
“Study was Conducted to Assess the Effectiveness of Structure Teaching Programme for Diabetic Client on Diabetes Mellitus at The Diabetic Clinics.”

Harshada Subhash Tupe* & Dr. Pratiksha Patrick**

**Ph.D Scholar (MU20PhN013), Malwanchal University Indore.(MP)*

***S.S Institute of Nursing College Bhopal (MP)*

KEY WORDS: *Structure Teaching Programme, Diabetic client, Diabetes Mellitus*

INTRODUCTION

Diabetes mellitus is a group of metabolic disorder arising either due to relative or absolute deficiency of a digestive hormone called insulin or inability or resistance of body cells to use the available insulin. Diabetes mellitus is a silent disease and is now recognized as one of the fastest growing threats to public health in almost all countries of the world.¹

Diabetes mellitus commonly referred to as diabetes was first identified as a disease associated with “sweet urine” and excessive muscle loss in the ancient world. Elevated levels of blood glucose lead to spillage of glucose to the urine, hence the term “sweet urine”.

Diabetes is a chronic public health problem, and it is now growing as an epidemic in both developed and developing countries. India leads the world today with the largest number of diabetes in any given country followed by China and USA.²

Diabetes is becoming more common in the world. Every day, every 21st seconds someone is diagnosed with diabetes. Around 40-70% of population is affected by foot ulcer. Many serious complications such as kidney failure or blindness, can affect individuals with diabetes.³

Diabetes mellitus is a global public health issue. Millions of people all over the world suffer from this lifelong condition. As per the global projections by international diabetes federation (IDF) the number of diabetes patients has risen sharply in recent years.⁴

Indian has the highest number of diabetes in the world. By next year, the country will be home to 50.8 million diabetes, making it the world's unchallenged diabetes capital and the number is expected to go up to 87 million-8.4% of the countries adult population by 2030.⁵

Dr Ramachandran A (2005) conducted a study to identify number of people affected with diabetes in India. It is found that more than 35 million Indians suffer diabetes alarmingly as much as 13 million cases (50% in rural area and 30% in urban area) remain undiagnosed leading to long term complications. Various factors such as wide spread urbanization and reduced physical activity; obesity and stress are accounted for the high incidence of diabetes in India.

Melba Sheila De Souza et al 2008 conducted a study on health promoting behaviours and quality of life among adults with diabetes mellitus. On experimental and control groups, found that quality of life improved after nurse directed intervention. The results showed that the QOL score of the experimental group (24.54) was higher than the control group (14.99). The 't' value was found to be significant at 0.005 level.

Mercedes Carnethon (2009) Conducted a study regarding unfit young adults may develop diabetes in middle age. Men and women between 18 and 30 years with low aerobic fitness levels are more likely to develop diabetes in 20 years. They reported that Body Mass Index, a measure of the body's fat content was the most important predictor of who would develop diabetes. They suggest that combining regular physical activity with a carefully balanced diet can help most people to maintain a healthy body weight and lower the likelihood of developing diabetes

Regular physical activity is an essential component of management in persons with type 2 diabetes. A careful assessment of an individual should be made by physician while incorporating an exercise program in the management. Exercise programme should be individualized according to individual capacity and disabilities. The person with diabetes must wear appropriate foot wear.

Diagnosis of diabetes mellitus is stressful situation in life of an individual and appropriate management requires a holistic approach that includes behavioral modification to develop positive attitude and healthy life style. A satisfactory treatment plan should include special attention to person with diabetes, quality of life, coping skills, optimal family support and a healthy work place environment. Appropriate support and counseling is an essential component of the management at the time of diagnosis and throughout life.

Diabetes education means empowering people with diabetes with knowledge and providing tools crucial for making them active partners in the diabetes management team. These include in depth information about diabetes, its complications and treatment, appropriate self care skills, appropriate resources for self care, positive attitude and Self monitoring skills. The compliance of people with diabetes is essential for effective management of diabetes. Education programmes are intended to help people to understand why these actions are so important and thereby increase their motivation for self management.

