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Levels of diabetes empowerment and barriers to effective type 2 diabetes diet change among clinical diagnosed diabetes individuals in Masvingo

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Introduction: Diabetes mellitus is a group of metabolic disorders characterized by hyperglycaemia resulting from impaired insulin secretion or defective insulin or both.

Study objective: The objective of this study is to investigate the consumption patterns, knowledge, barriers and benefits of compliance to diabetes dietary plans among black Zimbabweans receiving diabetes education from traditional and/or the western public health system.

Design: A multiple case study research design was used. Data on frequency and quality of food consumption, beverage use was collected using three 24-hour diet recalls and a food frequency questionnaire while knowledge of diabetes prevention and self care seeking behaviours was sought using the Simplified Diabetes Knowledge Scale (n=10 women and 14 men). In-depth interviews were used to gain insights regarding participant feelings and beliefs about the disease. Weight, height and blood pressure were collected by trained specialists.

Study setting: An urban suburb of Mucheke in Masvingo and a rural area of Bikita.

Results: Reported dietary data on frequency of consumption showed that urban patients had at least three to four meals per day. A grazing eating pattern was observed in terms of the snacking habits among urban participants with fruit juice, whole wheat bread, roast corn, and fruits (apples and bananas) among the most frequently used snacks. In terms of calorie intakes, consumption of dietary fat was higher than recommended for the urban group. Use of ultra processed and animal protein was higher in urban areas while carbohydrate intakes were higher in rural than urban areas. Obesity was prevalent among 13-16% of men compared to 34% for women. In relation to T2D treatment, majority of the patients used both traditional medicine and western biomedicine. Dietary advice varied from one professional to the other.

Conclusion: Glucose control was poor among the participants. The level of diabetes knowledge of complications, risk factors and preventive self care management practices was low. Patient levels of self efficacy related to patient confidence regarding effectiveness of health seeking behaviours was poor. To that end, the study recommended for more empowering diabetes education protocols.

Biography

Gunhu R is working as a Professor in Great Zimbabwe University.

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