

**PSYCHO-SOCIAL CHALLENGES ON DIABETIC PATIENTS AMONG ELDERLY
IN ZOTLANG COMMUNITY**

Submitted in partial fulfilment of Bachelor of Social work V Semester

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CERTIFICATE

This is to certify that the project title '*Psycho-Social Challenges on Diabetic Patients among Elderly in Zotlang Community, Lunglei*' submitted by Baby Rosangzuali, Department of Social Work, Higher and Technical Institute, Mizoram for the award of Bachelor of Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for the award of any degree in this or any other Universities or Institute of learning.

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CHAPTER 1

INTRODUCTION

Psychosocial challenges of Diabetes

Older adults with diabetes have unique psychosocial challenges that impact self-care and glycaemic control. These challenges may include psychological factors such as depression or anxiety and more. Importantly, these challenges interact and complicate the everyday life of the older adult with diabetes

Concept of Diabetes

The word diabetes is derived from the Greek word which means to “Siphon” and refers to the marked loss of water by urination, polyuria and diabetes mellitus is taken from the Greek word diabetes “Siphon” which means to pass through and the Latin word mellitus meaning sweet.

Diabetes is a disease that occurs when your blood glucose, 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 pancreas, helps glucose from food get into your cells to be used for energy. Sometimes your body doesn’t make enough or any insulin or doesn’t use insulin well. Glucose then stays in your blood and doesn’t reach your cells. Over time, having too much glucose in your blood can cause health problem. Although diabetes has no cure, you can take steps to manage your diabetes and stay healthy. Sometimes people call diabetes “a touch of sugar” or “borderline diabetes”. These terms suggest that someone doesn’t really have diabetes or has a less serious case, but every case of diabetes is serious.

With diabetes, your body doesn’t make enough insulin or can’t use it as well as it should. When there isn’t enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease. There isn’t a cure yet for diabetes, but losing weight, eating healthy food, and being active can really help.

Blood sugar level is an important parameter for the diagnosis, treatment, and the prognosis of Diabetes of prognosis of diabetes. Blood sugar level is the level of sugar circulating in blood

at a given time. Blood glucose levels vary with time and some factors that affect blood sugar levels are body composition, age, physical activities, and sex.

DEFINITION OF DIABETES

It is a chronic (long-lasting) health condition that affects how your body turns food into energy. Your body breaks down most of the food you eat into sugar (glucose) and releases it into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy.

The most common types of diabetes are type 1, type 2, and gestational diabetes.

Type 1 diabetes

If you have type 1 diabetes, your body does not make insulin. Your 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 you have type 2 diabetes, your body does not make or use insulin well. You can develop type 2 diabetes at any age, even during childhood. However, this type of diabetes occurs most often in middle-aged and older people. Type 2 is the most common type of diabetes.

Gestational diabetes

Gestational diabetes develops in some women when they are pregnant. Most of the time, this type of diabetes goes away after the baby is born. However, if you have gestational diabetes, you have a greater chance of developing type 2 diabetes later in life. Sometimes diabetes diagnosed during pregnancy is type 2 diabetes.

Causes of diabetes.

Type 1 diabetes occurs when your immune system, the body's system for fighting infection, attacks and destroys the insulin-producing beta cells of the pancreas.

Type 2 diabetes the most common form of diabetes it is caused by several factors, including lifestyle factors and genes. symptoms of diabetes

Symptoms of type 1 diabetes can start quickly, in a matter of weeks. Symptoms of type 2 diabetes often develop slowly over the course of several years and can be so mild that you might not even notice them. Many people with type 2 diabetes have no symptoms. Some people

do not find out they have the disease until they have diabetes-related health problems, such as blurred vision or heart trouble.

WHAT IS DIABETES MELLITUS?

A disease in which the body does not control the amount of glucose (a type of sugar) in the blood and the kidneys make a large amount of urine. This disease occurs when the body does not make enough insulin or does not use it the way it should.

DIABETES IN UNIVERSAL CONTEXT

Globally, an estimated 422 million adults were living with diabetes in 2014, compared to 108 million in 1980. The global prevalence (age-standardized) of diabetes has nearly doubled since 1980, rising from 4.7% to 8.5% in the adult population. This reflects an increase in associated risk factors such as being overweight or obese. Diabetes caused 1.5 million deaths in 2012. The percentage of deaths attributable to high blood glucose or diabetes that occurs prior to age 70 is higher in low- and middle-income countries than in high-income countries. In 2021, the estimated numbers of people with diabetes living in urban and rural areas were 360.0 million and 176.6 million, with prevalence estimated at 12.1% and 8.3%, respectively. Most people with diabetes are affected by type 2 diabetes. This used to occur nearly entirely among adults, but now occurs in children too. Moreover, India is deemed as the world's capital of diabetes. The diabetic population in the country is close to hitting the alarming mark of 69.9 million by 2025 and 80 million by 2030. This denotes that the developing country is expected to witness an increase of 266%.

