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A study to assess the compliance to non-pharmacological measures of elderly diabetes mellitus from selected urban slums

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Abstract

Introduction: This study will focus on the important role played by psychosocial factors influencing why some girls participate and while others do not participate in sports. In this study an attempt has been made to discuss some of the problems against women's involvement in sports.

Methodology: A self-made questionnaire was prepared and 200 subjects were selected for the purpose of study from both rural and urban areas of Kashmir. The responses were collected and evaluated to access the parental attitude towards female participation in sports.

Procedure: Parental attitude to be evaluated towards female participation in sports.

Statistical tool: Percentile and Frequency methods were used to access the parental attitude towards female participation in sports.

Conclusion: The findings of the study reveal that majority of the parents possess positive attitude towards female participation in sports. Besides this some psychological constraints stops some parents in showing the positive attitude.

Keywords: Assess, compliance, urban slum, diabetes mellitus, non-pharmacological measures, elderly

Introduction

Patient non-compliance is a serious healthcare concern that poses a great challenge to the successful delivery of healthcare. This is widespread and has been reported from all over the world. According to a study by the New England Health Care Institute, one-third to one-half of the American patients are non-compliant. Patient non-compliance is not only limited to the failure to take medication, but also the failure to make lifestyle changes, undergo tests or keep appointments with physicians. The non-compliant patients especially with chronic diseases are more prone to encountering serious difficulties. The rate of non-compliance in patients with chronic diseases in developed countries, on long-term treatment, is on the order of 50% this could be even higher in developing countries. Diabetes Mellitus (DM), the most common endocrine disease in the world, is a major global public health issue. There has been an 8% increase in the prevalence of DM in Saudi Arabia in the last 10 years and at present 25% of the Saudi population is diabetic. To the best of our knowledge, there is little or no information on the magnitude of non-compliance of the diabetic patients in the Al Hasa region of Saudi Arabia. The current study was undertaken to estimate the magnitude of the problem of non-compliance and explore the factors contributing to non-compliance of the diabetis.

Research Design

The research design selected for the study was a descriptive survey research design.

Research Setting

The present study was conducted in the selected slums of Nehru Nagar slums of Pimpri Chinchwad Pune and Phule Nagar slums, Santtukarnagar, Pimpri Pune which were participant as sample in study.

Population

The population of the present study comprises person with diabetes mellitus in selected slums of PCMC.

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Sample

In the present study sample was the person with diabetes mellitus from Phule nagar slums Pimpri Chinchwad Pune.

Sample size

Sample size consisted of 60 people with diabetes mellitus.

Sample technique

In the present study the sample was collected through Purposive Non probability Sampling Technique.

Criteria

For selection of sample

Inclusion Criteria

1. People with diabetes mellitus
2. Person who is residing in the study area continuously for more than one year.

Exclusion Criteria

1. Any person who is seriously ill, or unable to give information.
2. Person who is bed ridden.

Development of tool

Seeking information on demographic background of elderly with diabetes mellitus i.e. age of sample, educational qualification, occupation, marital status, personal habits, type of family. Observational Checklist to assess compliance to non-pharmacological measures among elderly diabetes mellitus and used for data collection. Opinions and suggestions were taken from the experts, which helped in determining the important areas to be included.

Description of the tool

In this study the tool consisted of:

Section A: Demographic Performa

Section B: Structured Knowledge Questionnaire was used to assess knowledge.

Section C: Observation checklist to assess practice of chronically ill clients.

Section I

Demographic Performa: The Demographic Performa which included Structured Questionnaire to collect sample characteristics like Age, Religion, Family income in rupees, Family Structure, Addiction, Education, Occupation.

Section II

Section II Contain: Knowledge regarding home management of chronically ill client among care givers in selected slums. It consists, knowledge regarding tube feeding, food, personal hygiene, sleep, elimination.

Section III

Section III Contains: Existing practice regarding home management of chronically ill client among care givers in selected slums. It consists, practice regarding tube feeding, food, personal hygiene, sleep, elimination.

Validity

The tools and content were given to 25 experts. These were received with their valuable suggestions & comments on the study tool. The experts belonged to different fields which

included professors & lecturers in the field of Medical Surgical Nursing, Community Health Nursing, Statistian, Surgical, Medical department. They were requested to give their opinion on the appropriateness& relevance of items in the tool.

Reliability of the Tools

The reliability was done by Inter-rater Method Calculation tool reliability was done by Cohen's Kappa Formula and the reliability was found to be (0.8) hence the tool was reliable

Ethical consideration

- Researcher had obtained approval from appropriate review boards to conduct the study.
- Researcher had taken formal permission from care givers to conduct study.
- Only the samples who had signed the consent form are included in the study.
- Confidentiality of the data is maintained strictly.

Plan for data collection

- Ethical committee clearance
- Permission from the Cooperator and Nagar Sevak of selected slums.
- Consent from care givers from selected slums.
- The investigator approached the chronically ill clients of selected samples, informed them regarding the objectives of the study and obtained their informed consent after assuring the confidentiality of the data.
- The data collection was done among selected sample by using structured questionnaires for knowledge and observational checklist for practice. Duration of the data collection for sample was 45 minutes.

Pilot study

A pilot study conducted from 3/10/14 to 8/10/14 to assess the Feasibility of the study and decided the plan for data analysis. Prior administrative permission was obtained from the Nagar sevak of Phule nagar and Nager sevak of Balaji Nager, Pimpri Pune.

The objective of study and obtained consent for participation in study. Test-Retest was done assessed knowledge of chronically ill client among care givers and inter-rater method was done to observe the practice of chronically ill clients among care givers.

