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Adherence of diabetic self-care management and associated factors in Gamo Gofa zone public health hospitals, 2016

Eskezyiaw Agedew, Tadiwos Hailu, Mesret Girema and Amesalu Alagaw
Arba Minch University, Ethiopia

Introduction & Aim: Adherence to diabetic therapy is defined as the extent to which a person's behavior in taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a healthcare provider. Non-adherence to lifestyle modification among diabetic patients develops the short-term risks and the long-term complications as well as declines the quality of life. This research was conducted to find out detailed and concrete data on diabetics self-care management practice.

Methods: Hospital based cross sectional study was conducted in three public health hospital of Gamo Gofa zone from February to June 15/2016.

Data Collection & Analysis: Structured questionnaire adapted from peer review literatures was used to collect data. Clinical related diabetic's complication or co-morbidities data was collected by physician through history and physical examination of patient. Data was entered into Epi Info version 7 and exported to SPSS Version 21 for analysis. Descriptive frequencies like cross tabulation will be calculated to describe the study population in relation to relevant variables. Binary logistic regression analysis will be undertaken to assess the presence and degree of association between dependent and independent variables. Finally significant factors will be identified based on AOR include with 5% confidence level and P-value less than 0.05 by conducting multivariable logistic regression.

Results: Of all respondents, 319 (50.52%) were male and the rest were female. The mean age of respondent was 48.47+13.86 years. The prevalence of adherence of diabetics' self-care management is 341 (53.7%). Poor adherence is detected in blood sugar measurement practice, dietary feeding practice, physical exercise and eye examination practice. Government worker AOR 2.74 (1.03, 7.30), training on diabetics self-care AOR 3.13 (1.89, 5.16), diabetics association membership AOR 1.59 (1.01, 2.50), glucometer AOR 2.70 (1.37, 5.33), duration of diabetics illness>10 years AOR 9.59 (3.99, 23.05), duration of diabetics illness 5-10 years AOR 4.84 (1.92, 12.23), absence of side effect of drugs AOR 2.21 (1.4, 3.48), absence of diabetics related co-morbidity AOR 1.54 (1.01, 2.33) were identified significant associated factors with good adherence of diabetics self-care management practice.

Conclusion & Recommendation: Significant number of diabetes patient had poor adherence to diabetic's self-care practice. For improving, special focus should be taken on diabetes patients who are farmer, having co-morbidity, drug side effect and for those with duration of diabetics less than five years. Training should be given for diabetic's patients on dietary feeding practice, physical exercise and eye examination practice regularly in the hospital during follow up periods.

esk1agid@gmail.com