DIABETES IN INDIAN CONTEXT

Diabetes in India is a growing health concern, with over half the population at risk of developing the condition at some point in their lives. According to 2021 review Trusted Source, people who live in cities and metropolitan areas in India are more likely to develop diabetes than ever before. This is due, in part, to cities promoting a lifestyle that can increase a person's body mass index (BMI). Having a higher BMI is a diabetes risk factor. In India, more than 77 million adults Trusted Source are living with diabetes. Researchers predict that this will increase to 134 million by 2045. Overall, females have a higher risk of developing diabetes than males, but as both groups get older, this risk decreases.

Although diabetes figures are high, researchers estimate that 57% of cases remain undiagnosed. This is particularly concerning, as the risk of serious complications increases when people do not take medication to control their blood sugar.

STATEMENTS OF THE PROBLEMS.

Diabetes is a serious medical condition that can cause you to become fatigued, feel extreme hunger, and experience other more serious problems over time. If they do not manage this disease, you could develop more serious complications like vision problems, dementia, and kidney issues. Diabetic patient faced problems in their works and even affect their social life. As per the fieldwork in Zotlang Community, it was realised that the population of diabetic patients is quite relevant for study since it is one pf the social issues in our society. Thus, the need for examining the problems and impact or effects of diabetes has been felt to a great extent.

OBJECTIVES OF THE STUDY

1. To profile diabetic patients.
2. To study the Prevalence, causes and symptoms of diabetes.
3. To understand psychosocial effects of diabetes.
4. To suggest measures of social work intervention.

CHAPTER -II

LITERATURE REVIEW

A literature review was made on the basis on the objective of the worker. The review of literature focuses on Psychosocial challenges of Diabetic Patients among elderly in Zotlang Community.

Elizabeth A. Beverly, Marilyn D. Ritholz (2017),” The Psychosocial Challenges and Care of Older Adults with Diabetes “in their study the prevalence of diabetes is increasing in older populations worldwide. Older adults with diabetes have unique psychosocial challenges that impact self-care and glycaemic control. These challenges may include psychological factors such as depression or anxiety and more. Importantly, these challenges interact and complicate the everyday life of the older adult with diabetes This review shows how older adults with diabetes experience multiple and competing psychological, social, and medical challenges that complicate their diabetes care and psychosocial well-being. What is important is to understand that elderly patients experience many physical and psychosocial changes all at the same time, which often involves a deep sense of loss and demands profound readjustment, and they need someone to understand their situation.

According to Sanjay Kalra, G.R Sridhar and K.M Prasanna Kumar “Psychosocial management of Diabetes in India “As India moves from a high prevalence of acute to chronic disease, type 2 diabetes mellitus is becoming a major health concern. It is increasingly evident that psychosocial treatment is integral to a holistic approach of managing diabetes. General, psychological, and social, and graded by the weight they should have in clinical practice and by the degree of support from the literature. The current guideline on psychosocial aspects of diabetes encapsulates global evidence and experience, while maintaining a uniquely Indian flavor. This guideline bridges a crucial gap in diabetes management and hopes to address the scale and variety of challenges in the psychosocial management of diabetes in India. It should encourage all stakeholders in diabetes care to create and devote adequate time and resources to ensure optimal psychosocial management of people with diabetes.

Sahithya BR, Vijaya Raman “Psychosocial issues in Type 1 Diabetes Mellitus”in their studies Diabetes-related worries were common among patients, and providers generally recognized these worries. Many patients (41%) had poor psychological well-being. Providers reported that most patients had psychological problems that affected diabetes self-care, yet providers often

reported they did not have the resources to manage these problems, and few patients (10%) reported receiving psychological treatment. Psychosocial problems appear to be common among diabetic patients worldwide. Additionally, psychosocial problems that are most common in diabetes patients often result in serious negative impact on patient's well-being and social life. Addressing such psychosocial aspects including cognitive, emotional, behavioral, and social factors in the treatment interventions would help overcome the psychological barriers, associated with adherence and self-care for diabetes; the latter being the goal of management of patients with diabetes. Identifying and supporting patients with psychosocial problems early during diabetes may promote psychosocial well-being and improve their ability to adjust or take adequate responsibility in diabetes self-management as well.

Sanjay Kalra, G. R. Sridhar, wo, and K. M. Prasanna Kumar “Psychosocial management of diabetes in India” states that as India moves from a high prevalence of acute to chronic disease, type 2 diabetes mellitus is becoming a major health concern Psychosocial factors are the most important influences affecting the care and management of diabetes also emphasized the importance of psychological care of children and adolescents with diabetes. The current guideline on psychosocial aspects of diabetes encapsulates global evidence and experience, while maintaining a uniquely Indian flavour. This guideline bridges a crucial gap in diabetes management and hopes to address the scale and variety of challenges in the psychosocial management of diabetes in India. It should encourage all stakeholders in diabetes care to create and devote adequate time and resources to ensure optimal psychosocial management of people with diabetes.

