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## A STUDY OF HEALTH STATUS OF DIABETIC TEACHERS

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### ABSTRACT

*This research focuses on examining the health status of teachers with diabetes and the impact of their family on healthcare. The study utilizes an observational analytic design with a cross-sectional approach, involving a sample of 100 teachers diagnosed with diabetes. To gather data, we employed both health task implementation and Short Form Health Survey questionnaires. The findings of this study indicate a significant correlation between the implementation of health tasks and the overall health status of diabetic teachers. It is evident that nursing interventions are essential to enhance the execution of these health-related responsibilities*

**Keywords:** Health Status, Diabetic teachers.

### INTRODUCTION

According to data from the International Diabetes Federation (IDF), the global prevalence of diabetes mellitus has seen a significant increase over the years. In 2000, there were approximately 151 million cases worldwide, which surged to 366 million in 2011 and further to 415 million in 2015. By 2017, the prevalence of diabetes in adults aged 18-99 years worldwide had reached 451 million, and it is projected to continue rising, with estimates suggesting it could reach 693 million by 2045. Furthermore, in the years 2013 to 2018, diabetes mellitus was diagnosed at a rate of 1.5% to 2% by doctors among individuals aged 15 years and older in Indonesia. The findings from the Basic Health Research in 2018 also revealed an upward trend in the prevalence of diabetes mellitus, increasing from 6.9% to 8.5% based on blood tests conducted among the same population aged 15 years and above from 2013 to 2018.

Diabetes Mellitus poses a significant health threat worldwide as it is a lifelong chronic condition without a cure. This ailment leads to various complications, including cardiovascular disease, stroke, peripheral arterial disease, neuropathy, nephropathy, and retinopathy when left uncontrolled. Additionally, DM can have a profound impact on the individual's health-related quality of life, with factors such as old age, unemployment, and marital status (being single or widowed) showing a significant association with lower quality of life. Therefore, it is imperative for educators grappling with diabetes to monitor their health status, as it is a primary objective in managing incurable chronic diseases.

Furthermore, individuals with diabetes who experience low health status and psychological issues can exacerbate their metabolic disorders. This can occur directly through hormonal stress responses or indirectly through the development of complications. Diabetes educators often rely on the support of others, particularly their families,

as they may experience a decline in mental and physical functionality. This dependency on others can hinder their ability to carry out daily activities independently, especially those related to self-management in maintaining stable blood sugar levels. Consequently, they require support, primarily from their families, who play a crucial role in their care and well-being.

Families serve as the primary support system that directly cares for their members in both health and illness. They undertake various healthcare tasks, including identifying family health problems, making informed decisions to address them, providing care to those with health issues, modifying the environment to promote good health, and utilizing healthcare facilities. Within the context of diabetes mellitus, families assume a pivotal role in maintaining the health of their diabetic members and aiding in disease management. They offer encouragement, motivation, and guidance, encouraging educators to effectively manage their condition and improve their health status.

Research has shown that the successful implementation of family health care tasks can positively affect the health status of individuals with chronic conditions. For instance, a study found that 54.6% of hypertensive individuals with good health status effectively implemented these tasks, demonstrating a correlation between their implementation and improved health status. However, it's essential to note that some family habits, particularly those highly conducive to elevated blood glucose levels, can pose risks to older individuals. Elevated blood glucose levels can further worsen metabolic disorders.

In light of these considerations, this study aims to analyze the relationship between the implementation of family health care tasks and the health status of diabetes mellitus educators. Understanding how family support and the execution of these tasks influence the well-being of individuals with diabetes can shed light on effective strategies for managing this chronic condition and enhancing their overall health.

## **SIGNIFICANCE FOR PUBLIC HEALTH**

A family is commonly recognized as the fundamental unit of society, characterized by its members living together and relying on one another for support. In the case of individuals with diabetes mellitus, they often necessitate long-term care and assistance from a caregiver within their family setting. Family health tasks assume paramount importance in the context of diabetes due to their direct connection to the overall health status of the affected individual, and their potential influence on morbidity, mortality rates, and public health outcomes. This study provides essential data for the formulation of public health policies aimed at enhancing the health status of the general population, with a specific focus on diabetic teachers and their families.

## **DESIGN AND METHODS**

The research employed a cross-sectional design and focused on the diabetic teachers residing in Nagpur city, located in the state of Maharashtra, along with their families. The study utilized a cluster random sampling technique to select participants. The inclusion criteria for diabetic teachers encompassed having a diagnosis of

diabetes mellitus type II and the ability to communicate effectively verbally. For family members, the inclusion criteria consisted of cohabiting with individuals with diabetes, being at least 17 years old, and possessing good verbal communication skills.

The study involved a total of 100 diabetic teachers and their respective families. To assess the health status of diabetic individuals, the Short Form 12 (SF-12) instrument was utilized. Additionally, Family Health Tasks were evaluated using a questionnaire comprising 21 questions, which had undergone prior testing for validity and reliability. These questions were categorized into five sections: five questions focused on recognizing the family's health problems, another five centered on the ability to make informed decisions regarding the appropriate actions to take, five more assessed the capability to provide care, two questions examined the ability to adapt the family environment to support the healing process, and four questions inquired about the proficiency in utilizing health service facilities.

