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EXPERIENCES OF SELF-CARE AMONG TYPE II DIABETIC PATIENTS AT KABWOHE HEALTH CENTER IV. A CROSS-SECTIONAL STUDY.

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Page | 1 **ABSTRACT.**

Background:

The study aims to explore experiences of self-care among patients with type 2 diabetes yielding new knowledge regarding self-care and also helping to prioritize type 2 diabetes management targets that are specific to the self-care needs of diabetic patients at Kabwohe Health Center IV.

Methods:

This was a cross-sectional phenomenological study design that employed a purposive sampling technique that involved diabetic patients of 5 years and above from the time of diagnosis who are receiving care at Kabwohe Health Center IV in Sheema District Uganda.

The study involved 18 study participants and employed an in-depth interview guide with open-ended questions

Results:

Four emergent themes were identified to illustrate the self-care experiences among patients with Type 2 DM. These themes were: (i) dietary adjustment, (ii) social support (iii) personal journey (iv) self-regulation.

Conclusion:

Participants demonstrated an understanding of diabetes self-care but showed a need for a deeper and personally centered orientation towards diabetes self-care from the health workers

Recommendation:

The study recommends a detailed and personal-centered health education among these diabetic patients.

Keywords: Self-Care, Type II Diabetic Patients, Kabwohe Health Center IV

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BACKGROUND.

The World Health Organization states that Diabetes is a chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys, and nerves WHO,2023. The most common is type 2 diabetes, usually in adults, which occurs when the body becomes resistant to insulin or doesn't make enough insulin. (WHO,2023). PAHO/WHO,2023 states that In the past three decades, the prevalence of type 2 diabetes has risen dramatically in countries of all income levels (PAHO/WHO,2023). The WHO states that Type 1 diabetes, once known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin by itself. (WHO,2023). According to the PAHO/WHO, 2023, For people living with diabetes, access to affordable treatment, including insulin, is critical to their survival WHO,2023.

In 2021, Approximately 537 million adults (20-79 years) will be living with diabetes Fang Fang Chen et al.,2022. The total number of people living with diabetes is projected to rise to 643 million by 2030 and 783 million by 2045.3 in 4 adults with diabetes live in low- and middle-income countries. Almost 1 in 2 (240 million) adults living with diabetes are undiagnosed. CIGNA Healthcare,2024. Diabetes is responsible for 416,000 deaths in the IDF Africa Region in 2021. Uganda is one of the 48 countries in the IDF African region. 537 million people have diabetes in the world and 24 million people in the Africa Region and this figure is estimated to increase to 33 million by 2030 and 55 million by 2045. In Uganda, the prevalence of diabetes in adults is 3.6% and the total number of cases of diabetes in adults is 716,00. Patients with diabetes are often recommended to follow healthy living with regular self-care practices in diet, exercise, care of the foot, and regular blood glucose monitoring to reduce the progression and development of complications associated with diabetes (Ishwari Adhikari & Santosh, 2021). A study done in India found diabetes-

related self-care practices followed to include good dietary behavior, good exercise behavior, good monitoring behavior, and good drug adherence at 29.8%, 30.3%, 44.2%, and 56.3%, respectively (Arulmohi et al., 2017). Participants who followed the general self-care practices and specific diet showed good glycemic control when compared to adults with poor self-care activities in the general diet and specific diet.

The Diabetes Control and Complications Trial definitively proved that tight glycemic control could reduce the risk of onset and progression of retinopathy, nephropathy, and neuropathy in patients with type 1 diabetes (Gubitosi-Klug, 2014). Despite known clinical benefits associated with diabetes self-care activities, several studies report poor adherence to recommended diabetes-related self-care practices with a study, (75.9%) of diabetes patients did not adhere to the recommended diet management, (83.5%) did not adhere to self-monitoring of blood glucose level, while 18 (4.3%) of the respondents did not adhere to the prescribed medications. (Bonger et al., 2018).

