

IMPACT OF HEALTH COMMUNICATION IN RECOVERY AND IMPROVEMENT OF HEALTH STATUS OF DIABETES PATIENTS IN AHMEDNAGAR

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Abstract

Health Communication is the health care process element which diabetes patient can achieve, process understand and communicate regarding diabetes related complications proper health communication able to make patient informed about diabetes, treatment medicine etc. This study focused on the impacts of health communication on the health of diabetes patients. Through the study an attempt has been made to focus on the sugar levels of the diabetes patients in the pre and post health communication sessions. The study is also focused on the usefulness of health communication in preventing and controlling of risk and complications of diabetes.

Keywords – Health Communication, Diabetes, sugar levels.



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I) Introduction –Health Communication represents the cognitive and social skills which help to motivate and increase the patients, ability to gain access to understand and utilize information with a view to promote and maintain better health. A good and proper health communication is an important measure of diabetes patient ability to read comprehend and follow the medical instructions. The concept of health communication becomes, particularly significant with the management of chronic disease like diabetes. Diabetes patients if not properly communicated;there are the chances ofdeveloping multiple chronic health related complications which caused to irreversible disability and early death. Coronary heart disease, lower limb amutation, stroke are more common in diabetes patients. Apart from this, the complication like diabetic nephropathy and retinopathy are the major healded problems which caused to worsening of the quality of life of the diabetes patients. The present study focused on the impacts of health communication programmes on the life styles of the diabetes patients.

II) Importance of the study – Health communication is very important because there is still lack of awareness about the real aspect of the diabetes problem. Many diabetic patients find themselves unable to follow recommended medical regions and life styles (a

healthy diet regular exercise etc.) which make them more prone to diabetic complications, leading to poor quality of life. Satisfaction with health care communicator is one of the key elements to adherence to medical regions and diabetic outcomes. On the background it is very important to understand the usefulness and impact of health communication on the health and life styles of the diabetes patients. The health communication process is not just an element of the treatment on diabetes, but it has some what impressive results in reducing the frequency of certain chronic issues related to diabetes, like foot ulceration, amputation etc. Therefore it is very important to understand the effectiveness and the impacts of the health communication on the diabetes patients. Health communication helped to restore and promote health awareness and complications of diabetes. Therefore the feedback taken from diabetes patients could be helpful to the health car takers, doctors in the treatment process.

On the basis of importance of the study some objectives have been formulated which are as follows.

III) Objectives of the Study –

- i) To examine the impacts of health communication on the health and life styles of the diabetes patients.
- ii) To know whether the diabetes patients are satisfied with the health communication methods followed by the doctor or health care provider.
- iii) To understand the opinions of the diabetes patients regarding the extent of usefubress of health communication in preventingdanger of diabetes and controlling of complications of diabetes.
- iv) To understand the sugar levels of the diabetes patients in the pre and post health communication sessions.

IV) Review of Literature –

- 1) S. L. Tirukoti and H. S. Raut, (2018), have studied the effectiveness of health communication in the state of Andhra Pradesh. Author has opined that building of health communication that is responsive to community needs, particularly for the poor in necessary.
- 2) B. C. Purohit, (2008), has made an attempt to evaluate the performance of health care and health communication system of West Bengal at the sub state level using secondary data for 19 districts of West Bengal.

- 3) C. Ramegowda and L. Hulagappa, (2016), have conducted a study to assess the effectiveness of health communication on the knowledge and attitude pertaining to diabetes in Type 2 diabetes mellitus. Through the study authors have observed that, there is a significant increase and development in the knowledge and awareness about diabetes among the diabetes patients due to health communication.
- 4) K. Duss and S. Paninalakrishnan, (2015), have assessed the knowledge and awareness regarding diabetes and management of diabetes. Authors have also focused on the impacts of health communication on the health of diabetes patients. Authors have pointed out the various obstacles in achieving glycemic control.
- 5) K. K. Al-Sarihin, M. H. Bani, (2012), have opined that, health facility provider should focus on the developing patients' knowledge regarding diabetes through proper health communication. Authors have stated that, doctor health communicator; dietary counselors have to impart knowledge to patients regarding self-monitoring blood glucose and self-insulin injection.

