

DIABETES AND IT'S EFFECTS ON HEALTH

By

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DECLARATION

I hereby that this thesis has not been submitted for candidature for any other degree.

.....

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ABSTRACT

The study entitled “Diabetes and its effects on health” in Sivasatakshi municipality Jhapa district have been conducted among 155 people. This study was to determine the diabetes among people in SivaSatakshi and to find out the prevalence and its impact of diabetes among people.

For this study descriptive research design is used. The study is focus on diabetes effects health on the people of Sivasatakshi Municipality ward No. 1, 2, 3, 4, and 5. both qualitative and quantitative data had been collected during the field work. . The information was collected from randomly 155 peoples of samples through interview schedule and observation, questionnaire, with the target. and the data had broadly categorized according to the research objectives and presented in qualitative as well be analyzed and interpreted with the help of different statistical tools.

Most of the people were affected above 50 years age the majority of people were affected by diabetes, who have been continuously getting medical checkup. Maximum respondents had best knowledge about the effects of diabetes on health and they were equally having good knowledge of economic condition due to frequently checking their health. Therefore frequently checking their health. Therefore most respondents were controlling of food to avoid diabetes on their health. Sivasatakshi municipality have been taken part for most of the people to provide diabetes and its effects on health by conducting village based programmed which helps to improve respondents health.

In the study to aware the people about diabetes and its effects on health programmed should be conducted in the adult education. Family of diabetes patient should take part of different discussion programmes and seminar then utilized information as a practice and help to those diabetic patient. The meal which we intake everyday in our life most need to know the volume of protein, carbohydrate, Sugar, and starch. And need special attention of taking those meal to avoid any health issue.

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ABBREVIATIONS

FHD	: Family Health Division
JMC	: Janta Multiple Campus
TU	: Tribhuvan University
WHO	: World Health Organization
MOH	: Ministry of Health
DHS	: Demography Health survey
INGO	: International Non Governmental organization
NGO	: Non Governmental organization
PHC	: Primary Health Care Center

CHAPTER: I

INTRODUCTION

1.1 Background of the study

Nepal is a Developing country and still the doctors have pointed that Nepal is at high risk of Diabetes. Diabetes has been described is a disease involving a hormone called insulin and it's regulation .in diabetes body either does not make enough insulin or does not respond to the insulin it make in the usual way. As a result, people have high blood sugar levels.

Doctors have pointed that Nepal is at high risk of Diabetes. According to the WHO, there is no exact data of patient with diabetes in Nepal. But 2016 Diabetes profile has shown that 9.1percent Nepali population are living with diabetes .it includes 10.5percent man and 7.9 percent women. The complications of diabetes are blindness, kidney disease, nerve disease infections heart disease, and strokes. Rates of this illness are much higher in diabetic patients (<https://www.setopati.com/kinmel/medical/>).

Diabetes frequency is a growing problem worldwide because of long life expectancy and life style modifications. In old age (>60-65) years Diabetes is becoming an alarming public health problem in developed and even in developing countries as for some out horse one from two old persons are diabetic or per diabetic and for other 8 from 10 old persons have some dysglycemia, (<https://www.grandehospital.com/news/online/>).

. Diabetes is a complex illness requiring continuous medical care. With medical care. With multi factorial risk reduction strategies beyond glycemic control. Ongoing patient self-management education and support are critical to preventing acute complications. Significant evidence exists that support is a range of interventions to improve diabetes outcomes. Diabetes is one of the prevailing disorders worldwide, that prevalence for which was estimated (globally) in 2013,382 million people live with diabetes and this is

expected to rise to 592 million by 2035. According to international diabetes federation currently, 6.6 million people live with diabetes in Pakistan, (<https://www.onlinekhabar.com/2018/11/7>).

Diabetes is a disease that occurs when your blood glucose, also called blood sugar, is too high. Blood glucose is your main source helps glucose from food get in to your cells to be used for energy. Sometimes your body does not make enough or any insulin or does not use insulin well. Sometimes peoples call diabetes “These terms suggest that someone doesn’t really have diabetes or has a less serious case, but every case of Diabetes is serious.

The most common types of diabetes are:

Type 1 Diabetes: If people have type 1 Diabetes body doesn’t make insulin. Their immune system attacks and destroys the cells in your pancreas that make insulin.

Type 1 Diabetes is usually diagnosed in children and young adults, although it can appear at any age. People with type 1 diabetes need to take insulin every day to stay alive.

Type 2 Diabetes: If people have type 2 Diabetes body doesn’t make to use insulin well. People can develop types Diabetes at any age even during childhood. However, this type of diabetes occurs most often in middle age and older people. Type 2 is the most common type of diabetes.

Diabetes is not a single hereditary disease but a heterogeneous group of Diseases, all of which ultimately lead to an elevation of glucose in the blood and loss of glucose in the urine as hyperglycemia increases. Either diabetes is a chronic disease that occurs when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood sugar. Hyperglycemia or raised blood sugar is common effect of uncontrolled diabetes and over time leads to serious damage to many of the body’s systems especially the nerves and blood vessels.

In 2014, 8.5% of adults aged 18 years and older had diabetes. In 2016, Diabetes was the direct cause of 1.6 million deaths and in 2012 high blood, glucose was the cause of another 2.2 million deaths in 2016, an estimated 1.6 million deaths were directly caused

by diabetes Another 2.2 million deaths were attributable to high blood glucose in 2012. In 2017, the greatest number of people with diabetes was between 40-59 years of age. 79 % of adults with Diabetes were live in low and middle-income countries. In 2017, Diabetes caused 4 million deaths(<https://www.grandehospital.com/news/online/>).

The objectives of this study is to determine the comparative level of male and female diabetic patients that how much extent they know about diabetes, associated complications, problems and management of awareness of diabetes,

1.2 Statements of the Problems

Human being is one of the conscious living creature. Where a series of continuous physical development progress and finally reached at the stage of an elderly however one day will certainly reached at the stage of death. Either rich or poor people's penetration to the elderly people suffered by the elderly stage diseases. When an elderly people suffered by disease the problem seems ghastly. The elderly people physically get week time family members to behave strongly with them whatever the people behave strongly with their an elderly stage people now. They forget that in future they will have to face the same condition which they understood but doesn't take it seriously. Many children they forget that one day they get old can't perform work and get victim by many disease and does negative behave with their parents either educated family or person they do like lower class behave with them.