Shahla Faal Siahkal, Nahid Javidfir, Mahin Najafian, Mina Iravani, Mehroosh Zakerkish Rasoul Heshmati “Psychosocial challenges Associated with gestational diabetes mellitus” in their study Gestational diabetes is a disease with complex management that requires multidisciplinary collaboration. To achieve treatment goals, in addition to using medications and paying attention to exercise and diet, it is also important to consider the mental health and psychosocial aspects of diabetes management. The proposed solutions may help them overcome these problems and help them in better diabetes management during such emergency situations. They have tried to provide precise, comprehensive, and region-specific solutions to these challenges. Solutions briefly include maintaining the supply chain of essentials like insulin, syringes and glucose meter strips to psychological support, financial aid etc.

Jyoti Gupta, Dheeraj Kapoor, Vivek Sood, Sukhjit Singh, Neeraj Sharma and Pankaj Kanwar

“prevalence in diabetes mellitus patients “(2020) Depression is a matter of great concern in patients with Diabetes Mellitus. The health care professionals at primary care level should be sensitized regarding screening of depression in Diabetes Mellitus. An education regarding chronic nature of Diabetes Mellitus, compliance, an adequate glycemic control, a possibility of complications, role of physical activity and dietary control to maintain desired anthropometric parameters and good general health should be Thus there is a need for an integrated care for both depression and diabetes. Special public health initiatives are needed to create awareness at community level. Incorporated in the management of Diabetes Mellitus and reinforced in every visit of the patient. Education of patients regarding self-management in Diabetes Mellitus to assure good health should be emphasized.

Prasanth Sankar Waseem N. ahmed Vineetha Mariam Koshy Rittin Jacob Saranya Sasidharan (2020)” Effects of COVID-19 lockdown on type 2 diabetes “in their study during the COVID-19 pandemic imposed many restrictions on the public. Lockdown did not cause a major change in the overall glycaemic control. Measures to promote healthy lifestyle practices along with ways to reduce psychosocial stress must be implemented for better management during such restricted times. Those in the age group of 50–65 years constituted not cause a major disruption in the glycaemic control, lifestyle, and psychosocial health in our population. However, younger adults were prone to unhealthy lifestyle practices and increased psychosocial stress was noticed in females and older adults. Probably, the duration of lockdown and the restrictions imposed were not long enough to bring about significant changes in glycaemic control and body weight.

Sue Penckofer, Carol Estwing Ferrans, Barbara Velsor -Friedrich (2007)” The Psychological Impact of living with Diabetes “The purpose of this study is to understand the feelings of depression, anxiety, and anger experienced by women with type 2 diabetes and the impact these feelings have on their overall quality of life. Women with type 2 diabetes experience feelings of depression, anxiety, and anger, which affect their health and overall quality of life. The findings suggest that health care providers should assess the psychological health of women with type 2 diabetes when developing plans of care. Although they wanted to drive, realistic concerns about difficulty in feeling the pedal due to peripheral neuropathies and possible dizziness from a low blood sugar level were reasons why they were reluctant to drive. The need for structure in their lives to keep their blood sugar level under control was clearly articulated by all groups.

According to Meera George,R,S Krishnakumar ,Jincy Sam,Jyothi Sasi,Ijas Ahmmed and Haries (2020)”diabetes risk assement among adults -a Cross sectional “in their study the majority 47.% of the study population belonged to high risk and 36.5% belong to medium risk category for development of diabetes mellitus .Increasing age ,BMI ,waist circumference ,high blood pressure ,a positive family history etc were significantly associated with increased risk of development of Diabetes Mellitus risk assement should be put forward as a major prevention tool in Diabetes mellitus management.

According to Face Lowrence blonde (2005)” Currently Stages in Diabetes Management “says that the burden of Diabetes on the health care system mandated efforts to treat more optimally those with the disease and to prevent its development in those at risk. early and intensive intervention in patients with diabetes reduce the risk of microvascular and macrovascular complications and disease progression. Current challenges include optimizing the use of currently available therapies to ensure adequate glycaemic, blood pressure, and lipid control and to reduce complications. educating patients on diabetes elf-management, reducing barriers to the early use of insulin, improving the delivery of health care to people with chronic conditions.