The informed written consent taken prior to the study from the subjects & objective of the study were informed & assured the subjects about the confidentiality of data. So, the present study was feasible to carry out or an actual study.

Data analysis and interpretation

For the analysis of demographic variable would be analyzed in terms of frequency and percentage was be calculated. Mean, Median, Mode, Standard deviation, Percentage, Distribution, Frequencies for assess the knowledge. Chi-square tests were assessing the relationship practices and demographic variables. Chi-square test will be used to associate knowledge with selected demographic variables. Association was assessed using Fisher Exact Test & formulated in tabulation forms.

Result

Section I: The major findings of the study were based on the objective: Description of samples according to personal

characteristics in terms frequency and percentage.60% of the chronically ill patients were males and 40% of them were females,90% of them were Hindu,3% of them were Muslim 3.3% of them were Christian and 3.3% of them had some other religion,36.7% of them had monthly family income up to Rs. 5000, 56.7% of them had family income Rs. 5001-10000 and 6.7% of them had family income Rs.10001-15000,46.7% of them was from joint family, 36.7% of them were from nuclear family, 13.3% of them had extended family and 3.3% of them had extended family,36.7 of them had addiction of alcohol, 26.7% of them had habit of Mishri, 23.3% of them had habit of cigarette and 13.3% of them had habit of tobacco,30% of them were illiterate, 33.3% of them had primary education and 36.7% of them had secondary education,7% of them were laborer, 13.3% of them had daily wages, 26.7% of them were house wives, 10% of them were retired and 3.3% of them had business.

Section II: Analysis of data related to the level of knowledge regarding home management of chronically ill client among care givers in selected slums.

Majority of 73.3% of the care givers had average knowledge (score 8-14), 16.7% of them had poor knowledge (score 0-7) and 10% of them had good knowledge (score 15-21) regarding home management of chronically ill client.

86.7% of the caregivers knew the position to be given to client during tube feeding.46.7% of them knew how to take care of articles used for tube feeding. 83.3% of them knew how frequently tube feeding should be given to bed ridden client. 83.3% of them knew advantage of tube feeding.70% of them knew when the care givers should consult the physician.3. 90% of the caregivers knew the type of container to be used for storage of feed. 83.3% of them knew the type of feed to be given for bed ridden client. 80% of them knew the type of food should be preferred for most of diabetic client. 73.3% of them knew how to maintain client's meal pattern.4.73.3% of them knew what hygiene includes.93.3% of them knew how to maintain client's oral hygiene. 86.7% of them knew how to maintain personal hygiene of client on tube feeding.5.73.3% of the caregivers knew how many hours should the client sleep. 90% of them knew what to do for good sleep for client.70% of them knew how to ensure good sleep for the client. 73.3% of them knew why client gets disturbed during sleep.6.90% of them knew meaning of increased frequency of bowel movement.73.3% of them knew what skin care should be given to a client with urine incontinence.80% of them knew how to ensure daily bowel emptying of client.

Section III: Analysis of data related to the existing practice regarding home management of chronically ill client among care givers in selected slums.

Majority of 96.7% of the care givers had good practices (score 14-20) and 3.3% of them had average practices (score 7-13) regarding home management of chronically ill client. Majority of the care givers followed the good practices regarding feeding. Majority (around 90%) of the care givers followed the good practices regarding personal hygiene. Majority (around 90%) of the care givers followed the good practices regarding sleep. Majority of the care givers followed responding to clients elimination need and bowel & bladder movements.

Section IV: Analysis of data related to association of knowledge and practice regarding home management of chronically ill client among care givers with their demographic variables.

Analysis of data related to association of knowledge and practice regarding home management of chronically ill client among care givers with their demographic variables. None of the demographic Variable was found to have significant association with knowledge of care givers regarding home management of chronically ill patients. The p-values are large (greater than 0.05), there is no evidence against null hypothesis. None of the demographic variable was found to have significant association with knowledge of care givers regarding home management of chronically ill patients. Since all the p-values are large (greater than 0.05), there is no evidence against null hypothesis. None of the demographic variable was found to have significant association with practices of care givers regarding home management of chronically ill patients.

Conclusion

The study was a new learning experience for the Investigator. Analysis of the problem faced by the care givers due to knowledge and practice regarding home management of chronically ill client among care givers in selected slums. It consists, knowledge and practice regarding tube feeding, food, personal hygiene, sleep, elimination. The overall experience of conducting this study was satisfying one, with good co-operation from chronically ill clients at the selected slums. The study was a new learning experience for the investigator. The result of the present study shows that the demographic variables which were found to have significant association with home management of chronically ill client among care givers.

Discussion

Association of practices regarding home management of chronically ill patients among care givers with their demographic variables. None of the demographic variable was found to have significant association with knowledge and practices of care givers regarding home management of chronically ill patients. The p-values are large (greater than 0.05), there is no evidence against null hypothesis. None of the demographic variable was found to have significant association with knowledge of care givers regarding home management of chronically ill patients. Since all the p-values are large (greater than 0.05), there is no evidence against null hypothesis.

Limitations

- Data collection period was limited to 4 weeks
- The data was collected only through the baseline data and a Questionnaire.
- The study was conducted to only one group of 30 chronically ill clients at selected slums in Pune, hence generalization was limited to the population under study.
- Internal validity as the Investigator had no control over the events that took place between the test and re-test.

Recommendations

1. On the basis of the findings of the study, the following recommendations are made for the future research

2. A similar study may be replicated on large samples; there by findings can be generalized.
3. A study can be done on association between various demographic variables, which were significant on larger sample.
4. A study can be undertaken in different settings and different target population.
5. A similar study can be replicated on a larger sample with different demographic characteristics.
6. A similar study can be replicated with broader content area on chronicle illness.

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