In our society many people they have been taking credit of their parents elderly work even they incur parents property in their name after all high blood pressure including many disease children being negate them much because the family member have to take care a lot their patient parents including taking care of their foods and regularly taking care of medicine. Which they have to provide an elderly parents after all family members want to avoid their parents in this time to live happy life by not taking any adversary. Therefore when they suffer by diabetes including other disease elderly. What are the points should have on mind by their family member? Why diabetes patient should care of their food? Why they have to take medicine regularly? Including all this subjects have been done deep study and research which will be helpful to the victims an objectives

“Diabetes an elderly stage and its effect on Health” topic have been choose. Why have been doing negative behavior to an elderly people who suffer diabetes? Why they are not getting enough nutrition? To get to know all this questions answer this research paper has been prepared. Where finding out an elderly stage how diabetes affects an elderly people? To find out reality of those matter above topic have been choose.

The provide concert topic for this research is have choose jhapa District Siva satakshi municipality ward No. 1,2, 3 as a study area what are the region our respective parents by diabetes ? What is the precaution of this problem? How have been treated them by their family to study of above all matters this research paper have been prepared. In this context, this proposed study has tried to answer the following research questions:

- 1) What is the epidemiology of Diabetes in People?
- 2) How do we identify people at high risk of Diabetes and help to prevent the condition from developing.
- 3) What current guidelines exist for treating with people?

1.3 Objectives of the study

The specific objectives of proposed study as follows:

- 1.3.1 To find out economic and social status of people,
- 1.3.1 To find out diabetes and non diabetes people,
- 1.3.1 To find out diabetes and its effects on Health.

1.4 Significance of the study

Based on the objectives of the proposed study. The study considered as a references guide as it has been described the Diabetes peoples caring of them and concern about other health issue in an elderly age. This study helps to future researcher if someone want to study about this topic when related research being meaningful. It helps to everyone in future, Who want to study about relative research. This study co-operate stakeholders person, union, institution to create their own policy construction and plan. Where truth and reality have been expressed as much possible.

1.5 Delimitations of the study.

Each and every study has its own limitation. This study too is no exception. The main limitation of this proposed study are as follows:

- This proposed study have been mainly focused on diabetic people above 40 years
- The findings of this study have been generalized for all communities of the country.
- This study is related with the people whom suffered by diabetes.
- The study is based on the descriptive survey design.

1.6 Definition of the terms used

1.6.1 Epidemic: The appearance of particular disease in large number of people at the same time.

1.6.2 Diabetes: A disease in which the body cannot control the level of sugar in the blood.

1.6.3 Study: A detailed investigation and analysis of a subject or situation.

1.6.4 Questionnaire: A set of printed or written questions with a choice of answer, devise for the purposes of survey or statistical study.

1.6.5 Health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity,

CHAPTER- II

REVIEW OF LITERATURE

Starting to write proposal I have collected past year Researcher tools written by three person's research paper which have been used as a main foundation where I try to give my own subject in a similar way in their research paper which are a topic of researcher topic of vision its workplace an result of its study presenting to attempt in simple way.

Diabetes in people above 40 years and their primary medical care facilities including any other problems discussed and studied by researcher saraswata Niroula at Jhapa district Sivasatashi municipality due geographical point of view, ward no. 1, 2, 3, 4, 5 and studies diabetes people above 40 years main vision of the study bas to find out Diabetes peoples caring of them and concern about other health issue. Similarly justification of study is, if we can provide health care of Diabetic people, facilities and special consideration how would be the life.

Furthermore, it will be a guideline to future researcher if someone want to study about this topic when related research being meaningful, it helps to everyone in future. We want to study about relative research. This study co-operate, stakeholder person, union, institution to create their own policy construction and plan about diabetic people. Where, truth and reality have been express as much as possible (Niraula, 2072).

Bipin subedi, another researcher have prepared report based on diabetes an elderly stage peoples as well as health condition from Terathum district former solmaVDC ward no. 1-9 as the age of above 60 years among 25 of people. He had been chosen 100 of them elderly peoples and used systematic random sampling procedure. In the way of explanation method where qualitative and quantitative research structure prepared (Subedi, 2070).

Similarly another report tool place at Jhapa District former Pachgachhi VDC where personal hygiene of an elderly peoples found good knowledge according to these study an elderly stage people suffered from Diarrhea, long term disease long term disease. Among 100 people, 56 of them were not suffered from old diabetes. But apart from

diabetes, asthma gastric, bath disease, high blood pressure, allergy, head pain, and burning urine disease were on them (Bista,2072)

A study of interaction with an ageing people in Nepal diabetes high blood pressure and join pain have found as a main issues, where old women were suffered more by diabetes high blood pressure, malnutrition and child birth problem. They have been taking elopathy as well as natural herbal as a medicine which are easily available at their own place.

2.1 Theoretical literature

Diabetes caused by lack of insulin in the body. Insulin is secreted by the pancreas in the islets of langerhans. If beta cells are destroyed insulin cannot be produced. The long-term complications like damage to the blood vessels, eyes kidney and nerves can be prevented by using regular hypoglycemic agents. Most of the clients due sedentary life style and because of cell resistance the body cannot use the insulin effectively. If this condition is not treated properly, it will result in high concentration of glucose in the blood called hyperglycemia.

Normally during the time of having, more insulin is secreted and it is emptied into the duodenum for digestion insulin moves glucose form the blood into the cells and muscles, also it burns the glucose and produce energy. The risk factors of Diabetes are heredity, obesity (BHI above 30 kg/m²), age above 45 years, impaired glucose tolerance, high blood pressure leads to Hypertension (>140/90mm of Hg). Insulin is a natural hormone, secreted by pancreas when the pancreas is not secreting adequate insulin exogenous insulin is a administered to control the high blood the high blood glucose level. Insulin helps the muscles to utilize the glucose and produce energy without insulin the body cells cannot survive. The top five points to stay healthy with diabetes are.

- The insulin with the diabetes must follow low carbohydrate diet has advised by the doctor.
- Be active and follow regular walking a total of 30 minutes daily.
- Check your blood sugar every 15 days and maintain your personal diary.
- Avoid drinking alcohol.

- Maintain your blood pressure and cholesterol level to normal.

2.2 Empirical literature review

In (2013) overall population between the age of (20-79) years old is predicted (382 million) people are having diabetes for a prevalence of (8.3%) North America and Caribbean region are having the higher prevalence of diabetes. In the Middle East, Africa were are (36,755 people)among them (11%) one having diabetes. Nepal is at high risk of diabetes. According to the WHO, there is no exact data of patients with diabetes in Nepal. But the 2016 diabetes profile has shown that 9.1% Nepal population are living with diabetes. In includes 10.5% men and 7.9% women (<https://www.grandehospital.com/news/online/>).