Naseer Ahmad Bhat, Krishna Prasad Muliya, Santosh Kumar Chaturvedi (2020)”

Psychological Aspects of Diabetes “states that Diabetes is fundamentally a chronic metabolic disorder, yet it has established psychological connections and consequences. This narrative review describes the psychological impact of diabetes, and the way psychological functioning of the individual affects the development, management, and outcome of diabetes. It also affects cognitive functioning across multiple domains such as attention, concentration, memory, executive function, and information processing speed. Diabetes is a burdensome life condition that significantly reduces quality of life. Personality characteristics can have both positive and negative impacts on self-management of diabetes, greater chances of developing paediatric diabetes especially presents unique psychosocial challenges to patient management and affects academic performance of children and career choices of affected individuals.

Sanjay Kalra, Biranchi Narayan Jena, and Rajiv Yeravdekar “Emotional and Psychological Needs of People with Diabetes “in their study Diabetes is a chronic metabolic disorder that impacts physical, social and mental including psychological well-being of people living with it. The emotional and psychological needs of the patients with diabetes are often compromised when personal efforts to meet these challenges fail to succeed, resulting in increased risk of

diabetes-related complications. The current review therefore examines the emotional, psychological needs of the patients with diabetes and emphasizes the role of diabetologist, mental health professionals including clinical psychologists to mitigate the problems faced by these patients. Identifying and supporting patients with psychosocial problems early during diabetes may promote psychosocial well-being and improve their ability to adjust or take adequate responsibility in diabetes self-management – the utopian state dreamt of by all diabetologists.

According to Suresh K. Sharma & Sanjay Kalra (2018) "Diabetes in the Elderly" "The elderly is an important and distinct yet heterogeneous group of persons living with diabetes. The elderly has a unique biomedical, psychological, and social constitution. Their needs are different from those of younger adults. This implies that special care must be taken while evaluating and planning their nursing and management. Since their functional ability they elderly aim for relaxed targets, with a strategy to remain cognizant of geriatric syndromes, and avoid hypoglycaemia. Tools or interventions used must be safe, well tolerated, and easy to administer while requiring minimal monitoring.

Sarita Bajaj, Fetema Jawad, and Komal Verma" South Asian women with diabetes:

Psychosocial challenges and management" in their study India is the prevalence of diabetes seems to be the same in both genders. Diabetes affects women more severely because of their unique biological, cultural, and socioeconomic circumstance issues of diabetes in children and young adults must be treated as a recognized complication that can lead to poor compliance and morbidity. There is emerging evidence that women with diabetes are more prone to untoward outcomes as compared to men. In 2008, age-standardized adult diabetes prevalence in the world was 10% in men and 9% in women. Almost half of diabetes deaths occur in people under the age of 70 years and 55% of these deaths are among women. Diabetes affects women more severely because of their unique biological, cultural, and socioeconomic circumstances. Women have limited access to health care facilities because of illiteracy, ignorance, and negative social customs. When an individual is diagnosed with diabetes different kind of defense mechanisms are used such as denial, guilt, aggression, avoidance etc. The most important risk factor identified for the diabetes epidemic is obesity along with genetic susceptibility.

CHAPTER-III

METHODOLOGY

Field Of the Study

The Field of study Is in Zotlang, Lunglei. The community was established in the year of 1954. The total population was 7562. The male population are 3889 and female 3673 and 14,115 households respectively. There are more than diabetic patients in the community which is quite a large number for one community, many associations like YMA, MHIP, and MUP associations are also functioning within the community

Research Design

For the completion of the research, descriptive research design was used as it describes the various phenomena and situations. It is more accurate and precise than other design, which is why this descriptive design was selected.

Universe Of the Study

This universe of the study is composed of type 2 diabetes mellitus patients.

Sampling

The sampling size of the current study is 34 since it is not feasible to study the whole group of diabetic patients, sampling allows study a manageable number of people and this research select respondent by using simple random sampling techniques. This sampling techniques is also known as a method of Chance. This sampling method is also a probability sampling that involves randomly selecting a sample, it is sometimes also called random sampling.

Methods of data Collection

This research was held on Zotlang community among the adults(40-80years) with 34 respondents. This research is conducted through QUESTIONAIRE which was distributed in their respective houses which is a both Primary and secondary Methods of data collection was working this study.

Data Processing

For the design of data analysis and processing. Ms Excel and SPSS Package were used.

CHAPTER-4

RESULTS AND DISCUSSION

4.1. Profile Of the Respondents.

Profile of the Respondents is presented into 6 categories viz., Age, Gender, Religion, marital status living conditions of the respondents etc. (see table no.1)

The age of the respondents plays a significant role in the study as it shows into what age group diabetes is most common. From the literature review, different studies have shown that diabetes is most common among middle aged population. The age group is purposefully divided into 40-60, 60-70 and 70-80 respectively. This study shows that half (70%) Of the respondents are from 60-70 age group. 11 and 17% respectively are from 40-60, 70-80.

From the distribution of the respondent based on their gender it could be seen that 55.9% are Female and 44.1% are male.

Being a Mizo community, it is evident that all respondents (100%) are Christian by Religion, thus 100% are belong to BCM.