Some quantitative studies have examined patient knowledge levels and self-care practices and revealed gaps in knowledge regarding diabetes among people with diabetes in Uganda. A study by (Nakidde et al., n.d.) explored the existing diabetes self-care knowledge and practice and factors affecting people living with diabetes in South Western Uganda. Broadly, 44% of the participants scored below the set cut-off (> 70%) for adequate self-care knowledge, and a big number, 65% had inadequate diabetes self-care practice in the previous week.

Evidence synthesized from a randomized trial design showed that self-care educational interventions are effective in achieving desired clinical outcomes for people with diabetes; for example, a significantly higher percentage of participants at high risk for T2D achieved a reduction in HbA1c of at least 3 mmol/mol in Uganda and a higher percentage of glycemic control in a study by (Guwatudde et al., 2022). There are a few published qualitative studies that address the self-care experiences of people with type 2 diabetes from southwestern Uganda. Therefore, the study aims to explore experiences of self-care among patients with type 2 diabetes yielding new knowledge regarding self-care among this population and also helping to prioritize type 2 diabetes management targets that are specific to the self-care needs of diabetic patients at Kabwohe Health Center IV.

METHODS.

Study Design.

This study employed a cross-sectional phenomenological study design and employed qualitative methods of data collection. This design allowed the researcher to obtain

enough data only on the first contact with the respondents in a short period.

Study setting.

The study will be conducted at Kabwohe Health Center IV (KHC IV). KHC IV is a government health center situated in the central Sheema district along Mbarara – Kasese road and it offers outpatient treatment, medical services, and obstetric services. This health center is headed by a physician in charge

Study Population.

The study population involved diabetic patients five years from the time of diagnosis who were present at the health center during the data collection period.

Sample Size.

The sample size involved all 18 participants according to phenomenological studies.

Sample size determination.

The study sample size was determined by the principle of saturation where a collection of data was stopped after there was no new information from the respondents.

Sampling Technique.

The researcher employed a purposive non-probability sampling technique. A non-probability sampling technique where the subjects were selected because of the researcher's judgment to participate in the study.

Sampling procedure.

Participants for the in-depth interviews were purposively selected from the health center. Participants were identified from the triage area and subjected to in-depth interviews after they had received their services from the health center.

Selection Criteria.

Inclusion criteria.

The study involved diabetic patients above five years from the time of diagnosis who were present at the health center diabetic clinic during the time of study and willing to participate in the study.

Exclusion criteria.

The study excluded those patients who were unable to speak and respond to questions, those who were critically ill, and those who were not willing to participate.

Research Instruments.

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An in-depth interview guide with open-ended questions was used to collect data which was adapted from a study by (R. M. Ansari et al., 2019a)

Data collection procedure.

After obtaining a letter of approval from the Nursing department at Bishop Stuart University Ruharo campus, the researcher presented it to KHC IV and sought formal approval from the health center IV in charge. An approval letter from the in charge was presented to the head of the diabetic clinic. The researcher identified eligible participants. An oral presentation about the aim of the study, voluntary participation, and confidentiality was given. The researcher with the help of research assistants clarified whatever the respondents had not understood. The researcher collected data from the willing eligible participants who consented.

The researcher conducted an in-depth interview guide individually seeing one participant at a time. The interview took approximately 30 minutes to 1 hour. The responses were recorded with a voice recorder and a notebook for clarification of the information given

Validity of the study.

Trustworthiness was ensured by the four principles of trustworthiness described by Lincoln and Guba (1985). Guba's model was used for the trustworthiness of qualitative research to establish and maintain overall trustworthiness. The model has been used extensively by qualitative researchers.

Confirmability.

The researcher kept all data safe for further analysis and provided enough substantiation that the findings and their interpretation are grounded in the data by using verbatim participant quotations.

Credibility.

To maintain the credibility of the study during data collection we applied the technique of peer debriefing and member checks. Member checking was done during the interviews by asking the participants whether they understood the questions by rephrasing and summarizing. Peer debriefing was done by reviewing the interview transcripts with the supervisor

Dependability.