Diabetes is a chronic, metabolic diseases characterized by elevated levels of blood glucose: which leads over time to serious damage to the heart, blood vassals, eyes, kidneys, and nerves. The most common is diabetes usually in old which occurs when the body comes resistant to insulin to doesn't make enough insulin. Currently their are over 199 million women living with diabetes. Access to affordable treatment. Including insulin is critical to their survival. There is a globally agreed target to halt the rise in diabetes and obesity by 2025. Diabetes is the ninth leading cause of death in women globally, causing 2.1 million deaths per prevented through the adoption of healthy lifestyle. In Nepal, obesity is found to be a cause of diabetes among 16.6% female population and 13.6% male as stated by world health organization. With the, increasing population and changing lifestyle, the burden of nom communicable disease is very high especially in the urban areas. The basic treatment services for diabetes is now available in many places across the patients have to come to the cities. The flow of the patients is also high at the central hospital.

The treatment of this disease require prolonged treatment and extra financial burden for families with low economic condition. The government has prioritized NCDS in nations health policy 2015 as well as national health sector strategy 2015-2020 which also includes diabetes.

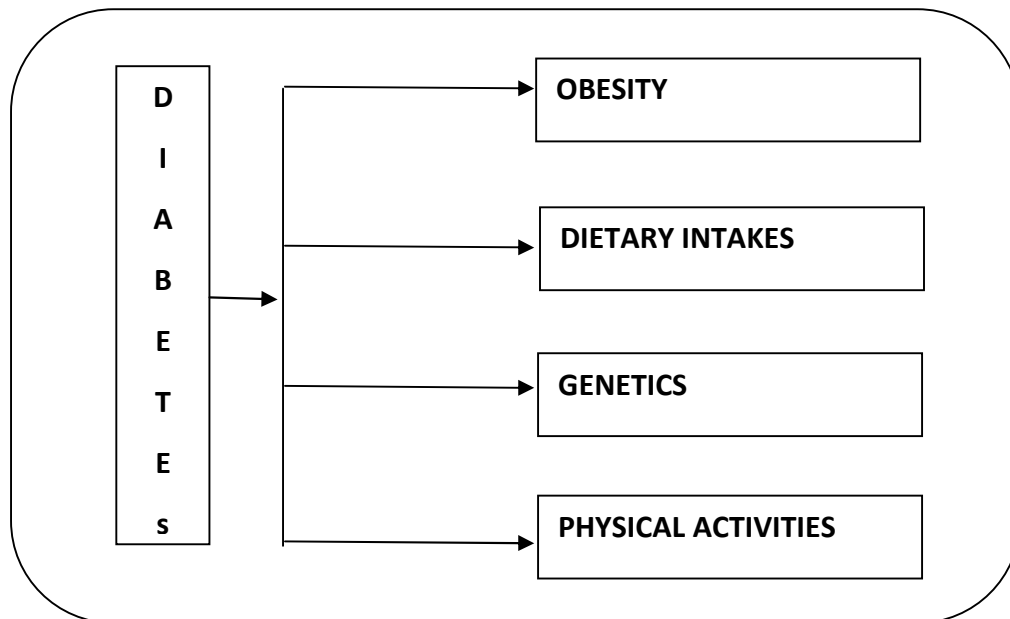
2.3 Implication of the review for study

The goal of the study of Diabetes in people and its effects on Health at Sivastakshi Municipality word No. 1, 2, 3, 4 and 5 help to provide the followings.

- It helps to find out diabetes peoples caring of them and concern about other health issue.
- The study provides the status of the diabetes people.
- It is also helps to find out diabetes and its effects on their health.

2.4 Conceptual Framework

This study is about the diabetes in an elderly age and its effects on Health of the Sivasatakshi Municipality world No 1, 2, 3, 4, and 5. this is the way I developed a conceptual framework which illustrates the major factors which affect the diabetes in diabetic people. This conceptual framework presents the major factors that of educational public institutes which supports to help build knowledge of diabetes.



CHAPTER- THREE

RESEARCH METHODOLOGY

Research methodology is systematic way to solve the research problem. In other words, research methodology deals with the methodology adopted in the study. It contains the research design nature and source of data method of data collection sample size etc. it would be appropriate to mention that research projects not susceptible to be studied will determining the particular steps to taken in order too.

3.1 Research design

For this study descriptive research design is used. The study is focus on diabetes effects health on the people of Sivasatakshi Municipality word No. 1, 2, 3, 4, and 5. The descriptive research design is conceive with the description of the fact with respect to the diabetes impact of the involved elder people's health education awareness and its use is indicated.

3.2 Rational of proposed study area

Ahivasatakshi Municipality word No 1,2,3,4 and had been selected for this proposed study. The reason for selecting this word is in the city area in Shivasataakshi municipality besides that. There are transport facilities of public bus and electric riksha which is also close to my home town. Made my job easy to do survey.

3.3 Population and sampling

As a model 155 people above 40 years had been selected for common with the possibility for model random sampling method of detail report. To prepare this statistic geographic, social, economic, religion, occupation all had been included related an elderly people will answer the question.

3.4 Data collection tools and techniques

Both qualitative and quantitative data collected during the fieldwork. Similarly the primary data had been collected. The sources of primary data where the questionnaire and

face-to-face interview. Secondary data got collected including both published and unpublished literature articles sources of published diabetes in old age, Health institutes, National International organization, research report other Master's thesis related literatures websites of various national and international government and non government organizations etc. The report of the proposed Shivasatalshi municipality was the main source of secondary data.

3.5 Data collection procedure

Questionnaire was the main tool of this study. It was used to collect the information on the studying pace. So questionnaire had been fulfilled through direct contact with participants at Shivasatakshi municipality.

3.6 Data Analysis and Interpretation

As both qualitative and quantitative data had been collected during the field work and the data had broadly categorized according to the research objectives and presented in qualitative as well be analyzed and interpreted with the help of different statistical tools. It had been used for data analysis. To justify the statement the researcher used quantities methods, both primary and secondary data tabulated and analyzed descriptively.

CHAPTER- IV

ANALYSIS AND INTERPRETATION OF RESULTS

This chapter deals with analysis and interpretation of collected data. The data tabulated and placed in sequential order according to the nature of the study. The analysis and interpretation of data were done with the help of tables and figures to make the presentation more effective and clear. After tabulating the data responses are grouped in terms of their basic nature the following are the main headings of presentation.