The Marital Status of the Respondents is divided into Married and Unmarried. The study Shows that all the respondents viz., 34 (100%) are married.

SL/NO	CHARACTARISTICS	FREQUENCY	PERCENTAGE (%)
1	Age		
2	40-60	4	11.8
	60-70	24	70.6
	Gender		
	Male	15	44.1
	Female	19	55.9
4	Religion		
	Christian	34	100
	Non-Christian	0	0
5	Denomination		
	BCM	34	100
	UPC	0	0
6	Marital Status		
	Married	34	100
	Unmarried	0	0

Table no. 4.1. Profile of the respondents

4.2. General Health

General health Conditions of the Respondents is divided into 10 Categories; how they see their present health condition, how good they give their concentration in doing some important things, and often do they feel tiredness and fatigues etc.

With regards to Health Conditions Half of them 55.9% had diabetes within 10 years and 26.9% are hold by 20-30 years, 2.9% were 30-40.

Age of Diagnosed of Diabetes is ranges from More than half Ie., 82.4% Diagnosed Diabetes at the age of 40-60 and less than half 60-70 of 14.7% and 2.9% at the age of 70-80 years of age.

As per from the respondents 58.8 per cent had diabetic classes and others i.e., 41.2 per cent does not have diabetic before. Most people with 88.2 per cent of Type2 Diabetic Patients often test their blood sugar levels but 11.8 per cent does not.

35.3 percent of the respondent Frequently faced a low a blood sugar while 52.9 per cent of patients is considered not facing or having a low blood sugar.

With regards to satisfaction towards treatment, almost all (97.1%) of the respondents are taking their medication regularly for their diabetes and are aware of the time it takes for the management of the diabetes. However, 2.9 per cent doesn't take their pills regularly.

The data in the study showed that almost all of the respondent 73.5 per cent did not take the insulin. Thus 26.9 per cent take insulin. 94.1 % doesn't take the insulin pump while 5.9 % take the insulin pump.

More than half (64.7%) said that they had other health problems like high blood sugar, Asthma Neuropathy (NERVE), Kidney problem etc. 35.3 % neither had other health problems except Diabetes.

SL/NO	CHARACTERISTICS	FREQUENCY	PERCENTAGE (%)
1	Time spends for Diagnosed of diabetes		
2	01-10 years	19	55.9
	10-20 years	9	26.9
	20-30years	1	2.9
	Years of age diagnosed of diabetes		

	40-60	28	82.4
	60-70	5	14.7
	70-80	1	2.9
3	Diabetic classes before		
	Yes	20	58.8
	No	14	41.2
4	Regular check on their Diabetes		
	No	4	11.8
	Yes	30	88.2
5	Low blood sugar levels		
	No	18	52.9
	Yes	12	35.3
	I don't know	4	11.8
6	High blood sugar levels		
	Yes	30	88.2
	No	2	5.9
	I don't know	1	2.9
7	Pills for medications		
	No	1	2.9
	Yes	33	97.1
8	Intake of insulin		
	No	25	73.5
	Yes	9	26.5
9	Intake of insulin pump		
	No	32	94.1
	Yes	2	5.9
10	Health problems		
	No	12	35.3
	Yes	22	64.7

Table No.4.2 Health Conditions of the Respondents

3.(Prevalence, Causes and Symptoms)

The prevalence, Causes and Symptoms of the Respondents are divided into 11 sections How often they smoke, use tobacco Substances, did they drink alcohol? Do they take vitamins, did they have Regular exercise, and others as well?

In terms of Smoking 50% of the respondent typically use or does the smoking and others 50% does not. Moreover, Tobacco and drinking of Alcohol can cause serious problems to Health especially people suffering From Diabetes. The present study shows that 14.7 per cent take alcohol and 32.4 % does not.

79.4 per cent of the respondent says that they take vitamins to strengthen their body while 20.6 per cent of them does not feel the need to take it. 38.2 per cent were moderately satisfied for the time they spend for exercise, 61.8 per cent of the respondent felt the need to take the exercised.

Thus, 44.1 percent have time to take the exercise but 55.9 per cent does not take enough exercise.

With regards to satisfaction with treatment and taking of medication all of the respondent i.e, 100 % take their medication and know the importance of taking the medication every day

61.8 per cent of the respondent believed that they experienced Fatigue and became dizzy easily and their concentration level is not much good as well. However, 38.2 per cent of them says that they don't feel any dizziness etc.

5 2.9 per cent of the respondent says that they spend much time to urinate and 41.7 % spend fewer time to urinate. With regards towards the treatment half of them 55.9 per cent see the doctor on a regular basis but less than half 44.1 per cent did not take any regular medication etc.