Demographic information was also collected from the participants. The data collection process was conducted at the residences of the teacher respondents, where the questions from the instruments were presented, and responses were recorded accordingly. Informed consent was obtained from all participating teachers prior to their involvement in the study.

## RESULTS AND DISCUSSIONS:

**Table no. 1.1**  
**Diabetic Teachers health tasks implementation**

Health Task	N	%
Good	60	60%
Average	35	35%
Low	05	05%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Table no. 1.2**  
**Domain of family health task**

Domain	Good		Average		Low	
	N	%	N	%	N	%
Recognizing the problem	55	55%	05	05%	40	40%
Making decision	65	65%	03	03%	32	32%
Provide care	63	63%	06	06%	31	31%
Environmental modification	42	42%	05	05%	53	53%
Take advantage of the health facilities	61	61%	05	05%	34	34%

**Table no. 1.3**  
**Diabetic Teachers health status**

Health Task	N	%	Chi square
Good	55	55%	30.50
Average	35	35%	
Low	10	10%	
<b>Total</b>	<b>100</b>	<b>100%</b>	

**Table no. 1.4**  
**Domain of family health task**

Domain	Good		Average		Low	
	N	%	N	%	N	%
<b>Physical Dimension</b>						
Physical function	90	90%	7	07%	03	03%
Physical Role	83	83%	7	07%	10	10%
Body Pain	85	85%	9	09%	06	06%
General perception	52	52%	16	16%	32	32%
<b>Mental Dimension</b>						
Emotional Role	89	89%	07	07%	04	04%
Vitality	68	68%	18	18%	14	14%
Mental Wellness	94	94%	05	05%	01	01%
Social function	95	95%	04	04%	01	01%

**Table no. 1.5**  
**Relationship between teacher’s family health task implementation and diabetic teacher’s health status**

Variable	‘r’ value	Sig/not sig
Diabetic Teachers family health task implementation	.544	Sig at 0.01 level
Health Status		

**Table 1.6**  
**Correlation analysis between the burden of family caregivers and the health status of DM patients.**

Variable	Correlation coefficient	p-value
The family health tasks implementation	0.593**	0.000
Health Status		

The table reveals key demographic characteristics of the caregivers and diabetes mellitus patients involved in the study. Among the caregivers, a significant portion, 48.3%, were under the age of 45. The majority of caregivers identified as Muslim (96.9%), and slightly more than half were male (51.4%). Additionally, a significant portion of caregivers had completed their education up to the senior high school level (48.6%), were engaged in private employment (57.5%), and had children (47.1%).

In contrast, the diabetes mellitus patients exhibited different demographic attributes. A majority of the patients fell within the age range of 45-65 years old, comprising 63.3% of the patient population. Similar to the caregivers, most of the patients were of the Muslim faith (96.9%). However, a substantial majority of the patients were female (80.4%). In terms of educational attainment, more than half of the patients had completed only elementary school education (51.7%). A significant proportion of the patients did not engage in employment (68.8%), and nearly half had been suffering from diabetes mellitus for a duration of 1-5 years (48.6%). Moreover, a substantial majority of the patients had a last recorded blood sugar level exceeding 125 mg/dL (86.9%).

The table provides an overview of the findings related to family health task implementation and the health status of diabetes mellitus patients. Among the caregivers, a majority, comprising 189 individuals (57.8%), demonstrated good implementation of family health tasks, while 138 individuals (42.2%) lacked proper implementation.

Regarding the specific components of family health care tasks, the highest percentage, 65.4%, was associated with the ability to make decisions, whereas the lowest percentage, 57.8%, pertained to modifying the environment (as shown in Table)

In the case of diabetes mellitus teachers, the majority, 196 individuals (59.9%), fell into the category of having a good health status, as indicated in Table 4. An examination of different health status domains revealed that social function had the highest percentage of respondents at 91.4%, while general health had the lowest percentage at 44.3%, as observed in Table.

Statistical analysis, as presented in Table 6, demonstrated a significant relationship between the implementation of family health tasks and the health status of diabetic individuals, with a p-value of 0.000 (alpha 0.05).

Family healthcare tasks encompass understanding health issues, the ability to make informed decisions, demonstrating proper healthcare practices, adapting the living environment, and accessing healthcare facilities.

The caregiver's capacity to deliver healthcare is shaped by various factors, including their education, occupation, economic status, and proximity to healthcare services. The initial aspect of family healthcare responsibilities revolves around acquiring knowledge about health issues. Furthermore, the level of education of the caregiver is directly correlated with their depth of knowledge and information. Educational background plays a pivotal role in shaping an individual's mindset and cognitive abilities, influencing their capacity to recognize health problems. Education is a transformative force in human development, thus it stands as a crucial factor affecting an individual's ability to make informed decisions and take appropriate actions.