- V) Scope and Limitations of the Study** – The scope of the study is limited to explore the impacts of health communication on the all health and sugar levels of the diabetes patients in the pre and post sessions of health communication. The present study is restricted to the selected diabetes patients in Ahmednagar: Therefore the results of the study cannot be generalized to the other cities/districts in India.
- VI) Regional Scope of the study** – The study has been conducted in Ahmednagar city, therefore the geographical or regional limits set for the survey of population is Ahmednagar city only.
- VII) Research Methodology** – This study is descriptive in nature. A survey method has been applied for the study. To fulfill the objectives of the study data collected from the diabetes patients through the structured interview schedule.
- VIII) Population selection** – The patients who were experiencing physiological complains in effect of diabetic condition and visited to physicians since last one year for medical care and diagnosed to have diabetes by WHO criteria. The population for the

study comprised of medical professionals’ medical health team and the diabetic mellitus patients. Total 215 diabetes patients have been selected by using convenient sampling method.

- IX) Source of Data Collection** – The structured interview schedule for diabetic patients, is the main tool of primary data collection. Secondary data has been collected through the various study papers, published in national and international journals, magazines, periodicals etc. Information available on the Internet has also been referred for the study purpose.
- X) Results and Discussions** – The following table indicates the impacts of health communication on the health of the diabetes patients.

**Table No. 1 Impacts of health Communication on the health of diabetes patients
(Multiple Response)**

Sr. No.	Impacts	Frequency	Percentage
01	It improved the power of controlling blood sugar and glucose	203	94%
02	It improved the knowledge about diet and exercise	196	91%
03	There is an improvement in weight and insulin resistance	44	20%
04	There is reduction in using anti-diabetes medicine	98	46%
05	It help in reducing or delaying the incidence of diabetes and pre-diabetes	21	10%

As per the collected information, 94% respondents (diabetes patients) have stated that, due to effective health communication they have improved their power of controlling blood sugar and glucose. 91% respondents have stated that they have improved their knowledge about diet and exercise due to proper health communication. 20% respondents have state that, there is an improvement in weight and insulin resistance because of proper guidelines provided by their health care taker or doctor. 46% respondents have stated that due to health communication there is a reduction in using anti-diabetes medicine and 10% of respondent have stated that, because of proper health communication, they are able to reduce the incidence of major diabetes complications. It shows that, effective and proper health communication strategy or methods can be positively impacted on the overall health of the diabetes patients.

An effective health communication is an indicator of doctors and health communicator's competence. The health communication or health education methods followed by doctors or health communicators are help to achieve public health goals. The following table indicates whether the respondents are satisfied with the health communication methods followed by health communicators.

Table No. 2 Patients Satisfaction with the health communication methods

Sr. No.	Impacts	Frequency	Percentage
01	Yes	208	97%
02	No	7	3%
03	Total	215	100%

As per the information provided by the respondents 97% of them have stated that, they are very much satisfied with the methods followed by health communicator or doctor. Only 3% respondents have negatively responded in this regard. It means in the context of selected study area, the communication methods followed by the doctors or health communicators are very effective useful and result oriented.

The following table focused on the opinions of the respondents about the extent of usefulness of health communication.

Table No. 3 Extent of usefulness of Health Communication to control of risk and complications of diabetes

Sr. No.	Opinion	Frequency	Percentage
01	To a great extent	145	67%
02	To a some extent	68	32%
03	No any use	02	1%
04	Total	215	100%

As per the collected information 67% respondents have stated that, the health communication methods followed by their doctors or health care providers are useful to a great extent in preventing controlling the risk and preventing the complications of diabetes 32% of the respondents have stated that, to some extent the communication methods useful for them in preventing the danger of diabetes complications. Only 1% of the respondents have stated that there is absolutely no any use of communication methods followed by the doctors or health communicators to prevent the danger of diabetes.

Through the study point of view it is very important to know the sugar level of the respondents before they go through the health education and communication by their doctors or health communicators. It is also important to know what the sugar level of the respondents is in the post health education and communication period. The major aim to know the facts in

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this regard is to understand that whether there is any positive impact of health communication or health education on the blood sugar level of the selected respondents. The following table indicates the facts in this context.