SL/NO	CHARACTARISTICS	FREQUENCY	PERCENTAGE (%)
1	Intake of smoking		
	Yes	17	50
	No	17	50
2	Tobacco substances		
	Yes	23	67.6
	No	11	32.4
3	Intake of alcohol		
	No	29	85.3
	Yes	5	14.7

4	Intake of vitamins or nutrition's		
	No	7	20.6
	Yes	27	79.4
5	Time spends for exercise		
	No	21	61.8
	Yes	30	38.2
6	Limitations on exercise		
	Yes	15	44.1
	No	19	55.9
7	Important of taking their Diabetes medication everyday		
	Yes	34	100
	No	0	0
8	Blood Sugar medication		
	Yes	34	100
	No	0	0
9	Levels of Dizziness		
	Yes	21	61.8
	No	13	
10	Frequent urination		
	Yes	18	52.9
	No	16	41.7
11	Regular Check-up		
	Yes	19	55.9
	No	15	44.1

Table No. 4.3 Prevalence, Causes and Symptoms)

4.4 (Psycho- Social effect)

The psycho-Social effect is presented into 10 Categories, viz., How often did they work? Are they living alone? How often do they missed work, scheduled time for working, how it effects their social effect? How often do they avoid travelling? And do they have family History of diabetes etc.

With regards to work efficiency, 11.8 per cent responded that they worked on regular basis, 38.2 per cent of them doesn't have any permanent work and 17.6 per cent of the respondent are retired and 3.4 per cent of them are unemployed.

In terms of the Livelihood almost all of them 85.3 % were lived with their families and 14.7 % of the respondent lived alone.

In terms of family history of diabetes 61.8 percent of the respondent are genetics and 38.2 % of the respondent are having diabetes from their personal health issues.

Vast majority (70.6%) said that they feel insecure or indifferences when they were with the people of their age. And 29.4 percent of the respondent did not have any kind of indifferences as well.

In terms of travelling and outings etc 38.2 percent of the respondent says that they always avoided /cancel their trips or journey and 23.5 percent of them says that sometimes they cancel their journey as well. And 38.2 per cent of them never cancel their trips.

More than half 79.2 per cent of the respondent had faced problems in different kinds of participating in the social activities such as visiting a friends or party either and 17.6 per cent of them did not have any problems in participating in the social activities.

Half of the respondent 50 per cent believed that they skip or cancel their work due to their Health conditions / issues. However, 50% of them do their regular work.

All of the respondents mentioned that they do not have any stress in their life. And more than half 64.7 per cent of the respondents follow their traditional dietary restriction but 35.3 per cent of them are not following any restrictions.

Discouragement due to mood changes caused by fluctuate blood sugar was face by 32.4 per cent and the rest 67.6 per cent says do not have such problem.

SL/NO	CHARACTERISTICS	FREQUENCY	PERCENTAGE
1	Work Activities		
	No	13	38.2
	Retired	6	17.6
	Unemployed	11	3.4
	Yes	4	11.8
2	Live with parents or alone		

	No	29	85.3
	Yes	5	14.7
3	Family history of Diabetes		
	Yes	21	61.8
	No	13	38.2
4	Role Limitations		
	No	10	29.4
	Yes	24	70.6
5	Travel/Journey problems		
	Sometimes	8	23.5
	Always	13	38.2
	Never	13	38.2
6	Effect in Social activities		
	Yes	27	79.2
	No	6	17.6
7	Work efficiency		
	Yes	17	50
	No	17	50
8	Stress levels		
	No	12	35.3
	Yes	22	64.7
10	Level of Consciousness or Concentration		
	No	23	67.6
	Yes	11	32.4

Table no .4.4 Psycho-Social effective

4.4. Physical Endurance

The physical endurance Faced by the Diabetic Patients Is presented into 5 Categories Viz., Limited in Various activities Like Lifting Heavy Bags etc. Various activities like walking long distance, walking uphill or climbing, limits in Bending, Squatting, Turning etc,

35.3 per cent of the patients Admit that Vigorous activities such as Lifting Heavy physical activities Etc., frequently leads to Health problems and 35.3 per cent of the respondents occasionally have health problems while 29.5 does not.

However, with regards to limitation of walking uphill or climbing 1-2 stairs resulting to overall problems, 67.6 per cent says that the limitation was frequent, 20.6% of the respondent saying that they faced problems sometimes and 11.8 per cent of them were not facing problems with this regard.

With regards to overall health problems, a little less than half 20.6 per cent of the respondents said their overall health problems causes problems and difficulties in doing the basic necessities in their day-to-day life, 17.6 per cent sometimes faced problems and then the rest 61.8 per cent never have problems and difficulties in doing basic necessities in their life.

29.4 per cent of the respondent faced challenges in doing activities such as bending, squatting or turning and less than half (23.5 %) of the respondents faced problems in those kinds of activities while 47.1 per cent has never faced problems in doing bending, turning, moving around etc.

