

RESEARCH ARTICLE

A STATISTICAL STUDY TO KNOWLEDGE ON DIABETIC MELLITUS AMONG ADULTS.

G Madhu Sudan¹, P.Vishnupriya¹, Ahammad Basha Shaik¹ and Prof. R.Abbaiah².

1. Research Scholar, Dept of Statistics, Sri Venkateswara University, Tirupati-517502, India.

2. Principal, Head, Dept of Statistics, Sri Venkateswara University, Tirupati-517502, India.

Manuscript Info	Abstract
Manuscript History	A Study on assess the knowledge about Diabetes Mellitus among adults
Received: 17 September 2017 Final Accepted: 19 October 2017 Published: November 2017	above 25 years at Vengampalli Village. We are going to identifying to assess the demographic variables of the adults at Vengampalli village and to assess the knowledge of adults regarding Diabetes Mellitus, also to identifying relationship between demographic variables and knowledge regarding Diabetes Mellitus through the <i>Statistical</i>
	techniques. Copy Right, IJAR, 2017,. All rights reserved.

Introduction:-

Diabetes was considered as a disease of the wealthy in ancient India and 'was known as MADHU MEHA (sweet urine disease); it was observed that ants are attracted to the urine. The ancient Greeks coined the term "Diabetes" meaning excessive urination with dehydration. "Diabetes" was considered as kidney disease until the 18th century.

Diabetes mellitus is a heterogeneous group of diseases characterized by chronic elevation of glucose in the blood. It arises because the body is unable to meet own needs, either because of impaired secretion or impaired utilization of insulin or both. Diabetes Mellitus is a serious health problem throughout the world and it is increasing rapidly. (Diabetes atlas. in)

The Diabetes mellitus is mainly caused due to genetic factors, stress, diet, obesity and family history and the signs and symptoms are frequent urination, excessive thirst, unexplained weight loss, extreme hunger, sudden visual changes, tingling or numbness in the hands or feet, feeling very tired much of the time, very dry skin, sores that are slow to heal, more infections than usual. It can be managed by using insulin supplementation and by oral anti diabetic drugs, and healthy life style, life style modification can have a great impact in managing diabetes mellitus and creating awareness through mass media to have a great impact on managing and prevention of diabetes mellitus.

Since there is no absolute cure for diabetes mellitus, only it can be managed with insulin supplementation or oral anti diabetic drugs, with the support of healthy lifestyle practices, weight reduction, exercise, diet, and other aspects in order to maintain normal blood glucose levels in an individual which is essential for maintenance of health. (**BT. Basavanthappa-2003**). The prevalence of diabetes is rapidly rising all over the globe at an alarming rate. Over the past 30 years the status of diabetes has been changed from being considered as a mild disorder of the elderly to one of the epidemic is. Most common form of diabetes, namely type II diabetes, which accounts for more than 90 % of all diabetes cases and remaining 10% of all cases accounts for type I Diabetes Mellitus. The serious complications of Diabetes Mellitus are problems related to eyes, heart, kidney, pancreas and feet.

In world the incidence of Diabetes Mellitus raised from 108 million in 1980 to 422 million in 2014. The global prevalence of Diabetes among adults over 18 years of age has risen from 4.7% in 1982 to 8.5% in 2014. According to 2015 the percentage of Diabetes mellitus in global adult population worldwide was estimated at 10.4% of the world population aged between 20 and 79 years diagnosed with Diabetes mellitus. (**Diabetes statisticts-2015**)

According to the International Diabetic Federation (IDF) India has more Diabetic patients than any other nation in the world. **Current statistics estimated** the number of individuals with Diabetes in the country as about 62 million. By the year of 2030 over 100 million people in India are likely to suffer from diabetes says researcher. (**Diabetes statistics census -2011**)

Methodology:-

- 1. The research approach selected for the study was a non-experimental design.
- 2. The instrument used for the study was a structured questionnaire.
- 3. Convenient sampling technique was used to select the samples.
- 4. The sample consisted of 60 men and women aged above 25 years who are non-diabetics/healthy

Objectives:-

- 1. To assess the demographic variables of adults at Vengampalli village.
- 2. To assess the knowledge of adults regarding diabetes mellitus
- 3. To identify relationship between demographic variables and knowledge regarding diabetes mellitus

Operational Definitions:-

- 1. Knowledge: Theoretical or practical understanding of adults about diabetes mellitus.
- 2. Adult: These are the people who are aged above 25 years and who are non-Diabetic
- 3. Diabetes mellitus: Defined as inadequate insulin production, impaired insulin utilization (or) both.