4.1 Demographic and economics characteristics.

Demography is the study of birth, death, age, sex and class which were collected during this research. Without calculation of demographic features, the research cannot meet its objectives.

4.1.1 Age and sex of respondents.

In this research also the same calculation was focused. Sex and age are inevitable parts of research, these factors had been focused considerably in this research too. Age and sex of sampled 155 people had been presented in following table.

Table : 1 Distribution of age and Sex of respondents.

Age group	Number of people		percent	Total
	male	Female		
40-45	10	12	14.19	22
46-56	20	16	23.23	36
57-67	25	32	43.23	67
68 above	15	15	19.35	30
Total	80(51.61%)	75(48.39%)	100	155

Table 1 shows the number of the people by age and sex of the study area the table shows that there were 51.61 percent male and 48.39 percent female. Total number of male

people from age group 40-45 was 10 and female people 12. Similarly from age group 46-56 total male are 20 and female was 16. Finally total number of male people from age group 57-67 were 25 and female people were 32 then total number of male people from age group above 68 was 15 and number of female people was 15 . Altogether total number of people from age group 50-45 was 14.19 percent from age group 46-56 was 23.23 percent and from age group 57-67 was 43.23 percent and from age group above 68 was 19.35 percent.

4.1.2 Education status

Education makes the different way of the thinking with the person. It also makes the different in doing things in a better way. It empowers the people to be healthy and to live healthy life. Education plays important roles on awareness against the disease to prevent them in time.

Table. 2 Education status of respondents

Level	Number of people		Percent	Total
	Male	Female		
Under SLC	40	40	51.61	80
Bachelor +2	15	20	22.58	35
Above	25	15	25.81	45
total	80(51.61)	75(48.39)	100	155

Table 2 shows that majority of 51.61 percent people studied in under S.L.C, 22.58 percent people studied in below +2, and 25.81 percent people studied above bachelor. In this observation, it is seen that most of them are malt people.

4.1.3 Main income source of family

In different way from where we got money. It was a very important to make our family happy and get sources of income is separate into two types for family Medicaid purpose. Earned and unearned main income sources plays important roles on awareness against the

disease to prevent them in time. Main income source of family sampled 455 people have been presented in following table.

Figure No : 1 Main income source of respondents family.

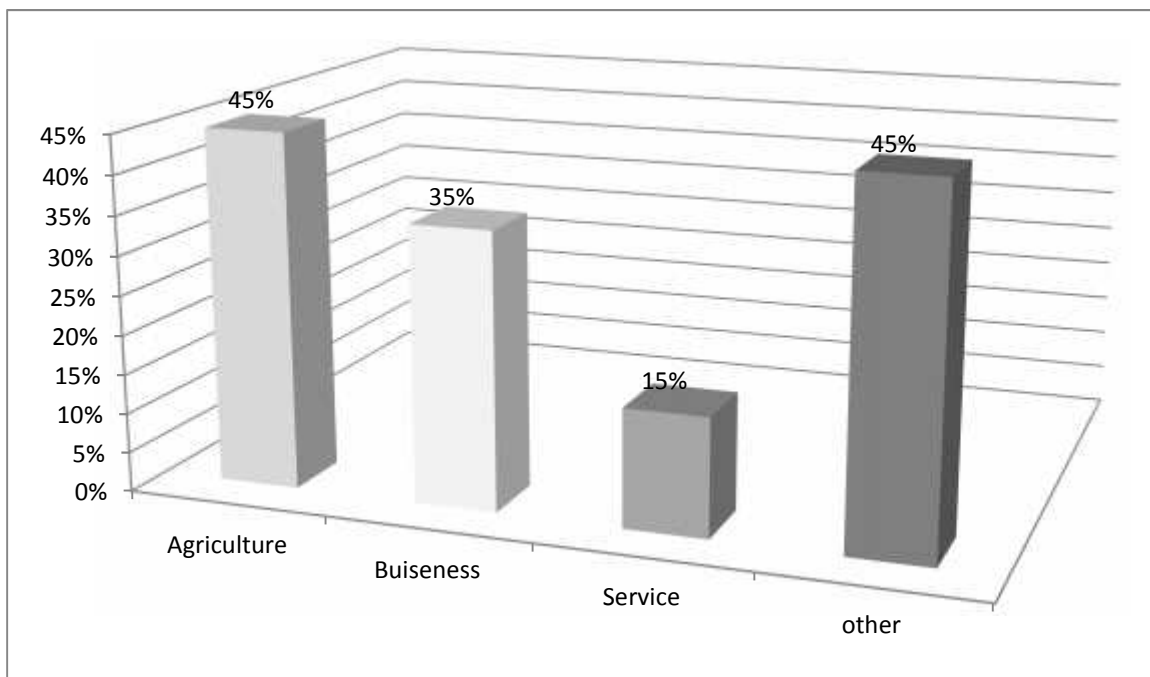


Figure 1 shows that among 155 peoples 35 percent income source of family were business and minimum were 5 percent others. Similarly 45 percent were agriculture and 15 were service source of income of the respondent's family. It is seen that most of respondent's family were involved in agriculture.

4.2 diabetes and non- diabetic people

Diabetes is a disease that occurs when your blood also called blood sugar, is too high. Blood glucose is your main source of energy and comes from the food you eat. Insulin a hormone made by the pancreases helps glucose from food get in to your cells of be used for energy. Sometimes your body doesn't make enough or any insulin or doesn't use insulin well. Sometimes peoples call diabetes “ a touch of sugar” or “border line diabetes” these terms suggest that someone doesn't really have diabetes or has a less serious case but every case of diabetes is serious case but every case of diabetes is serious.

Table 3 Distribution of diabetes and non- diabetic people.

Diabetes	Number	Percent
Yes	105	67.74
No	50	32.26
total	155	100

Table 3 shows that 32.26 percent people were not suffered by diabetes and 67.74 percent people where suffered by diabetes.

4.2.1 Age of first seen diabetes.

There are several age factors have been diagnosed during the survey to find out the first seen diabetes among the people.

Figure 2 Distribution of respondents age of first seen diabetes.

