



A descriptive study to assess the knowledge of type -2diabetic patient on millet based dietary therapy to control blood sugar level at selected rural area, Mangalore

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ABSTRACT

A descriptive survey approach was conducted to assess the knowledge of 50samples with type -2diabetic patient on millet based dietary therapy to control blood sugar level at selected rural area, Mangalore. A structured knowledge questionnaire was used for the data collection. A study result were shown that The study examined the knowledge level of type 2 diabetic patients in rural Mangalore, India, regarding millet therapy and demographic variables. Results showed no significant association between socio demographic variables and diabetes patient knowledge. A study was concluded that The study found that 50% of type 2 diabetic patients had adequate knowledge about millet-based dietary therapy, while 50% had inadequate knowledge. However, there was no significant association between elderly knowledge and demographic variables, suggesting a need for health education to improve their understanding and attitudes towards millet-based therapy.

Key words: knowledge, type -2diabetic, millet based dietary therapy, blood sugar

INTRODUCTION

Health is important to live life to fullest. When a person leads a healthy life style the body remains healthy and the mind is active and fresh. Having good health helps a person to perform their daily routine in a smooth manner. Health can be promoted by encouraging health full activities such as, regular physical exercises and adequate sleep and by reducing or avoiding all unhealthy activities or situations. Now the society is arranged in a way that makes it easier or harder for people to get necessary health care services. Keeping active and eating healthy balanced diet help to maintain good health.¹ Healthy eating is more than the food on plate. It's a pattern of eating a variety of foods that supports our physical social and mental wellbeing. We all make food and lifestyle choices each day. ¹These choices impact the health and wellbeing of ourselves, our families and our communities .There are many factors that influences our food choices such as, taste, cost, availability, advertising, cooking skills and our knowledge about food and nutrition . Unhealthy eating habits stand out as a life style pattern that increases the risk of death associated with the chronic disease, recent research shows that poor dietary habit contributed to almost half of more than 700,000 deaths reviewed as part of a study. This study says that improper diet and unhealthy food habits leads to gradual increases in the non-communicable diseases.² Health can be defined as optimum physical, emotional, social, spiritual and intellectual health. Health promotion is the science or art of helping people, change their lifestyles to move towards a state of optimal health. Lifestyles changes can be facilitated through a combination of efforts to increase awareness, change behavior and create environments that

support good health practices. Healthy eating more important than food on plate. It is a pattern of eating a variety of food that supports our physical, social, mental wellbeing. There are many factors which influences food choices. Unhealthy lifestyle patterns increase the risk of associated diseases which may leads to death.³ Non communicable diseases kill 41million people each year, equivalent to 71% of all deaths globally each year more than 15million people die from NCD between the age of 30-69years; 85% of these “premature” deaths occur in low- and middle-income countries. Vitamin and mineral deficiencies in adults are related to increased risk of NCD including fatigue, cardiovascular disease, diabetes mellitus, obesity, cognitive and neuromuscular function impairments. Unhealthy diets, malnutrition and NCD’s are closely linked.⁴Worldwide, developed and developing countries are facing the double burden of communicable as well as non-communicable diseases. however, developing countries are more exposed and more vulnerable due to multitude of factors. Including geographic, demographic, and socio economic factors. non communicable disease like heart disease, cancer, diabetes, respiratory disease and mental disorder are affecting developing countries.⁵Type 2 diabetic mellitus is a chronic metabolic disorder in which prevalence has been increasing steadily all over the world. As a result, it’s fast becoming an epidemic in some countries. 415 million people live with diabetics all over the world and an estimated 193 million people have undiagnosed diabetics. Type2 diabetics mellitus accounts for more than 90% of patient with diabetics and leads to associated complication.⁶ Millets are commonly referred as “small seeded grass”. millets are set of highly variable small seeded plant species indigenous to many areas of the world. They are well adapted to grow under low soil fertility, low moisture and hot environment condition. millets are the major food source in arid and semi-arid parts of the world. millets are good source of energy they provide protein, fatty acids, minerals, vitamins, dietary fibre and polyphenols. Millets food are characterized to the potential prebiotic and can enhance the viability.⁷

MATERIALS & METHODS

Source of Data: The data will be collected from Type 2 diabetes patients in selected village in pudu.

Research Approach: A descriptive survey approach is used to assess the knowledge of Type 2 diabetes patients regarding millet based therapy A descriptive survey approach is a non-experimental research to observe, describe and document aspects of a situation. It deals with the collection of factual information. The main purpose of descriptive research is to describe objectively the nature of situation under study. Descriptive studies are often used by the researcher to determine the extent or direction of attitudes or behaviors.

Research design: Descriptive research design were used in the study.

Setting of the study: The setting is where the population or portion of it that is being studied is located and where the study carried out. The present study was conducted in the selected village at pudu

Population: Population is the entire aggregation of the cases that meets a designed set of criteria. In the study population consists of above 40 aged people in selected village at pudu.