Hypothesis:-

$$H_0: O_i = E_i \text{ and } H_1: O_i \neq E_i$$

The sample will have adequate knowledge about diabetes mellitus.

Data Analysis And Interpretation:-

- 1. The chapter deals with data analysis and interpretation of data collected to assess the knowledge regarding diabetes mellitus.
- 2. Analysis and interpretation of the data in the study was based upon data Collected from 60 samples through structured questionnaire at Vengampalli(V),Thavanampalli(M),Chittoor (Dt).
- 3. Data was analyzed by using Descriptive and inferential statistics

TABLE – **1**(**A**):- Distribution Of Demographic Variables (Age, Gender, Religion, Marital Status, Family, Dietary Pattern).

SL.NO	DEMOG	RAPHIC DATA	FREQUENCY	PERCENTAGE (%)
		25-35 years	31	52
		35-45 years	13	22
		45-55 years	05	08
1.	Age	>55 years	1	18
		Male	29	48
2.	Gender	Female	31	52
		Hindu	59	98
		Muslim	01	02
3.	Religion	Christian	00	00
		Married	54	90
4.	Marital status	Unmarried	06	10
		Nuclear	41	68
5.	Family	Joint family	19	32
		Vegetarian	21	35

6.	Dietary pattern	Non- vegetarian	39	65

TABLE-1(B):- Distribution Of Demographic Variation	ables (Educational Status, Occup	pation, Income, Family
History, Sourcesof Information)		

SL.NO	DEMOGRAPHIC	DATA	FREQUENCY	PERCENTAGE (%)
		Illiterate	12	20
		Primary education	19	31
		Secondary education	25	25
		Degree	10	17
7.	Educational status	Postgraduate	04	17
		Sedentary	27	45
		Moderate	21	35
8.	Occupation	Heavy	12	20
		2000-4000	36	60
		5000-10000	04	07
9.	Income	>10000	20	33
	Family history of diabetes	Yes	07	12
10.	mellitus	No	53	88
		Media	15	25
11.	Source of information	Hospital	31	52
	regarding diabetes mellitus	Family members	02	03
		Others	12	20

Table- I(A) shows that the majority of sample (52%) belongs to the age group of 25-35 years, followed by 22% belonging to 35-45 years and 18% belong to >55 years of age and a very small percentage (8%) of the sample were in the age group of 45-55 years. When we look at the gender majority of sample (52%) were women and 48% were men. The highest percentage of sample (98%) was belonging to the Hindu religion and regarding the marital status of the samples 90% were married, and 68% were belonging to the nuclear family, and 32% belongs to joint family. A high percentage of sample 65% were non-vegetarian and 35% were vegetarian.

Table-1(B) shows that 31% of the sample had primary level education and 25% had secondary level education, 20% were illiterate, 17% of samples had degree level education, and 7% had post graduate level education. The highest percentage (45%) of the sample was sedentary workers, 35% were moderate workers, and 20% were heavy workers. Majority of sample 60% had an income of Rs: 2000-4000/- only and 33% of sample had >10000/- and 7% were belonging to the income status of Rs: 5000-10000/-.Highest percentage of family (88%) were not having a family history of diabetes mellitus and 12% had a family history of diabetes mellitus. Fifty two percentage (52%) of the sample received information about diabetes mellitus through hospital and 25% through media and 20% through others and 3% of an sample through family members.

SL.NO	LEVEL OF KNOWLEDGE	RANGE	NUMBER OF SAMPLE	PERCENTAGE (%)
1	Poor	<25	07	11
2	Average	26-50	37	62
3	Good	51-75	15	22
4	Excellent	76-100	01	02

Table: 2

N=60

 Table 2 – shows that the majority of sample (62%) had average knowledge, 25% had good knowledge and 11% had poor knowledge and only 2% of the sample had excellent knowledge regarding Diabetes mellitus