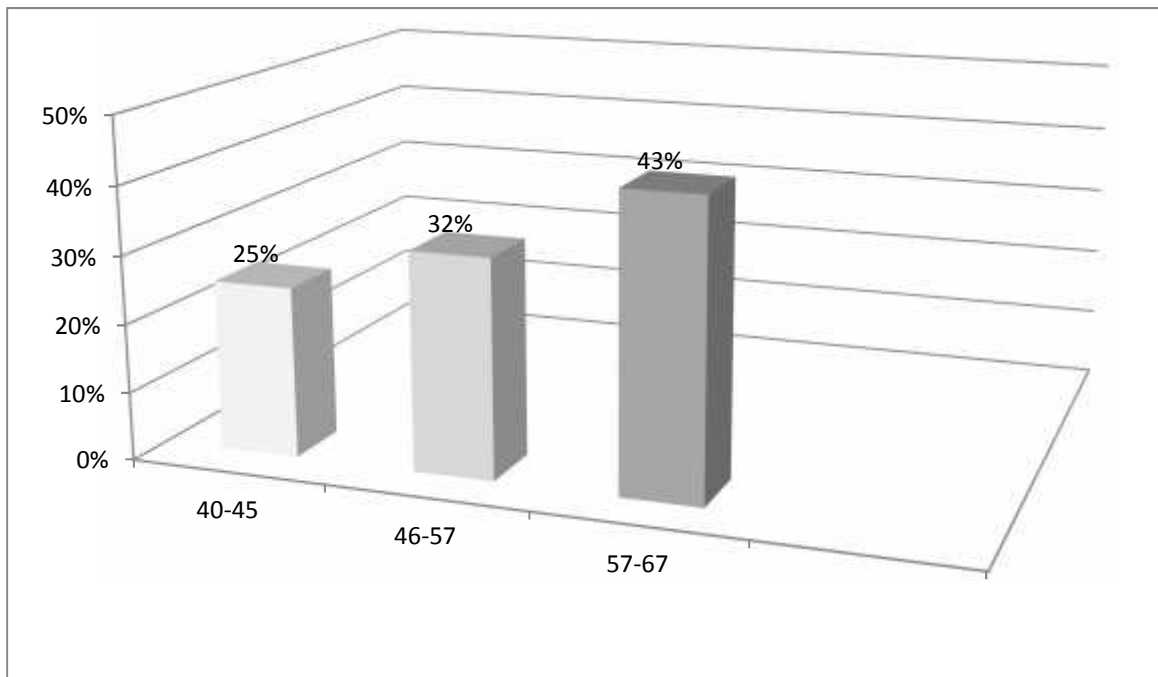


Figure 2 shows that among 155 people 43 percent age group of 57-67 respondents first seen diabetes and 32 percent age group of 46-56 respondents first seen diabetes and 25 percent age group of 40-45 respondents first seen diabetes.

4.2.2 Exercise condition of respondents

exercise condition of respondents most people who do regular exercise their level of diabetes see less, where who didn't have physical work and live inactive lifestyle those have been suffered more by diabetes.

Table :4 Distribution of exercise condition of respondents.

exercise	Number	Percent
Yes	65	41.94
No	60	19.35
total	155	38.71

Table 4 shows that 41.94 people do exercise regularly and 19.35 percent people they didn't exercise and 38.71 people they did exercise sometime.

4.2.3 Smoke condition

Most of the people who have been suffered by diabetes consume cigarette every day. Those people who have inactive lifestyle and consumes cigarette, where the diabetes condition seen more dangerous.

Figure 3 Distribution of smoke condition of respondents.

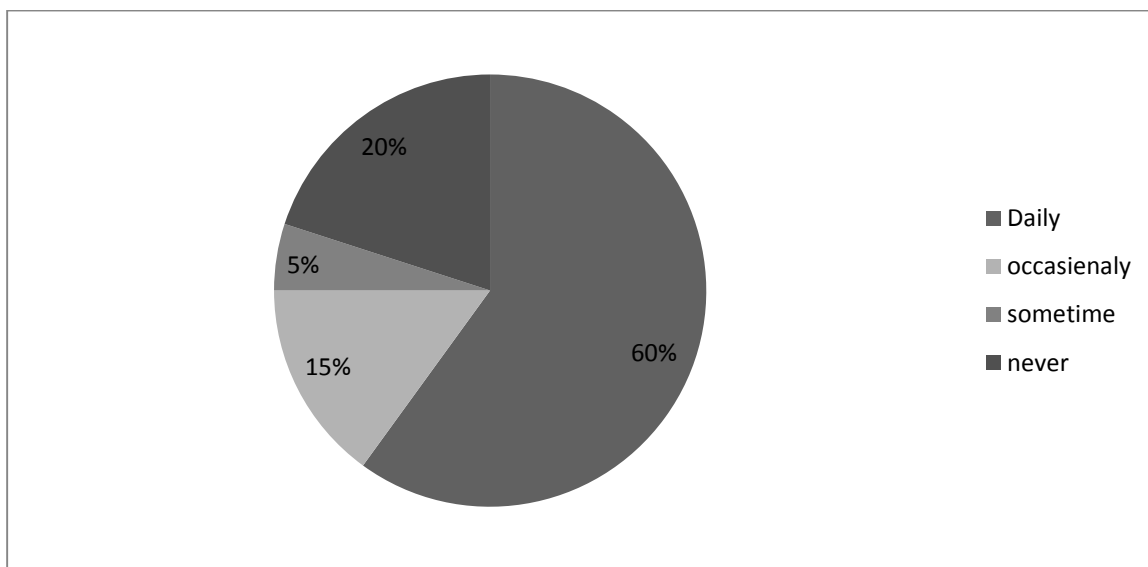


Figure 3 shows that 60 percent people consume smoke daily and 15% people take smoke occasionally offer that 5% people take a smoke sometime 20 percent people they never consume smoke. In Nepal, the prevalence of tobacco smoking among persons 15 years and older is 11% in female and 37% in male in 2016. The percent of female tobacco smokers decreased from 26% while the male smokers have increased from 35%, as stated by 2016 Health SDG Profile³. Also, according to the WHO, a total of 16.2% youth and 17.8% adults use smokeless tobacco in Nepal (HERD SPECIAL SERIES REPORT 2017)

4.2.4 Peoples knowledge of diabetes

All the people reported to have some knowledge of diabetes at the time of the field survey and they were asked to respond of their knowledge of diabetes people. The answer is presented in the table given below.

Table 5 Distribution of knowledge on diabetes

Knowledge	Number	Percent
Yes	140	90.32
No	15	9.68
Total	155	100

Table 4 shows that 90.32 percent respondents have more knowledge about diabetes. Similarly 9.68 percent respondents have not knowledge about the diabetes. A compulsory health education which is offered in community. This research discusses the role of knowledge in the self-management of diabetes mellitus and addresses limitations in the measurement of knowledge in studies which have been undertaken. In addition, the findings of a recent investigation related to knowledge of diabetes in young adults with the condition are reported.