Table No.5.7 A and B Sugar level of the respondent in the pre and post health communicational education periods –

Table No. 5.7 (A)

Pre - health communication/Education Period							
Normal Level		Pre-diabetic level		Diabetic level		Total	
170 mg/dl-200 mg/dl		190 mg/dl-230 mg/dl		230 mg/dl-300 mg/dl		1	
Frequency	Percentage	Frequency	Percentage	Frequency	Percentage		%
01	0.4%	31	14.4%	183	85.11%	215	100%

As per the information provided by the respondent regarding their blood sugar levels before they go through the health education or health communication, there were only 0.4% of the respondent who were normal level of blood sugar (that is between 170 mg/dl-200 mg/dl) after having food. 14.4% respondents who were in the pre-diabetic level category had blood sugar level in between 190 mg/dl-230 mg/dl after having food. It was observed that majority of the respondents (85.11%) were in the diabetic level and had blood sugar level in between 230 mg/dl-300 mg/dl which is considered as very danger and caused to diabetic related problems with human organs. There were very few of the respondents who had a normal level of blood sugar before they go through health education/communication and majority of them were in the diabetic level.

Table No. 5.7-(B)

Post health Communication/Education Period							
Normal Level		Pre-diabetic level		Diabetic level		Total	
170 mg/dl-200 mg/dl		190 mg/dl-230 mg/dl		230 mg/dl-300 mg/dl			
Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	%
20	9.3%	138	64.1%	57	26.5%	215	100

As per the information provided by the respondents regarding their blood sugar levels after they have gone through the health education/communication there are 9.3% of them have obtained normal blood sugar level, which is increased in the post health education period. There are 64% respondents whose blood sugar level is between 190 mg/dl-230 mg/dl which is considered as a pre-diabetic level, on the contrary there are only 26.5% of the respondents who are in the diabetic level having 230 mg/dl-300 mg/dl blood sugar. The

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percentage of the respondents who were in the diabetic level category has been decreased after these have gone through the health communication/education. It means, the method or strategy of health communication/education followed by the health communicator is very effective and proper, which has positively impacted on the blood sugar levels of the respondents.

XI) Major findings and Suggestions –

- 1) Through the study it is observed that, the health communication methods followed by the health communicator or doctor are very effective and are helpful to improve the overall health of diabetes patients in the study area (Ahmednagar)
- 2) It is observed that, the communication methods followed by the communicator or doctor are result oriented and majority of the patients are satisfied with the health communication methods.
- 3) According to the information provided by the respondents, it is found that the health communication is useful then a great extent in controlling of risk and complications.
- 4) There is reduction in the health complication due to diabetes after health communication sessions by doctors or health communicators. It is also found that there were very few respondents, who had a normal level of sugar before they go through the health communication sessions. But the percentage of the respondents who were in the diabetic level has been decreased after they have gone through the health communication. Overall it is observed that, the methods or strategies of health communication followed by the health communicator are very effective, proper and positively impacted on the overall health, blood sugar levels of the diabetes patients.

Suggestions –

- 1) There should be arrangement of group patient education programmes pertaining to the advantages and cost effectiveness of telemedicine in diabetes.
- 2) All health communication should be provided with the help of audio-visual equipment particularly for those patients of Type 2 diabetes. Apart from this for understanding the psychological mechanism motivating patients' adherence of therapeutic regimens, research approaches should be followed by the health communicators.

- 3) There should be utilization of effective and suitable communication and educational approaches by the health communicators with a view to promote behavioral changes in self-management practices to achieve good quality of life of diabetes patients.
- 4) There is a need of radical changes in the attitude of health communicators leading them to accept the patient as a partner. For this purpose health communicators should have basic skills in communication and socio-psycho sciences.
- 5) There should be frequent contacts interaction between health commutators and diabetes patients, which can improve outcomes of treatment through enhancing compliance to the prescriptions.
- 6) There should be study research which considers the patients' education and communication within the context of overall diabetes care and as such follow guidelines for the development and evaluation of complex intervention.

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