

A survey of diabetes health awareness, health education and foot care conducted during mega camps in rural, semi urban and urban areas

Abstract

India is a developing country amounts to nearly 7 crores known diabetic patients. Awareness regarding diabetes, foot care, and end organ damages are very poor. At this juncture all sectors of physicians and diabetologists to create awareness is very important factor to control progressive DM. To strengthen this awareness program a new plan of action as be outlined to tackle this burning issue.

Keywords: diabetes mellitus, health education and awareness program

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Aim

Diabetes, Foot related awareness & clinical status were evaluated in 600 consecutive patients utilizing structural questionnaire & Medical evaluation:

- Subject: Male: Female Rural 68:32, Semi urban 63:37, Urban 61:39
- Representation: Rural-Agriculture 95%, Business 5%, Employment 0%, Semi urban-Agriculture 68% Business 14% Employment 18%, Urban-Agriculture 0 Business 58% Employment 42%.
- Age Group: Male-Rural above 40years 80% below 40 years 20%, Female > 40 Years 88% <40Years 12%. Semi Urban-Male above 40 years 72% below 40 years 28%, Female >70% <40Years 30%
- Urban-Male above 40years 69% below 40 Years 31 % Female > 40years 60 & <40years 40%
- Hypertension (HTN): Rural- 28%, Semi Urban 43%, Urban-47%
- Smoking: Rural-47%, Semi Urban-38 %, Urban- 30%
- Alcohol: Rural-76%, Semi Urban-63%, Urban-67%.
- Diabetes Duration: Rural 1-5 years 38% 5-10 years 27% >10 years 3 Semi Urban 1-5 years 30% 5-10 years 40% >10 years 30%, Urban 1-5 years 32% 5-10 years 48% >10 years 20%
- Education: Rural-Nil 65% Primary & High School-25% College 10%, Semi Urban-Nil 29% Primary & High School 40% College 31%, Urban-Primary & High School 14% College 86%
- Diabetes & Foot Health Education: Rural 0-5%, Semi Urban 0-10%, Urban 10-15%
- RBS: 180-250 mg %, Rural-91%, Semi urban-67%, Urban-65%
- Diabetes Consultation: Rural-1-3 months 7% 3-6 months 80 % 6-12 months 3% >12 months 10%

- Semi Urban-1-3 months 37% 3-6 months 58% 6-12 months 3% >12 months 10% Urban-1-3 months 35% 3-6 months 55% 6-12 months 8% >12 months 2%

- DPN- Rural 87% positive semi, Urban-62% +, Urban -64% +.

Observation

Rural population are becoming more & more Diabetic & Hypertensive in our country because of more consumption of Rice, Lack of Exercise, and Consumption of more red meat and leading more stressful life.

Majority of the patients in all the sectors had not received either Diabetes Awareness, Foot Health Education & Importance of DPN from Physicians or General Practitioner. Majority of the medical colleges are not having separate Diabetic Department and physicians are not much trained in diabetes or oriented towards diabetes. General practitioners also not much trained in diabetes and its complications. Trained centers are very less in our country. Majority of the patients are not much aware regarding diabetes and its complications. They are under the impression, once if they take treatment same medication will be continued. Until they get some in tolerable problem like Burning feet, furanancles, itching sensation and excessive urination in the night. Regular consultation for Diabetes is very poor in all the sectors.

Conclusion

In the rural / semi urban /urban setting, knowledge & awareness about Glycemic Level, Foot Health, HTN Management is very poor. Formal Health Education & cancelling virtually nonexistent. DPN Assessment & Management at the community level with sincerity can be expected to yield very high health care in terms or reducing most of the complications. Management of Diabetes in all the sectors at the present setting is sub optimal & expected goals were not reached. There is a need for quality improvement & lifestyle modification initiative that enhance the level of care received by all Diabetic

patients. Government should take this issue very seriously and try to implement at the earliest to get some good result.¹⁻¹⁰

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Conflicts of interest

The author declares there is no conflict of interest.

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