4.2.5 Type of diet Follow by diabetic people.

When asked diabetes patients about their food most of them were unconcerned with carbohydrate, protein, starch, as well as auger level in their food. different elements which contain our daily meal increase the level of glucose on our body those type of foods consume every day. Hence there weren't only improvement on diabetic peoples.

Some of the people having daily physical exercise and morning walk but didn't care and stop eating those food which helps to increase diabetes. Where few of them having daily exercise and careful about their food.

Table No. 6 Distribution of diet which follow by diabetic people

Diet	Number	Percent
No particular diet	95	61.29
Exchange diet	20	12.90
Try to watch protein, sugar	40	25.81
Total	155	100

Table No 5 shows that among 155 peoples 61.29 percent people they didn't follow any particular diet and 12.90 percent people they change diet and take it and 25.81 percent people they try to watch protean, sugar, starch, and they take that food.

4.2.6 The Testing Time of Sugar Level of People.

Every how many days do you test your sugar level when asked to respondents, some replied every one day. Some of them replied weakly basic, other replied every one month and some said they never test their sugar level. After collecting data most people's have been found, who check their sugar level every one month. Where few of them spotted who never check their sugar.

Figure 4 Distribution of testing time of sugar level of people.

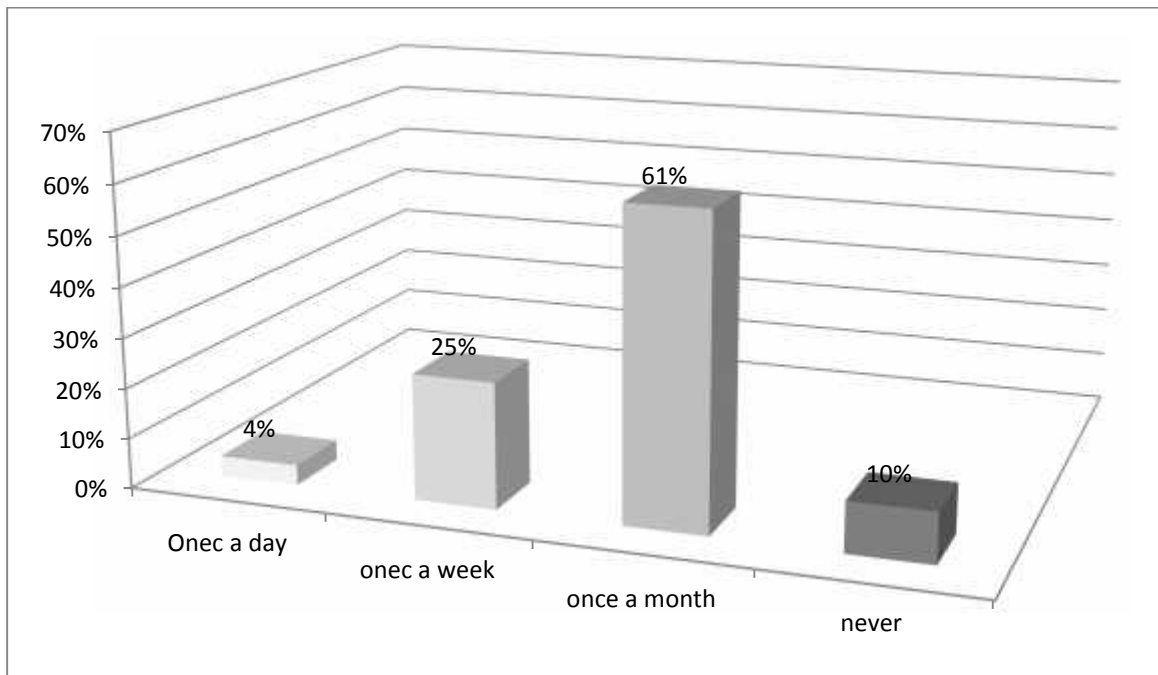


Figure 4 shows that the people who test their sugar level in once a day they were 4 percent and the people who test their sugar level in once a week where 25 percent, similarly the people who test their sugar level n once a month they were 61 percent and who never test their sugar level they were 10 percent .

4.2.7 Time of start using insulin

Since when do you started to take insulin asked for respondents some of them replied they didn't remember, other replied when the level of sugar increase on their body since then they have been taking insulin.

Table 7 Distribution of time of start using insulin.

Insulin	number	percent
Don't remember	10	6.45
2 year ago	50	32.25
When my sugar rang was very high	95	61.29
Total	155	100

Table 7 shows that 6.45 percent people were didn't remember when they start taking insulin. Similarly, 32.25 percent people they were answered 2 year age and 61.29 percent people were answered that when my sugar rang was very high.

4.2.8 Urine check by respondents

When asked about urine test some of them said they test urine sometimes, while other said never test. According to research test urine by diabetes patient is necessary.

Table 8 Distribution of urine check by respondents.

Check urine	Number	Percent
Yes	88	6.45
Sometimes	52	32.25
Never	15	61.29
Total	155	100

Table 8 shows that 56.77 percent respondents checked urine and 33.54 percent respondent sometime checked urine. Similarly 9.67 percent respondent never checked.

4.2.9 Use Alcohol by respondents.

After collecting all the data most respondents consume alcohol by accession, few of them never consume it, similarly where some of them said just quit it.

Table 9 Distribution of use alcohol by respondents.

Use alcohol	Number	Percent
Never	100	64.5
Occasionally stopped	45	29
stopped	10	6.45
Total	155	100

Table 9 shows that 64.51 percent people the don't use alcohol. And 29 percent people use alcohol occasionally. Similarly, 6.45 percent people just stopped alcohol.

4.2.10 Hospitalized condition of people.

Have you been hospitalized due to sickness of diabetes, some of the respondents played yes, some said never where few them replayed sometimes.

Table 10 Distribution of hospitalized condition of people.

Hospitalized	Number	Percent
Yes	25	16.12
Sometime	35	22.58
Never	95	61.29
Total	155	100

Table 10 shows that 25 (16.12) people hospitalized due to sickness of diabetes, and 35 (22.58) people they were sometime hospitalized due to sickness of diabetes, similarly, 95 (61.29) people said they never hospitalized due to diabetes sickness.

4.2.11 Eye Damage of respondents by diabetes.

Due to effects of diabetes have you ever face any serious problem on your eyes have been asked for diabetes respondents some of them replayed there is a little change on their vision never faced an problem by someone, and few of them said they don't know about it.

