 72% and divorced were of 5%. Regarding the religion of the people most of them were hindu 54% and the muslim were 26%. Regarding education of the people most of them were primary school 33% and illiterate were 20%. Regarding occupation most of them were self-employer 30% and the people working in the government were 16%. Regarding the monthly family income 10001-30000 is 33% and >50001 is 19%. Regarding the type of family nuclear family 61% and the joint family were 39%. Regarding duration of DM is below 10 years was 58% and above 10 years were 42%. Regarding the family history of DM is no 60%, and the yes was 40%.

Table 1: Frequency and percentage distribution of socio demographic variables among the study participants.

Sl. No.	demographic variable	Frequency (n)	Percentage (%)
1	Age in years		
	a) 30-39	24	24%
	b) 40-59	50	50%
	c) Above 60	26	26%
2	Gender		
	a) Female	52	52%
	b) Male	48	48%
3	Marital status		
	a) Un married	11	11%
	b) Married	72	72%
	c) Widow	12	12%
	d) Divorced	5	5%
4	Religion		
	a) Hindu	54	54%
	b) Muslim	26	26%
	c) Christian	20	20%
5	Education		
	a) Illiterate	20	20%
	b) Primary school	33	33%
	c) High school	21	21%
	d) Graduate	26	26%
6	Occupation		
	a) Government	16	16%
	b) Private workers	27	27%
	c) Self employer	30	30%
	d) Currently not working	27	27%
7	Monthly family income		
	a) <10000	22	22%
	b) 10001-30000	33	33%
	c) 30001-50000	26	26%
	d) >50001	19	19%
8	Type of family		
	a) Nuclear family	61	61%
	b) Joint family	39	39%
9	Duration of diabetes mellitus		
	a) Below 10 years	58	58%
	b) Above 10 years	42	42%
10	Do you have family history of diabetes Mellitus		
	a) Yes	40	40%
	b) No	60	60%

Figure 1: Age

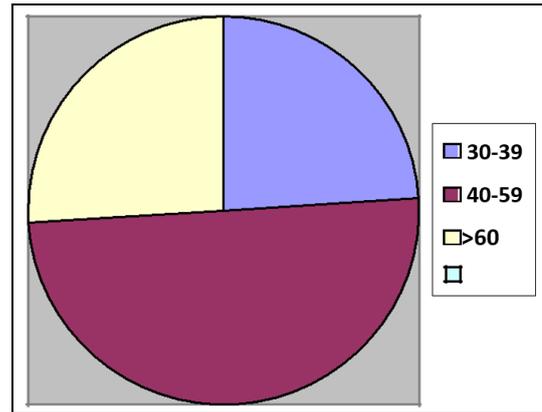


Fig 1: Shows the majority of the age group were 40-59 of age group were 50%, and lowest group were 30 -39 were age group were 24%.

Table 2: Frequency and percentage distribution of the level of knowledge regarding non-adherence to foot care activities among the study participants

Level of knowledge	Frequency	Percentage
Adequate	18	18%
Moderate	74	74%
Inadequate	8	8%

According to table 2, the level of knowledge frequency is adequate for 18%, moderate for 74%, inadequate for 8%

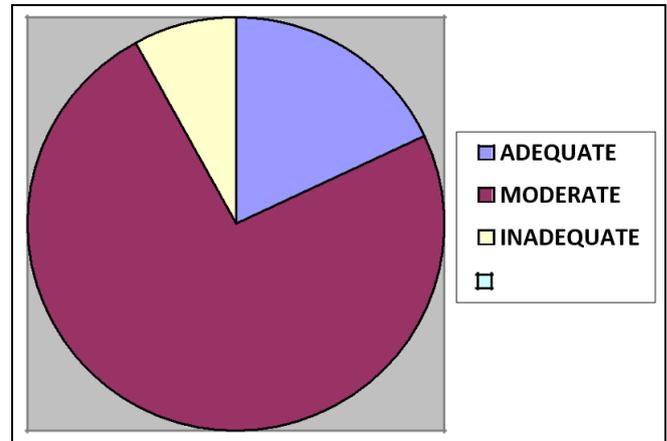


Fig 1: the findings reveals that the level of knowledge adequate is 18%, moderate is 74%, inadequate is 8%.

Discussion

This chapter deals with the discussion of the findings of the study analysed based on the objectives of the study, hypothesis, statistical analysis and related literature of the study. The problem stated was a study to assess non-adherence of foot care activities and associated factor among patients with type 2 diabetes mellitus. After collecting information from the sample, questionnaire was given to assess. A total of 100 sample were selected by the investigator. The study was conducted according to the descriptive research design the research approach is qualitative approach. The study finding were discussed based on the following objectives.

Frequency and percentage distribution of the level of knowledge showed that most of the people 74% had moderate knowledge regarding factors associated with non-adherence to foot care activities and 18% of adequate knowledge and 8% are inadequate knowledge on factors associated with non-adherence to foot care activities among the study participants in thirumazhisai. The association between demographic variables with the level of knowledge on factors associated with non-adherence to foot care activities among the study participants in thirumazhisai showed that there was an association between the demographic variable and knowledge on factors associated with non-adherence to foot care activities among the study participants in thirumazhisai. There was statistically significant found between the age and the level of knowledge on factors associated with non-adherence to foot care activities among the study participants in thirumazhisai. Yahya M. *et al.*, (2017): It is an Observational cross-sectional study was conducted among a random sample of 250 patients attending Jazan Diabetes Center. Structured questionnaires were administered by medical students to diabetic patients. The outcome variables were knowledge and practice regarding foot care. Descriptive statistics and inferential statistics based on Chi-square test were used for data analysis. The prevalence of diabetic foot (DF) among males and females was 58.0% and 52.9%, respectively, without significant difference between both sexes. Eighteen percent of study population reported history of foot ulcer. Almost 53.6% patients had good foot care knowledge. Gender, duration of DM, marital status and age had no significant association with knowledge. Males were more adherent to foot drying by 65.2%, while females are applying more attention to softening of skin by 72.3%. There were no significant differences between males and females regarding foot inspection, nail care, adherence to medication and shoes check. IN conclusion, the knowledge and practice of foot care among DM patients in our study participants were not adequate. The result of this study has highlighted the gaps in their knowledge and practice and underscores the urgent need for a patient friendly educational intervention. It is important to activate the role of health education to everyone who has direct contact with the patient, to minimize the DF complications.

Conclusion

Existing knowledge of client regarding foot care activities important was found to be inadequate. Client associated factors for non-adherence to foot care activities are known after administration of structured questionnaire.

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