EFFECTS OF STRUCTURED EDUCATIONAL PROGRAMME (SEP) ON SELF EFFICACY, SELF CARE BEHAVIOR AND HbA1c VALUES AMONG PATIENTS WITH TYPE 2 DIABETES MELLITUS

MANJULA G.B

ABSTRACT

Background:

India is home to the second largest number of adults living with diabetes worldwide, after China. WHO has estimated a prevalence of 31 million diabetics in India which will rise to 79 million by 2030. Diabetes is a chronic disease with severe complications and high mortality rate. Much of the complications are related to poor glycemic control. Making one’s own decisions for improving blood sugar levels and performing related self chosen actions and maintaining its long term performance is the key element in diabetes self care management. However, sustenance of these activities seldom happens. Addressing this issue, several educational programmes have been tried and tested. Present study was conducted to evaluate the effectiveness of an educational intervention on self efficacy, self care behavior and HbA1c values among patients with type 2 diabetes mellitus.

Methods:

A true experimental study with pretest-posttest control group design was done in a sample of 300 patients attending diabetic clinic of a tertiary care centre in Kerala, South India.
Subjects were randomly allotted to intervention and control group after obtaining ethical clearance and consent. Self efficacy was measured by Diabetes Self Efficacy Scale and self care behaviour was assessed by Summary of Diabetes Self Care Activities (Revised version) in areas of diet, exercise, medication, insulin administration, self monitoring of blood sugar and foot care. The assessments were carried out at baseline, at 3 months and at 6 months. Subjects in experimental group received both routine hospital treatment and educational intervention. Control group received only routine hospital treatment. Data collected were analyzed using SPSS version 16 by means of appropriate descriptive and inferential statistics.

Results:

The pretest findings revealed that majority in both groups had poor overall self efficacy and self care behavior. In post-test, majority of subjects in experimental group had gained average self efficacy and self care behavior. In control group it remained as poor only. It was found that the mean difference in overall self efficacy and self care behaviour between third month and baseline, sixth month and baseline, between sixth month and third month were significantly higher (p<0.001) in experimental group than in control group. Changes in HbA1c values were also found to be significant at 0.001 level. A significant positive correlation was noted for self efficacy and self care behavior. A negative correlation was noted for self efficacy and HbA1c value. Similarly self care behavior and HbA1c value was negatively correlated.

Self efficacy was significantly associated with age, education, occupation, family history of diabetes and presence of co-morbidities. Self care behavior was significantly associated with age, education, family history of diabetes and presence of co-morbidities. HbA1c value was associated with age, family history of diabetes and presence of co-morbidities.

Conclusion:
It was concluded that adding a behavioural intervention along with routine diabetic care enhances patients’ confidence in self management of the disease which in turn improves their self care behavior. India is the country with largest population of diabetics in the world. Therefore the present study provides a cost effective feasible method to the diabetics who struggle to bring blood sugar under control.

**Key words:** Structured educational programme; self- efficacy; self- care behavior; HbA1c; Type 2 diabetes mellitus.