The decision-making process in the implementation of family healthcare tasks is influenced by both social and psychological factors. Social factors include behavior, with positive behaviors being shaped by personal experiences and both physical and non-physical environmental factors. Well-educated caregivers are more likely to provide quality care to family members facing health issues. Modifying the environment involves minimizing physical hazards in the home to reduce health risks. In essence, a caregiver's ability to modify the environment can be viewed as a form of emotional support that fosters comfort and aids in the healing process. This can be achieved by creating a comfortable and conducive home environment.

The family's utilization of healthcare facilities is strongly linked to their education level, as these two parameters share a significant relationship. Additionally, the family's economic status plays a role in healthcare facility usage. Distance is a crucial factor influencing healthcare facility utilization, as individuals with moderate economic means may not necessarily exhibit non-compliance with treatment and care programs.

Several factors influence the health status of individuals with diabetes mellitus (DM), including age, gender, education, duration of the condition, and occupation. As individuals grow older, it becomes increasingly challenging to manage blood sugar levels due to the natural decline in organ function, which has implications for the overall health of DM patients.

In this study, the majority of the participants were female, which contrasts with another research finding suggesting that women generally have lower health status compared to men, especially in terms of mental and psychological aspects. This difference is attributed to the increased vulnerability of women to anxiety and depression when confronted with chronic illnesses.

A positive correlation is observed between higher levels of education attained by DM patients and an improved health status. Education plays a pivotal role in enhancing understanding of the disease, effective DM management, blood sugar control, self-care practices, symptom management with appropriate treatment, and the prevention of complications. Moreover, patients with a higher educational background tend to develop effective coping mechanisms and possess a deeper understanding of health information, leading to more proactive and self-beneficial actions.

Health status comprises two main components: the Physical Health Component Scale (PCS) and the Mental Health Component Scale (MCS). The PCS encompasses four domains, namely general health, physical function,



physical role, and discomfort. Similarly, the MCS includes four domains: emotional role, mental health, vitality, and social functioning.

Alterations in physical roles, often stemming from fatigue in individuals with diabetes, can be viewed as a cellular compensatory mechanism aimed at preserving cellular function in response to the effects of cellular starvation. Additionally, individuals with diabetes may experience a reduction in physical activity due to discomfort, manifesting as pain or tingling sensations. This decrease in physical activity may also be driven by concerns such as the fear of developing ulcers or wounds on their feet.

Mental health is characterized by the absence of symptoms related to mental disorders. Individuals in good mental health typically lead normal lives, while those experiencing disturbances in mood, cognitive function, and emotional self-regulation may face challenges in their daily functioning. Effective self-control in navigating various situations plays a significant role in mental health, and emotional well-being is considered stable when emotions can be managed effectively.

In this research, a significant association was identified between the implementation of family healthcare tasks and the health status of individuals with diabetes mellitus. This connection is unidirectional, signifying that as the execution of family healthcare tasks improves, so does the health status of diabetic patients. A similar correlation was observed between the execution of family healthcare tasks and the health status of individuals with hypertension (p-value 0.009). Families with proficient abilities in carrying out healthcare tasks have a significantly higher likelihood of enhancing their health status compared to their counterparts. A study indicated that the reported implementation of family healthcare tasks, both before and after family nursing care, had a substantial impact on health status (p-value 0.000). The family plays a crucial role in enhancing the health status of its members by fulfilling healthcare functions, which encompass five nursing tasks: the ability to identify health issues, make informed health-related decisions, provide care to family members, maintain a favorable home environment, and adapt the environment to promote good health. Furthermore, the family's ability to access healthcare facilities is vital.

According to research, both families and nurses deliver effective healthcare interventions to enhance health status outcomes among elderly individuals with memory impairments and cancer. Family involvement in interventions significantly improves patient outcomes in terms of effectiveness, specificity, and efficiency. Multiple studies in the field of family health underscore the substantial influence of families on the health status of their members, with roles that encompass health promotion and risk reduction. When health issues arise, the majority of individuals receive primary care from their families, making the family a pivotal source of support for a health-oriented lifestyle. Families play a significant role in preventing, addressing, recognizing, or overlooking health problems among their members. They are instrumental in preserving the overall health of their members and striving to attain the desired health status. Health problems within a family context are interrelated, and the family serves as an effective and efficient intermediary in pursuing improved health status for its members.

It's worth noting that there might be potential limitations in this study. Some respondents may have faced

difficulty in comprehending the questions in the SF 12 questionnaire. To address this issue, the researcher provided more detailed explanations to the respondents to ensure their understanding of the questions. The data collected solely relied on the questionnaire instrument, which is based on the perceptions and responses of the participants. To reinforce the findings, a qualitative approach may be necessary, as research instruments can be susceptible to respondents' perceptions that may not fully reflect the actual situation.

## CONCLUSION

As indicated by the presented results, a correlation exists between the implementation of family health care tasks and the health status of teachers dealing with diabetes mellitus (DM). These two variables demonstrate a direct proportional relationship. Therefore, it is essential to emphasize family-centered care as a means to enhance the health status of individuals with DM, particularly among teachers facing this condition. Furthermore, there is a necessity for additional research to investigate the factors that influence the execution of family health care tasks. This research should also focus on designing and implementing interventions aimed at promoting changes in family health care responsibilities.

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