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HRQoL in role limitation due to physical health domain among type 2 diabetes mellitus subjects in Jhansi district of Uttar Pradesh

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Abstract

The prevalence of diabetes is swiftly increasing over the globe at an alarming rate. Quality of life is an important component of diabetes management. The need of adhering to treatment and restrictions on food choices adversely affect the satisfaction and happiness a diabetic can gain out of everyday life.

A purposive sampling technique was used to select type II diabetes patients (based on inclusion and exclusion criteria) in the present study 150 (75 male and 75 female) with type 2 diabetic subjects were selected from Jhansi district of Uttar Pradesh. It was found that in the selected sample, 49.3% of males and 37.3% of females always missed work due to diabetes related complications whereas 52.0% males and 28.0% females reported that their work was affected due to diabetes related care such as adhering to a schedule for eating and taking regular medication. Diabetes affected 53.3% males and 29.3% females work efficiency. Social life in 52.0% males and 33.3% females was affected whereas in 45.3% males and 21.4% females avoided travelling on business tours, holiday and general outing because of diabetes. Visiting friends / parting was affected by 45.3% in males and 21.3% in females due to this condition.

Keywords: HRQoL, limitation due, physical health domain, mellitus

Introduction

Health Related Quality of Life (HRQoL) is one of the most important measures used to assess the effect of the management of chronic diseases on health (Lu *et al.* 2017) [3]. Quality of Life (QoL) is defined by the World Health Organization (WHO) as “an individual’s perception of his/her position in life in the context of the culture and value systems” DM has profound effects on the social, psychological and physical well-being of a person making the management of diabetes mellitus complex and tedious process for both the patient and the health care professionals. India is capital of diabetes of the World (Mohan *et al.*, 2009) [2, 4]. Development of long-term complications leading to a significant drop in perceived quality of life and leading to the complications in many parts of the body and can increase the overall risk of early deaths and morbidities such as heart attack, stroke, kidney failure, leg amputation, vision loss and nerve damage. Thus quality of life issue is crucially important because they may powerfully predict an individual’s capacity to manage disease and maintain long term health and wellbeing.

Methodology

Purposive sampling technique was used to select type 2 diabetic patients (based on inclusion & exclusion criteria confirmed by WHO) from Hospitals/clinics or work places. In the present study 150 (75 male and 75 female) with type 2 diabetic subjects were selected from Jhansi district of Uttar Pradesh. Role limitation due to physical health is one of the Domain of QoL instrument for Indian diabetes patients and factors affecting it are social life and work (Nagpal *et al.*, 2010) [1]. Collected Data was subjected to statistical analysis using descriptive statistics, Frequencies, percentages and SD values.

Table 1: Role limitation due to physical health

| Sl. No | Question | Always | | Frequently | | Often | | Sometime | | Never | | Mean \pm S.D | |
|--------|---|---------------|---------------|-------------|---------------|---------------|---------------|---------------|---------------|-------------|---------------|----------------------|-------------------|
| | | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| 1 | How often do you miss your work because of your diabetes | 37 (49.3%) | 28 (37.3%) | 6 (8.0%) | 8 (10.7%) | 12 (16.0%) | 14 (18.7%) | 17 (22.7%) | 12 (16.0%) | 2 (2.7%) | 13 (17.3%) | 14.8 \pm 13.66* | 15 \pm 7.61* |
| 2 | A person with diabetes has the requirement of adhering to a schedule for eating and taking regular medication | 39 (52.0%) | 21 (28.0%) | 3 (4.0%) | 14 (18.7%) | 11 (14.7%) | 16 (21.3%) | 18 (24.0%) | 11 (14.7%) | 3 (4.0%) | 13 (17.3%) | 14.8 \pm 14.90* | 15 \pm 3.80* |
| 3 | How often does diabetes affect your efficiency at the work | 40 (53.3%) | 22 (29.3%) | 2 (2.7%) | 15 (20.0%) | 10 (13.3%) | 13 (17.3%) | 19 (25.3%) | 12 (16.0%) | 3 (4.0%) | 13 (17.3%) | 14.8 \pm 15.64* | 15 \pm 4.06* |
| 4 | How often do you find diabetes limiting your social life | 39 (52.0%) | 16 (21.3%) | 6 (8.0%) | 3 (4.0%) | 8 (10.7%) | 25 (33.3%) | 20 (26.7%) | 12 (16.0%) | 1 (1.3%) | 19 (25.3%) | 14.8 \pm 15.22* | 15 \pm 8.21* |
| 5 | To what extent do you avoid travelling (business tour, holiday, general outings) because of your diabetes | 34 (45.3%) | 16 (21.3%) | 7 (9.3%) | 2 (2.7%) | 13 (17.3%) | 24 (32.0%) | 19 (25.3%) | 13 (17.3%) | 1 (1.3%) | 20 (26.7%) | 14.8 \pm 12.65* | 15 \pm 8.36* |
| 6 | Compared to others of your age are your social activities (visiting friends/parting) limited because of your diabetes | 34 (45.3%) | 16 (21.3%) | 7 (9.3%) | 2 (2.7%) | 10 (13.3%) | 24 (32.0%) | 18 (24.0%) | 13 (17.3%) | 5 (6.7%) | 20 (26.7%) | 14.8 \pm 11.81* | 15 \pm 8.36* |

Note: * Level of significance at 1% ($p > 0.01$). Values are expressed as number of responses (%).