Table 11 Distribution of eye damage of respondents by diabetes.

Eye damage	Number	Percent
Yes	2	1.29
No	133	85.80
I don't know	20	12.90
Total	155	100

Table 11 shows that 1.29 percent people have damage their eye and 85.80 percent people they have not damage their eye from diabetes and 12.90 percent people they didn't know about that.

4.2.12 Eye exam by people.

Time to time do you test your eyes have been asked for respondents where their answer is tested few month age, tested few years ago, and some said test done a week ago.

Figure 5 distribution of last eye exam by respondents

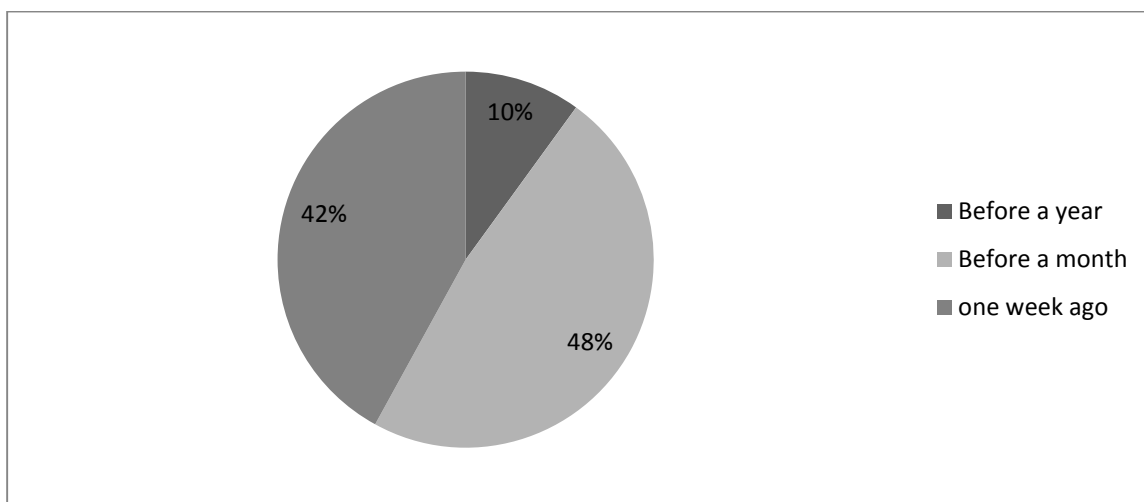


Figure 5 shows that 10 percent people they test at last before a year and 48 percent people test their eye at last before a month. Similarly 42 percent people test their eye 1 week ago.

4.2.13 Hide diabetes by respondents.

Most respondents were open about their diabetes and share their problem each other, while few of them were not open and still hide. After the study when asked those respondents why do you hide your problem, they simply replayed if we open and share all our problem with family member then most of the delicious sweets items which are avoided by diabetic patient we have to equally take part to avoid it. Thus they were still consuming those restrict food iteam b hiding their problem.

Table 12 Distribution of Hide Diabetes by Respondents.

Hide	number	Percent
Yes	15	9.67
No	140	90.32
Total	155	100

Table No 12 shows that 90.32 percent respondents said No they were not hide their diabetes and 9.67 percent respondents said use they were hide their diabetes with their family.

4.3 Effects of Diabetes on Health.

The excess blood sugar in diabetes can wreak have on blood vassals allover the body and cause complications. It can severally damage the eye, kidneys and other body parts cause sexual problems, and double the risk of heart attack and stroke.

4.3.1 Respondents heard about the effects to diabetes on health.

Diabetes is considered as a major health risk factor for non communicable diseases. As impact of diabetes is very important part of research. This impact has been focused considerably in this research too.

Table 13 Respondents knowledge about the effects of diabetes on health.

Knowledge	Number	Percent
Yes	109	70.32
No	46	29.67
Total	155	100

Table 13 shows that 70.32 percent respondents know about diabetes and 29.67 percent respondents don't know about diabetes.

4.4 Summary

Health is the foundation of the human. it is the pillar of the nation. If the human are healthy the nation will be healthy. In study area the human in this village some of them were aware about their health, they are able to adopt healthy rues and behaviors but some of them spending most of their time playing mobiles and other entertaining business.

After collecting the necessary information the data were tabulated in master chart. They were analyzed and interpreted chart. They were analyzed and interpreted with the help of tables and figures. The information was collected form randomly 155 peoples of samples thought interview schedule and observation, questionnaire, with the target. This study was conducted on SivaSatakshi municipality ward No. 1, 2, 3, 4 and 5. The objective of this study was to determine the diabetes among people in SivaSatakshi and to find out the prevalence and its impact of diabetes among people.

Finally the collected data information were analyzed and interpreted. All of the respondents were male and female of 40 to 65. It is found that they had good knowledge about diabetes but some were unknowing about diabetes.

4.5 Findings.

Some of the major findings of the study are given below.

4.5.1 Among peoples altogether total number of peoples from age group of 57-67 was 67 (43.23) and 40-45 was (14.19)%

- 4.5.2 From education status 51.61 percent peoples were under SLC and 22.58 percent peoples were below +2.
- 4.5.3 Majority of the respondents 45 percent people had expressed agriculture was the main source of income. 5 percent were found other source and 15 percent were service. Then 35 percent business was the main source of income of their family.
- 4.5.4 Majority of the respondents 67.74 percent had expressed they were diabetic patients and 32.26 percent have no diabetic.
- 4.5.5 43 percent people age group of in their life. 32 percent age group of 46-56 they had first seen and 25 percent people age group of 40-45 were expressed they had also first seen diabetes in their life.
- 4.5.6 Majority of the respondents 41.94 percent said that they did exercise and 19.35 percent said they didn't exercise.
- 4.5.7 Majority of the respondents 60 percent consume smoke daily, and 15 percent occasionally. Similarly 5 percent said that they were smoked sometimes and 20 percent people never smoked.
- 4.5.8 Majority of the respondents 90.32 percent had knowledge about diabetes and 9.68 percent hadn't knowledge about the diabetes.
- 4.5.9 Majority of the respondents 95 (61.29%) people expressed that they had no particular diet and 40 (25.81) people said they try to watch protein, sugar, starch.
- 4.5.10 Majority of the respondents 25 percent respondents were tested their sugar level once a week, and 10 percent respondent were never tested their sugar level.
- 4.5.11 Majority of the respondents 61.29 percent were expressed when their sugar rang was very high and 32025 percent had checked urine sometimes. Similarly, 9.67 percent respondents never checked urine.