Sample: In the present study, 50 diabetes mellitus peoples in selected village at pudu who full filled the inclusion criteria were selected by purposive sampling.

RESULTS AND ANALYSIS

Analysis and interpretation of data is the most important phase of research process, which involves organizing and synthesizing the data to answer the research question and test hypothesis. This space includes completion, editing, coding, classification and presentation of data.

ORGANISATIONAL FINDINGS

Section 1: description of sociodemographic characteristics of adolescents.

SL.NO	DEMOGRAPHIC DATA	NUMBER	PERCENTAGE
1.	GENDER		
	MALE	28	56%
	FEMALE	22	44%
2.	TYPE OF FAMILY		
	NUCLEAR	18	36%
	JOINT	32	64%
3.	RELIGION		
	HINDU	11	32%
	MUSLIM	16	32%
	CHRISTIAN	23	46%
4.	RESIDENTIAL AREA		
	RURAL	42	84%
	URBAN	6	12%
5.	DIETARY PATTERN		
	VEGETARIAN	8	16%
	NON- VEGETARIAN	4	8%
	MIXED	38	76%
6.	PREVIOUS INFORMATION		
	YES	25	50%
	NO	25	50%

Section2: ASSOCIATION BETWEEN KNOWELEGE LEVEL AND SELECTED DEMOGRAPHIC
VARIABLES

DEMOGRAGHIC VARIABLES		PRE-TESTOF KNOWLEDGE				TOTAL	PERSON CHI SQUARE TEST
		MODERATE		ADEQUATE			
		n	%	n	%		
Age	30-40 yrs	3	12%	3	12%	6	x²=4.129² p= 4.004
	40-70 yrs	10	44%	12	44%	22	
	50-90 yrs	15	40%	5	40%	20	
	35-75 yrs	1	4%	1	1%	2	
Gender	Female	13	44%	9	44%	22	x²= 0.19² p= 0.0890
	Male	16	56%	12	56%	28	
Religion	Hindu	8	22%	3	22%	11	x²=1.32² p=0.505
	Christian	9	32%	7	32%	16	
	Muslim	12	46%	11	46%	23	
Family	Nuclear family	15	36%	3	36%	18	x²=7.410² p=0.005
	Jointfamily	14	64%	18	64%	32	
Dietary pattern	Vegetarian	4	16%	4	16%	8	x²=0.685² p= 0.700
	Non vegetarian	3	8%	1	8%	4	
	Mixed	22	76%	16	76%	38	
Education status	Primary education	19	64%	13	64%	32	x²=1.707² p= 0.56
	Secondary education	7	22%	4	22%	11	
	Under graduate	3	12%	3	12%	6	
	Post	0	2%	1	2%	1	

NS–NOTSIGNIFICANT

Table:2 The study examined the knowledge level of type 2 diabetic patients in rural Mangalore, India, regarding millet therapy and demographic variables. Results showed no significant association between socio demographic variables and diabetes patient knowledge.

DISCUSSION

Part 1 : To determine the knowledge of type 2 diabetic patient on millet based dietary therapy .

The age distribution of majority of elderly people 40 -70 years ,56% are males and 44% are females.22%belongsto Hindureligion.32% belongs to Christian and46 %Muslim. Among them 16% are vegetarians , 8% non vegetarian and 76% are mixed dietary pattern . 64% people have primary education ,22% secondary education ,12% under graduate and 2% post graduate, length of the diagnosis type2diabeticpatient34%lessthan1year46%1to5year ,4 % 5 to 10 years and 60 % above 10 years ., previous knowledge about millet 50% yes and 50 % No. A study conducted at a selected geographical area outside cities and town which comes under PUDUPHC showed that factors including , Age ,Religion ,Dietary pattern, Knowledge this refers to the correct response on millet based therapy regarding the effects of the increased blood sugar level in type 2 diabetic patients .

Part 2 : To find out the association between the knowledge score with selected demographics variables.

The obtained chi square value of age ($\chi^2=4.1292$ $p= 4.004$) , gender($\chi^2=0.192$ $p= 0.0890$) , religion($\chi^2=1.322$ $p= 0.505$),dietary pattern($\chi^2 =0.6852$ $p=0.700$), educational status ($\chi^2=1.7072$ $p = 0.56$) Length of the diagnosis type 2 diabetic mellitus ($\chi^2=1.9152$ $p = 0.45$) family history of type 2 diabetic patient ($\chi^2= 0.923$ $p= 0.525$) , previous knowledge about millet ($\chi^2 = 2.0032$ $p= 0.252$) A study conducted at selected geographical areas outside the cities and town under PUDU PHC . shows that majority of the people is affected by type 2 diabetic mellitus and doesn't have adequate knowledge regarding millet based therapy.

Conclusion: that The study found that 50% of type 2 diabetic patients had adequate knowledge about millet-based dietary therapy, while 50% had inadequate knowledge. However, there was no significant association between elderly knowledge and demographic variables, suggesting a need for health education to improve their understanding and attitudes towards millet-based therapy.

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