Results and Discussion

The result on role limitation due to physical health one of the domain of Health Related Quality of Life (HRQOL) by Nagpal *et al.* (2010) [1] for Indian Diabetes Patients is given in the table 1. As indicated in the result it was found that in the selected sample, 49.3% ($n = 37$) of males and 37.3% ($n = 28$) of females always missed work due to diabetes related complications whereas 8.0% males ($n = 6$) and 10.7% ($n = 8$) females frequently missed their work due to diabetes. 16.0% males ($n = 12$) and 18.7% ($n = 14$) females often missed their work, 22.7% males ($n = 17$) and 16.0% females ($n = 12$) sometimes missed their work and 2.7% males ($n = 2$) and 17.3% female ($n = 13$) never missed their work due to diabetes.

The findings on the persons with diabetes were affected due to requirement of adhering to a schedule for eating and taking regular medication is given in the table 1. The finding shows that 52.0% males ($n = 39$) and 28% females ($n = 21$) work was always affected. 4.0% males ($n = 3$) and 18.7% females ($n = 14$) reported that their work was frequently affected, whereas 14.7.0% of males ($n = 11$) and 21.3% females ($n = 16$) reported that their work was often affected. 24.0% males ($n = 18$) and 14.7% females ($n = 11$) said that their work was affected sometimes and 4.0% males ($n = 3$) and 17.3% females ($n = 13$) reported that their work was never affected due to adhering to a schedule for eating and taking regular medication.

The findings on effect of diabetes on efficiency of work of diabetes subjects resented in table 1. Shows that 53.3% of males ($n = 40$) and 29.3% females ($n = 22$) stated that their work was always affected. 2.7% males ($n = 2$) and 20.0% females ($n = 15$) reported that their work was affected frequently; 13.3% males ($n = 10$) and 17.3% females ($n = 13$) reported that their work was affected often. 25.3% males ($n = 19$) and 16.0% females ($n = 12$) reported that their work was affected sometimes whereas 4.0% males ($n = 3$) and 17.3% females ($n = 13$) reported that their work never affect due to diabetes.

The results on effect of diabetes on limiting social life of the diabetes patients presented in table 1. Which showed that 52.0% males ($n = 39$) and 21.3% females ($n = 16$) reported that their social life was always limited due to diabetes; 10% males ($n = 8$) and 33.3% females ($n = 25$) reported that their social life was limited often due to diabetes. 26.7% males ($n = 20$) and 16.0% females ($n = 12$) reported that their social

life was limited sometimes due to due to their diabetes and 1.3% males ($n = 1$) and 26.7% females ($n = 20$) reported that there social life never limited due to their diabetes.

The results on avoiding travelling (business, holidays, general outings) because of their diabetes (table 1) depicts that 45.5.0% males ($n = 34$), 21.3% females ($n = 16$); 9.3% males ($n = 7$), 2.7% females ($n = 2$); 17.3% males ($n = 13$), 32.0% females ($n = 24$); 25.3% males ($n = 19$), 17.3% females ($n = 13$) and 1.3% males ($n = 1$) and 26.7% females ($n = 20$) reported that they avoid travelling always, frequently, often, sometimes and never respectively due to diabetes.

The findings on social activities (visiting friends / parting) limited because of diabetes (table 1) depicts that 45.5.0% males ($n = 34$), 21.3% females ($n = 16$); 9.3% males ($n = 7$), 2.7% females ($n = 2$); 13.3% males ($n = 10$), 32.0% females ($n = 24$); 24.0% males ($n = 18$), 17.3% females ($n = 13$) and 6.7% males ($n = 5$) and 26.7% females ($n = 20$) reported that diabetes limits their social activities (visiting friends / parting); always, frequently, often, sometimes and never respectively.

Praveen and Manu (2015) [5] conducted a cross-sectional study, 200 patients of type 2 diabetes admitted in a tertiary care hospital were interviewed to assess their quality of life with the Quality of Life Instrument for Indian Diabetes Patients questionnaire. Selected socio-demographic variables were also checked for correlation with quality of life and reported that Quality of life was found to depreciate with increasing age, years lived with diabetes and lower income class and their findings on Role Limitation Due to Physical Health (Domains in Quality of Life Assessment) were 41% of the study subjects said that they never missed work due to their diabetes. 19% said diabetes prevented them from attending to their work and that they missed work always. 29% missed frequently, 9% missed often and 23% missed their work sometimes due to diabetes. Almost 48% of the patients said the dietary regulation and medication for diabetes never affected their work. 66% of the patients collectively said that diabetes affected their efficiency at work always or more frequently. Diabetes has never caused limitation of social activity in 60% of the patients studied. 40% of the patients avoided travelling on business tours, holidays and general outings to a great extent due to diabetes. More than 50% of the patients said diabetes limited their social activities such as visiting a friend or partying either always or frequently, compared to others of their age.

Conclusion

Information acquired from study of the Health Related Quality of Life (HRQOL) can to confine the individual's perspective on health and well-being. It will be helpful to doctors, medical nutrition therapists to understand the way patients perceive their health status, preferences and expectations, and can facilitate the recognition of emotional /mental or psychological problems that might otherwise be overlooked.

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