- 4.5.12 Among people 56.77 percent had checked urine and 33.54 percent had checked urine sometimes, similarly 9.67 percent respondents never checked urine.
- 4.5.13 Most of the people 67.74 percent used alcohol regular and 32.25 percent used alcohol occasionally, in this way 6.45 percent people said they stopped.
- 4.5.14 Among people 70.96 percent were never hospitalized from diabetes. Majority of the respondents percent were damaged eye from diabetes, and 85.80 percent people were not damaged eye from diabetes, and 12.90 percent people said they didn't know about it.
- 4.5.15 Majority of the respondents 1.19 percent were damaged eye from diabetes, and 85.80 percent people were not damaged eye from diabetes, and 12.90 percent people said they didn't know about it.
- 4.5.16 Among people 70.32 percent respondents had knowledge about effects of diabetes on health, and 29.67 percent respondents hadn't knowledge about effects of diabetes on health.

CHAPTER V

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

The study entitled “Diabetes and its effects on health” in Sivasatakshi municipality Jhapa district have been conducted among 155 people. After analyzing the data it shows that most of the people were affected above 50 years age the majority of people were affected by diabetes, who have been continuously getting medical checkup.

Maximum respondents had best knowledge about the effects of diabetes on health and they were equally having good knowledge of economic condition due to frequently checking their health. Therefore frequently checking their health. Therefore most respondents were controlling of food to avoid diabetes on their health.

Hence, Sivasatakshi municipality have been taken part for most of the people to provide diabetes and its effects on health by conducting village based programmed which helps to improve respondents health.

5.2 Recommendations.

On the basis of findings of this study, the following recommendations are made for the government and non government agencies and individuals. The findings may be useful for formulating policies and programs to improve better health status of village of people.

5.2 Recommendation for Policy Related

5.2.1 Education plays vital role determine every change in the society. The education about diabetes and its effects on health should be included in village education programmed.

5.2.2 To aware the people about diabetes and its effects on health programmed should be conducted in the adult education.

5.2.3 local newspapers agencies and institution as well as NGP's at local level should be encouraged and co-operation for raising awareness among the people about diabetes and its effects on health.

5.2.4 Time to time there should be organized health camp in society for diabetes patient.

5.2.5 Mass media (Radio, T.V) should be encouraged to organized regular programmed on diabetes and its effects on health.

5.2.6 Regular physical work and exercise very important for diabetes patient. Therefore, regular gym classes should run in the society.

5.3 Recommendation for practice related

5.2.1 Health check up should be given priority by respondents themselves.

5.2.2 Family of diabetes patient should take part of different discussion programmers and seminar then utilized information as a prictice and help to those diabetic patient.

5.2.3 Never consume alcohol, cigarette bidi and tobacco by diabetes patient.

5.2.4 The meal which we intake everyday in our life most need to know the volume of protein, carbohydrate, Sugar, and starch. And need special attention of taking those meal to avoid any health issue.

5.3 Recommendation for futher study

5.3.1 At the local level, the local body should also research the diabetes and keep up to date

5.3.2 NGO,INGO should do research about diabetes.

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APPENDIX -I

Tribhuwan University

Faculty of Education, M.Ed. health Education Second Year

Janata Multiple Campus, Itahari, Sunsari Nepal

Personal Information -2076

1. Patient's Name:

2. Age:

3. Sex

Patient's Detail:

	Name	Age	Sex		Total
			Male	Female	
1					
2					
3					
4					
5					
6					
7					
8					
9					

APPENDIX -II

TRIBHUVAN UNIVERSITY

Faculty of Education, M.Ed. health Education Second Year

Janata Multiple Campus, Itahari, Sunsari Nepal

Health Education Thesis Questionnaire – 2076

Personal Information -2076

1. What is your family type ?

i) Joint

ii) Nuclear

2. What is the main income source of your family?

i) Agriculture

ii) Business

iii) Service

v) other

3. Do you know about Diabetes?

i) Yes

ii) No

iii) Little

iv) Very well

4. When you were first diagnosed with diabetes?

i) Before one month

ii) Before 6 months

iii) Just now

iv) Before a year

5. Do you exercise regularly?

i) Yes

ii) No

iii) Sometime iv) Never

6. Do you take alcohol?

i) Daily

ii) Occasionally

iii) Never

iv) Stopped

7. DO you take alcohol?

i) Yes

ii) No

iii) occasionally

iv) Stopped

8. Do you check your blood sugar?

i) Yes

ii) No

iii) Sometime iv) Regular

9. Do you check your urine?

- i) Yes ii) No iii) Sometime iv) Never

10. Have you had low blood sugar reactions lately?

- i) Yes ii) No

11. Have you had symptoms of high blood sugar lately?

- i) Yes ii) No

12. Have you been hospitalized for your diabetes?

- i) Yes ii) No iii) Sometime iv) Never

13. How do you test your own sugar level?

- i) Blood test at the doctors clinic ii) Blood glucose test at home
iii) Urine glucose test strips at home iv) Other

14. How often do you test your sugar level?

- i) Once a day ii) Once a week iii) Once a month iv) Never

15. What type of Diet do you follow?

- i) No particular Diet ii) Try to watch protein, starch and sweets.
iii) Exchange Diet iv) Guest mate carbohydrate counting

16. How well do you at following?

- i) Very well ii) Some days better then others
iii) Fair iv) not very well

17. When did you start using insulin?

- i) At time diabetes was diagnosed ii) Don't remember

- iii) Two years ago
- iv) When my sugar rang was very high

18. Do you have damage to your eyes from diabetes?

- i) Yes
- ii) No

19. When was your last eye Exam ?

- i) 1 week ago
- ii) Before a month
- iii) Before a year
- iv) I don't remember

20. Did you hide your Diabetes?

- i) Yes
- ii) No

21. Can you recognize the symptoms of a high / low blood sugar?

- i) No I can't
- ii) yes
- iii) I Don't know about that
- iv) Some times I can

22. Do you take any Diabetic education ?

- i) I have never been to any diabetic education.
- ii) I have been to Diabetic education class.
- iii) I completed diabetic education class.
- iv) I recently had additional diabetic education regarding.

23. If yes from where you take diabetic education?

.....

24) Do you know the effects of diabetes on health?

- i) Yes
- ii) No

25) What is the main income source of your family?

i) Agriculture

ii) Business

iii) Service

v) other

26) What can be the measure to make self and family healthy?

.....

27. What do you think are the measure to improve health status in the country?

.....