

Professional Social Work in India
Rhetoric and the Reality

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A STUDY ON THE ADJUSTMENTAL PROBLEMS OF DIABETIC PATIENTS

U. GOWRI

Introduction

Diabetes Mellitus has been known to mankind for ages. It is a disease where the body cannot properly produce or use insulin. It is a chronic metabolic abnormality that remains with one for life. It can never be cured but can be managed effectively. Adequate control of diabetes leads to a lower risk and complications. The management of this disease mainly includes lifestyle modifications such as losing weight, diet and exercise, patient education and compliance with treatment. The prevalence of diabetes in urban India is 10 percent whereas in Indian villages, it only 2 percent. With a population of more than 2 billion people, this implies at least 20 million people are with diabetes in the country. Estimation by WHO suggests that by the year 2025 there will be more than 300 million people affected by this deadly disease all over the world. So diabetes is not just a disease of the developed countries. It is, however, clearly a disease intensified by development. The 4th World Congress on Prevention of Diabetes and its Complications (2005) called for an immediate action in this regard because every fourth diabetic in the world is an Indian. According to WHO projections, the 30 million to 33 million diabetics in India will go up to 40 million by 2010 and 74 million by 2025. WHO has issued a warning that India will be the Diabetes capital of the world.

When looking at the global scenario, it projects a dangerous Non-communicable public health problem. Unlike the other public health problems, diabetes needs to be addressed more from the personal point of view of how an individual can follow the preventive and management methods of keeping one's glycemic levels at control. At the larger level, when the governments are taking steps to create awareness among the public, at the micro level it depends on the self motivation of the person concerned to work on issues like dietary

modification, blood glucose monitoring, adjustment disorders, stress management, etc.

What is Diabetes Mellitus?

Diabetes is a metabolic abnormality in which the body is unable to utilize the glucose of its energy requirements. Insulin is a hormone that turns the food one eats into energy. If the body cannot turn food into energy, not only the cells are starved for energy, but it will also build up glucose in the blood. This will lead to have 'high blood glucose levels'. Over years the high blood glucose level can damage major organs like heart, eyes, feet, the nerves, reproductive system and the kidneys. Numerous trials all over the world have established that proper and adequate control of diabetes is the only sure way to minimize or totally prevent the complications of diabetes.

Types of Diabetes

There are three types of Diabetes. Type 1, otherwise called IDDM (Insulin Dependent Diabetes Mellitus) which is most commonly diagnosed in children and adolescents. It is an auto immune disorder, in which the body's own immune system attacks the beta cells of the pancreas. Those patients need insulin injections. Type 2 diabetes is characterized by 'Insulin Resistance' as body cells do not respond appropriately when insulin is present. Type 2 accounts for about 90 percent of diabetes cases. This type is strongly linked with obesity, inactivity and a family history of diabetes. Type 3 is Gestational Diabetes which appears in about 2-5 percent of all pregnancies. It is temporary and fully treatable.

Proper control of diabetes is essential to prevent short term and long term complications. Numerous trials all over the world have established that proper and adequate control of diabetes is the only sure way to minimize or totally prevent the complications of diabetes.

Preventive aspects of diabetes are at three levels. Primary prevention refers to the prevention of the onset of the disease, which includes genetic counseling, health promotion and specific protection. Secondary prevention refers to the early diagnosis and treatment of the disease to prevent complications. Tertiary prevention refers to limiting physical disability resulting from the

complications and institution of rehabilitation programmes. It is observed that a great deal of research has gone into diabetes care including the physical discomforts a person faces, the financial implications, frequent blood sugar monitoring, strict diet regimen, insulin injections related depression, coping styles, stress management and support from family and health care professionals. A lot of areas are to be probed in the management of diabetes like which sections of the population are more prone to that, what are the differential factors which affect the wellbeing of people affected with diabetes, and the role of health care professional to address this issue from the public health point of view. It is in this context, the current study was undertaken to throw more light onto these aspects.

Objectives of the Study

- To describe the socio-economic profile of the diabetic patients
- To find out the factors affecting the wellbeing of the respondents
- To study the level of mental health of the respondents
- To study the level of adjustmental problems of the respondents

Methodology

The research design adopted in this study is descriptive. The descriptive studies aim to portray accurately the characteristics of a particular group or situation. In this study the researcher portrays the various factors which affect the overall wellbeing of the diabetic patients. The present study was conducted in Ernakulam City, Kerala. The universe of the study consists of diabetic patients undergoing treatment in a diabetic centre. As the study concentrates on diabetic patients, through purposive sampling method, 60 respondents were selected. An interview schedule consisting of the personal data, factors affecting the wellbeing, Mental Health Inventory developed by Veit C.T and Ware J.E (1983) and Adjustment Inventory developed by Ramamurthy (1968) was used to elicit the required data. The collected data were analyzed by using appropriate statistical techniques such as mean, SD and chi-square. The obtained data are presented in the form of tables and discussed.