		Knowledge		Р	oor	Av	erage	(Good	Excellent		CHI SQUARE
Sl.	Demo	graphic	No. of	<	<10	10)-15	1	5-20	20)-25	TEST AND
no	variables		sample (n=60)	No.	%	No.	0⁄0	No	0⁄0	No	%	P-VALUE
		25-35	31	04	12.90	19	61.29	8	25.80	00	00	$\chi^2 =$
		35-45	13	02	15.3	07	53.8	04	30.7	00	00	4.8923
1)	Age	45-55	05	00	00	05	100	00	00	01	20	P=0.5576
		>55	11	02	18.18	08	72.72	01	9.09	00	00	@
		Male	29	03	10.34	19	65.5	07	24.13	00	00	$\chi^2 = 1.61290$
2)	Gender	Female	31	05	16.12	17	54.83	08	25.80	01	3.22	p= 0.6564
												@
		Hindu	59	07	11.86	35	59.32	16	27.11	01	1.69	$\chi^2 =$
		Muslim	01	01	100	00	00	00	00	00	00	6.6101
3)	Religion	Christian	00	00	00	00	00	00	00	00	00	P=0.0854 @
		Married	53	07	13.20	31	58.49	14	26.41	01	1.88	$\chi^2 = 0.673$
4)	Marital	Unmarried	07	01	14.28	05	71.42	01	14.28	00	00	P=0.8793
	status											@
		Nuclear	42	04	9.52	23	54.76	14	33.33	01	2.83	$\chi^2 =$
5)	Type of	Joint	18	04	22.22	12	66.66	02	11.11	00	00	4.59183
	family											P=0.2042
												@
		Vegetarian	22	02	9.09	14	63.63	06	27.27	00	00	$\chi^2 =$
6)	Dietary	Non										1.1961
	pattern	vegetarian	38	06	15.78	22	57.89	09	23.68	01	2.63	P=0.7539
												@

|--|

*= Significant at 0.05 level **= Significant at 0.01 level

@= No significant difference

TABLE - 3(B):- Demographic Variables And Knowledge Regarding Diabetes Mellitus

Knowledge				Poor Average		GOOD		Excellent		CHI SQUARE TEST		
SI.	Demog	raphic	No. of	<	:10	10)-15	1	5-20	20-25		AND
no.	varia	bles	samples	No	%	No	%	No	%	No		P- VALUE
			(n=60)									
											%	
		Illiterate	11	01	9.09	08	72.72	02	18.18	00	00	
		Primary	19	02	10.52	15	78.94	02	10.52	00	00	
		Secondary	17	04	23.52	08	47.05	05	29.41	00	00	χ^2
		Graduate	09	01	11.11	04	44.44	04	44.44	00	00	= 23.5309
7)	Education	Post graduate	04	0	0	01	25	02	50	01	25	P=0.0235
												*
		Sedentary	26	02	7.69	19	73.07	05	19.23	00	00	

		Moderate	22	04	18.18	14	63.63	04	18.18	00	00	$\chi^2 = 4.3381$
8)	Occupation	Heavy	12	03	25	09	75	00	00	00	00	
												P=0.3621
												*
		2000-	35	06	16.66	28	77.77	01	2.85	00	00	
		4000										χ^2
9)	Income	4000-	05	01	20	03	60	01	20	00	00	= 8.55204
		10000										P=0.0733
		>10000	20	02	10	12	60	06	30	00	00	*
10)	Family	Yes	06	03	00	05	83.33	01	16.66	00	00	$\chi^2 = 3.8157$
	history of											P=0.1423
	DM	No	54	08	14.81	37	68.51	09	16.66	00	00	*
		Media	13	03	23.07	06	46.15	04	30.76	00	00	
11)	Source of	Hospital	33	03	9.09	25	69.69	05	15.15	00	00	$\chi^2 = 9.6039$
	information	Family	02	01	50	00	00	01	50	00	00	P=0.1423
	regarding	Others	12	01	8.33	10	83.33	01	8.33	00	00	*
	DM											

*= Significant at 0.05 Level

**= Significant at 0.01 Level

@= No significant

Table 3(B) shows that there is no significant difference between demographic variables and knowledge about Diabetes mellitus

Inference:-

A descriptive design was chosen to assess the knowledge of diabetes mellitus at Vengampalli (v) thavanampalli (M). Chittoor(Dist), AP

The study was conducted on 20/9/2017 at Vengampalli (v). A sample size of 60 was chosen to collect the data by using the structured questionnaire method by the researcher with prior consent. We found of the present study:

- 1. Majority of the sample (62%) had adequate knowledge regarding Diabetes mellitus.
- 2. Only 2% of the sample had excellent knowledge regarding Diabetes mellitus.
- 3. There is no significant relationship between demographic variables and knowledge regarding Diabetes mellitus.

Bibliography:-

- 1. B.N. Gupta (1994), Statistics, Sathiya Bhawan, Agra
- 2. C.MUNINARAYANA, G.BALACHANDRA 2010, prevalence and awareness regarding Diabetes mellitus, International journal of Diabetes mellitus, 30 (1):18 21.
- 3. FAITH OSARETIN, ALELE -2014, knowledge on Diabetes mellitus, American journal of public health, vol-2, (3):81-85.
- 4. K.B. Pathak and F. Ram (1992), Techniques of Demographic Analysis, Himalayan Publishing House, Bombay.
- 5. VARSHIL MEHTA-2016, knowledge, attitude and awareness on Diabetes mellitus Indian journal of Applied research, 5 (12):270 272.