PROBLEM STATEMENT

A study was conducted to assess the effectiveness of structure teaching programme for diabetic client on diabetes mellitus at the diabetic clinics of Deenanath Mangeshkar Hospital Pune Maharashtra.

OBJECTIVE:

To evaluate the effectiveness of structured teaching programme on diabetes mellitus among diabetic clients.

METHODOLOGY:

One group pre-test post-test design was used and 60 diabetic client who attend the diabetic outpatient department was selected as a sample by using the Simple random sampling method (lottery method). The study setting was diabetic of Deenanath Mangeshkar Hospital Pune Maharashtra.

RESULTS:

Majority 24(40%) samples belong to the age group of year 36-40, maximum 35(58.33%) were male gender, Highest number of 60(100%) samples were Hindus, 54 (90%) were married, Half of the 30(50%) mothers were illiterate, 31(51.66%) most clients were monthly income more than Rs.8,000/-, 31(51.66%) clients in belong to Daily wage, highest 29(48.33%) of diabetic client belongs to the nuclear family, majority of diabetic client 53(88.33%) were both vegetarian and non-vegetarian, maximum of diabetes client were mild physical activity 26(43.33%), majority 52(86.66%) samples had no history of diabetes, majority 47(78.33%) samples had information of diabetes mellitus from relatives. 35 (58%) of diabetes client had inadequate knowledge on diabetes mellitus, After implementation of STP overall knowledge reveals that 51 (85%) of diabetic client had adequate knowledge on diabetes mellitus, Overall pre-test mean knowledge score was 11.42 with mean percentage 29.45% (SD 5.05) and the overall post-test mean knowledge score is **25.27** with mean percentage 80.77% (SD 5.74). The mean enhancement between pre-test and post-test mean percentage score was 51.32% and the obtained paired't' value is 25.36 which was significant at $p < 0.001$ level. There was no statistically significant association found between level of knowledge and selected demographic variables.

CONCLUSION:

The study was concluding that the present study emphasizes on enhancement regarding knowledge and developing positive attitude towards diabetes mellitus. In order to achieve this, the nurses as an educator should focus on diabetes mellitus and strengthens subjects in the nursing curriculum. The present study emphasizes on enhancement regarding knowledge and developing positive attitude towards diabetes mellitus. In order to achieve this, the nurse as an educator should focus on diabetes mellitus and strengthens subjects in the nursing curriculum. The students, nurses and all health personnel need to given proper knowledge on diabetes mellitus; the training should be repeated until they gain adequate knowledge. Nursing curriculum need to be updated regarding diabetes mellitus related topics should be integrated at different levels to impart adequate knowledge to the diabetic client. Nursing instructors need to lay emphasis on prevention of diabetes mellitus, especially health education on correct practice.

REFERENCES:

- i. American Diabetes Association. (2001). Standards of medical care for patients with diabetes mellitus. *Diabetes Care* 2001. 24 (1S), S33–S55.
- ii. BT Basavanthappa. *Nursing Research: Review of Literature*. New Delhi: Jaypee Brothers; 2007, P.92-
- iii. Jack L. Diabetes self-management education research: An international review of intervention methods, theories, community partnerships and outcomes. *Disease Management & Health Outcomes*, 2003;11(7), 415-428.
- iv. Amstrong DG, Sangaloang MB, Juley. Evaluation of awareness of diabetes mellitus and Associated factors ; *Jammed Assoc* 2005 March ,April 95(2) : 103-05.
- v. Krinsley JS. Understanding glycemic control in the critically ill: 2011 update. . 2011 Apr;39(2):47 [6]. Dr. Kanungo, *The Times of India*, Rising cases of diabetes and its detection, November 5 ,2011.
- vi. Knowler Wc. Reduction in the incidence of type 2 diabetes with life style intervention of Metformin , *New England journal of Medicine* , 2002, 346:393-403.
- vii. Jorgen V Nielsen, Kaposztas Z, Gyurus E, Kahan BD. New-onset diabetes after renal transplantation: 2008 Jun; 43(5):1375-94.
- viii. Diabetes control and complication trial Research Group .the effect of long term complication in insulin dependent diabetes mellitus.
- ix. *N Engi J Med* 1993: 329 (14): 977-86.