Results

Socio Economic Profile

The study was mainly concerned with describing the socio-economic profile of the diabetic patients and to find out the factors which affect their wellbeing. The study revealed that more than three fourth of the respondents (78%) are male diabetic patients. More than one third (37%) of the respondents are agriculturists. 54 percent of respondents have studied only up to higher secondary. Only 47 percent of the respondents earn more than Rs.6000 per month. 55 percent of respondents spend more than Rs.200 per month for medical expenses.

Findings Related to Factors Affecting the Wellbeing

The data reveals that nearly half (45%) of the respondents came to know that they have diabetes recently only. More than three fourth (78%) of the respondents are not using any self-monitoring devices to check blood sugar levels. Majority of them (60%) take medicines regularly. Not even half (45%) of the respondents follow the strict diet regimen. Majority of them (77%) do not keep ID cards to keep others informed when they hypoglycemic flashes.

Findings Related to Mental Health and Adjustmental Problems

A little more than half (58%) of the respondents have moderate mental health. Majority of the respondents have high health adjustment problems (68%), high emotional adjustment problems (63%), high home adjustment problem (73%), whereas the self adjustment and home adjustment was less among the respondents (75%) and (80%) respectively.

Further analyses also show that there is a significant association between age and mental health, stress management and mental health and age and adjustmental problems.

Discussion

The purpose of this study was to identify the factors which affect the wellbeing of the diabetic patients and the influence of this health factor on their everyday life. Diabetes Mellitus is considered to be one of the non-

Communicable public health problems as the number of people affected by it is taking a multi fold today. As every sixth Indian could be a diabetic, it calls for a serious intervention by professionals. It is also to be more carefully looked into as the quality of the human resource will have a deteriorating effect as they undergo lot of health related problems and its outcome in the form of stress and other psychological problems.

The current study states that the urban population is more likely to be affected by diabetes because of the lifestyle patterns. They depend more on high calorie based, more refined fast food which leads to Type 2 diabetes which is the case among most of the middle aged urban Indians. The rural people eat more coarse food and have a balanced diet; the incidence rate is low among them. The sedentary lifestyle without adequate exercise among the urban people also brings them this health condition, whereas the life of an agriculturist is very active.

The study pinpoints the awareness level among the common man about diabetes is not satisfactory. They do not understand how this state of health can better be managed. Diabetes is a condition which affects people mostly in their late thirties or early forties. And if necessary modifications are made at the pre-diabetic stage itself, they need not depend on insulin for burning their calories. The study reveals that most of them do not use any self monitoring devices (gluco meters) to check their blood sugar levels frequently. Researches estimate that about one third of people with type 2 diabetes do not know they have it. When the awareness level among the people is very low, treatment becomes even more complicated. The clinical testing is a painful event and so mentally the people are not ready to go for it frequently. It is also been found that they do not keep any ID card to keep others informed when they get hypoglycemic flashes. It is most important when a person goes hypoglycemic, the bystander can do the initial course to recover him.

As most of the diabetic patients have a lot of physical discomforts like itching, frequent urination, feeling thirsty, and sometimes body aches, it is common that they undergo a lot of stress. That again leads to various adjustmental problems in the home and at workplace. It is suggested that they can

relieve their stress through listening to music, going for long walks, doing exercise, yoga, gardening, rearing pets and other stress relieving activities.

Role of Professional Social Worker

Behaviour Change Agents

As diabetic care falls into the purview of the medical social work, the health workers can act as the agents of behaviour change by providing knowledge about health and nutrition, counseling the patients and the families, involving the family members in such discussions and sessions for sensitizing and support to the desired behaviour. The support service can be offered both in the hospital as well as through home visits and counseling them by providing not only the needed information but also guide the families about the nutritional facts and about the intake of low calorie food. In the cases where there is a family history of diabetes, even genetic counseling can be given to the family members so that necessary precautionary steps can be taken to manage it.

Like other community based programmes, the issue of high rates of diabetes among the urban population can be taken up and through awareness programmes and through street plays it can be portrayed to the public. With the existing structures, even children from the very young age can be educated about the value of balanced diet and so they can avoid obesity. Encouraging and advising people to undergo regular health checkups may lead to early deduction of diabetes. Through this people who are in the pre-diabetic stage can even postpone the onset of it by making proper modifications in their life style. Early detection will also prevent loss of limbs and other related complications. Genetic Adequate support and good family atmosphere can contribute to a proper control of diabetes. Effective counseling for proper timely intake of food and diet control and exercises will help the patients to control their illness as well as to adjust to the various situations.

Conclusion

Diabetes is a silent killer which affects almost all parts of the body without the knowledge of the human being. Anyone can get diabetes, not only the aged but even a just born baby. An individual's adaptation to the condition requires

emotional awareness and skills to meet daily challenges with existing complications. Advances in the understanding of the problem and its treatment have revolutionized its management. Taking adequate support from the health care professionals and positive approach to the problem is the healthy way of living with diabetes.

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