70.6 per cent said that they always felt excessive hunger and thirsty. 5.9 per cent said that they often felt excessive hunger and thirsty, and 23.5 per cent had never faced such kinds of problems.

SI/NO	CHARACTERISTICS	FREQUENCY	PERCENTAGE (%)
1	Physical Activities		
	Always	12	35.3
	Sometimes	12	35.3
	Never	10	29.4
2	Walking up-hill, long distance etc		
	Always	23	67.6
	Sometimes	7	20.6
	Never	7	20.6
3	Moderate activities like day-to-day events		
	Always	7	20.6

	Sometime	6	17.6
	Never	21	61.8
4	Vigorous activities		
	Always	10	29.4
	Sometimes	8	23.5
	Never	16	47.1
5	Excessive hunger and thirsty		
	Always	24	70.6
	Sometimes	2	5.9
	Never	8	23.5

Table No.4.5 Physical Endurance CHAPTER -V

CHAPTER -5

CONCLUSIONS AND SUGGESTIONS

This chapter presents the conclusions and suggestion of the study which are classified into major different sections.

5.1 Major Findings

The major findings of the study are presented below.

5.1.1 Profile of the respondents

The study shows that majority of the respondents (50%) falls between the age group 60-70. All the respondents are Christians and Baptist Church of Mizoram constituted the highest with a percentage of 100 per cent. Majority of the respondent 55.9 per cent are female and married and only 44.1 % are male as well.

5.1.2 General Health

From the studied it can be concluded that most of the respondent had diagnosed diabetes from 1-10 years. Majority of the respondent were diagnosed diabetes with their ages of 60-70 years of age. Almost all of the respondent (88.2 %) are taking regular and proper treatment and often test their blood sugar levels. Also, they are quite satisfied with their treatment they have been taken and time they spend for regular check-up. 26.5 per cent of them take insulin (insulin pen) because only pills for their medication was not strong enough for their body thus 64.7 per cent of the respondent stated that they had other health problems through Diabetes. Thus, we can say that the diabetic patients in Zotlang community were not even good in their health in regards of Diabetes.

5.1 3 Prevalence, causes, symptoms.

Smoking and drinking of alcohol can caused a serious problem to health especially among the people who are suffering from Diabetes. The present study also shows that 67.6 per cent of them are taking tobacco substances and 85.3 per cent had never take alcohol as well.

Taking exercise at least 30-45 minutes is a must for diabetic patients in order to stay fit healthy as well as to reduce the sugar levels in the blood. The present study also shows that 61.8 per cent of patients are regularly taking exercise. Also, 61.8 percent of the respondent had faced heath issues of dizziness and 41.7 per cent of them said that they have never experienced frequent urination during the present year or of the past three months as well. All of the

respondent are taking treatment as advice by the doctors and take regular medicines as prescribes by the doctors.

5.1 4 Psycho-social effect

From the studied it can be concluded that overall, Diabetes has not caused a several problems to their health if they are taking regular treatment and they hardly missed their work because of diabetes. Almost all the respondents interpreted that they were satisfied with their life and their personal relationship as well as an emotional support they got from their families and friends. From the studies we can see that 79.2 per cent of the diabetic patients felt discouragement of feel any indifferences with people at their age.

In regards to missing work 50% of them shows that they missed worked because of their health issues and Moreover 61.8 per cent of them said that there are diabetic patients among their blood related families like parents and siblings. So, it can be said that the chance of having diabetes is much higher if they had a parents and siblings or close related families affected by this disease.

5.1 5 Physical Endurance

From the present studies it was found out that the Diabetic patients often faced a problem in doing vigorous things such as lifting heavy bag, running jumping etc. 67.6 per cent of them had faced problems of Walking long distance and climbing up and down that caused their difficulties in their health. Less than half of the respondent 29.4 per cent of the respondent interpreted that they faced problems in doing their day-to-day life. Whereas 47.1 per cent of the respondent had never faced doing to toilets and taking bath etc. Moreover, Diabetes had affected our health and caused tiredness, fatigue and weakness as well. Excessive hunger and thirsty is one of the most common in diabetes as they used to experience excessive hunger at an odd time and from the study, we can conclude that almost all of them 70.6 per cent of the respondent had frequently feel hunger and thirsty.

5.2 Conclusion

From the assessment of “the Psycho-Social Challenges of Diabetic Patients among Elderly” For Indian lifestyle the present Study summarize that Thus Diabetes is a serious life-threatening disease and must be constantly monitored and effectively subdued with proper medication and by adapting to healthy lifestyle. And also, Diabetes is emerging lifestyle illness among Mizo Community. Yet, in spite of this common illness, the impact on the people’s day to day activities is relatively low as the disease itself can easily be cope with proper physical activities.

Thus, Diabetes is a serious life-threatening disease and must be constantly monitored and effectively subdued with proper medication and by adapting to healthy lifestyle. Majority of the respondent falls between 60-70. Diabetes is most common among the sexagenarian and almost entire respondents belong to BPL family as well. From the study we can conclude that persons whose parents or close relative are suffering from diabetes have a higher risk or chance suffering from diabetes.

5.3 Suggested Social Work Intervention

The following social work Intervention are suggested to address these issues:

- Promote a healthy diet, regular physical activity, maintain a normal body weight and avoiding tobacco use.
- Advocating healthy and nutritious dietary changes.
- To educate the patients family to understand their mood and their behaviour.
- Strengthening health professionals in providing awareness on diabetes.

Dated: 10th November,2022

(BABY ROSANGZUALI)

Place; Lunglei, Mizoram

Bachelor of Social Work

Appendices

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Schedule

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QUESTIONNAIRE

Psycho-social challenges of Diabetic Patient among Elderly in Zotlang Community

Objective.

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Laldinthari Ralte

5th Semester, BSW

Faculty

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HATIM

HATIM

SECTION – 1 (PROFILE OF THE CLIENT)

NAME : _____

AGE : _____

GENDER : ☐ Male ☐ Female

DENOMINATION : _____

MARITAL STATUS : _____

SECTION 2 (HEALTH CONDITIONS)

1. How long have you known that you have diabetes? _____ 2.

How old were you when you were diagnosed with diabetes? _____

3. Have you had diabetes classes before?

No ☐ Yes ☐

4. Did you often test your blood sugar levels?

Yes ☐ No ☐

5. Have you had low blood sugar before

☐ No ☐ yes

☐ I don't know

6.. Do you ever have HIGH Blood sugar levels?

☐ Yes ☐ No

☐ I don't know

7. Do you take pills for your diabetes?

☐ No ☐ Yes

If yes, please list type of pill, time of day and how Long you have been taking it:

PILL	DOSE	TIME TAKEN	DURATION OF
USE (for how long)			

8.. Do you take insulin?

☐

No

☐

Yes

√ if yes, do you inject with

☐

a Syringe

☐

an insulin pen

9. Do you use an insulin pump?

☐

No

☐

Yes

10. Do you have any other health problems?

☐

NO

☐

YES

SECTION – 3. (PREVALANCE, CAUSES AND SYMPTOMS)

1. Do you smoke?

☐

Yes

☐

No

If Yes how Often _____

2.Do you use any tobacco substances?

☐

Yes

☐

no

3. Do you drink alcohol?

☐

No

☐

Yes: how much _____

How often _____

4.Do you take vitamins or any other nutrition supplements?

☐ No ☐ Yes

5. Did you do Exercise regularly?

☐ No ☐ Yes

If yes what is your favourite type _____

6. Do you have any limitations on exercise?

☐ Yes ☐ No

7. do you think that it is important to take your diabetes medication every day?

☐ Yes

☐ No

8. do you take your blood sugar medication every day?

☐ Yes

☐ no

9. do you become dizzy when you stand up?

☐ Yes ☐ No

10. do you take much time to urinate?

☐ Yes ☐ no

11. do you see the doctor on a regular basis?

☐ Yes ☐ no

If yes when is your last time _____

SECTION – 4(Psycho-social effect)

1. Did you work?

☐ No ☐ Retired

☐ Unemployed

☐ Yes

If Yes/ What shift do you work?

☐ Days ☐ Evenings ☐ Nights

What is your usual work hour? _____

2. Do you live alone?

☐ No ☐ Yes

If, it is No with whom do you live _____

3. Do you have any family history of diabetes.

☐ Yes ☐ No

4. do you feel any indifferences with people your age

☐ No

☐ Yes

5. does your problem cause you to cancel your trips/journey to other places

☐ Sometime

☐ Always

☐ Never

6. does your problem held you back when it comes to participating in the social activities

☐ Yes ☐ No

7. does your problem made you skip your work.

☐ Yes

No

8. Is there much stress in your life

☐ No ☐ Yes

Explain _____

9. Do you follow any Cultural/religious Dietary Restrictions

☐ No

☐ Yes, Please Describe _____

10. Have you ever lost consciousness or required assistance to reverse low blood sugar?

☐ No ☐ Yes

✓ When did it last occur? _____

SECTION – 4(PHYSICAL ENDURANCE)

SL.NO	QUESTIONS	ALWAYS	SOMETIMES	NEVER
1	Do you have any health problems when it comes to doing heavy physical activity			
2	Does walking long distance, climbing up and down the stair cause difficulties in your health			
3	Do you have any problems and difficulties in doing the basic necessities in your day to day life...like eating, taking bath,etc			
4	Do you have any problem when it comes to moving here and there, changing sides while sleeping, getting up suddenly			
5	Do you frequently feel hungry and thirsty			