To support dependability, the researcher ensured that the methods were described in sufficient detail by maintaining a step-by-step "audit trail". The researcher had all raw data stored so that it would be available for review if requested. The supervisor functioned as an auditor to make sure that the information given by the participants was accurately captured. The details of the interviews were recorded using a recorder, documented, and sent to the supervisor for verification.

Transferability.

Generalization was not the aim of this qualitative research, but a detailed understanding of the participants' experiences and challenges. To improve transferability, a purposive sample was used. Purposive sampling maximizes the range of information by a conscious selection of participants in terms of their attachment to the phenomenon under investigation and other background characteristics

Data Storage.

Recordings of the discussion were done using two recording devices to provide backup for the interviews. Field notes were recorded for every in-depth interview as backup information to support the recording. The notes were labeled and dated according to the health center where it was carried out the day when it was carried out, and the socio-demographic details of the respondents were included in the notes. Both recordings and the field notes were stored safely for further reference and analysis

Data Analysis.

The thematic data analysis was done where responses were transcribed in verbatim then to English by the research team, coded, and categorized into themes and meaning drawn from the themes.

Ethical Considerations.

The proposal was approved by the supervisor after which an approval letter was obtained from the head of the department Ruharo BSU and then presented to the health center in charge of Kabwohe Health Center IV for site clearance. Informed consent was obtained from the willing participants, who were free to withdraw their participation at any time during data collection. Confidentiality was respected throughout the study, and Utmost privacy and confidentiality were ensured. The anonymity of the respondents was ensured by ensuring that the audio does not carry any personal information anywhere. The participants were told that they would have no direct benefit from the study. However, some questions

would provoke some emotional or psychological feelings related to intrusion into someone's private life.

RESULTS.

Experiences of self-care among patients living with diabetes at Kabwohe Health Center IV.

Four emergent themes were identified to illustrate the self-care experiences among patients with Type 2 DM. These themes were: (i) dietary adjustment, (ii) social support (iii) personal journey (iv) self-regulation

1) Dietary adjustment.

Dietary adjustment means patients' efforts to preserve dietary intake and ensure that their diet is safe and sufficient to keep their blood sugar stable when patients learn about diabetes dietary recommendations, they seek a diet that will maintain their blood sugars stable and also other alternative food that is safer in keeping their blood sugars stable. This theme included two subthemes.

a) Meal changes.

Participants also noted that including vegetables as recommended by the health worker in their diet as a major food would nourish their body and bring satisfaction easily without raising sugars

'say we add to our diet like fruits, carrots, avocado, mangoes' {PP1, female 12/07/2022}

"We take our medication, eat lunch, and wait for supper. After supper, we shouldn't rush to bed; instead, we should wait for the medication to take effect before dozing off." {PP3, female 12/07/2022}

"how I am now, I first observed and knew what it wants, like eating fatty meat and eating greens not too much salt and starch and eating bananas that have not ripened, dodo as sauce, pumpkins, {PP4 male 4/12/07/22}

"That means when you are eating, it means you eat frequently in small portions" {PP4 male 4/12/07/22}

"and it helped me small and I looked like I was disturbing the family because cooking food and for you, they cook separate food like vegetables aside e.g. mushrooms, I decided to eat with them but I didn't see any big difference between the two only that I reduced eating because my eating is limited like for me in a day" { PP5 male; 12/07/22}

"You find you have to change your lifestyle for example if you have not been eating a lot of vegetables, you have to add a lot of vegetables to your diet." {PP14 male 19/07/2022}

"You can live a little bit longer if you eat the recommended foods, such as vegetables, cereal, and undiluted milk" {PP 16 male 19/07/2022}

"When you look after yourself starting with your diet, it regulates in normal sugars but when you have stress, it can't lower, it must raise." (ppt 17 male 19/07/2022)

b) Social gatherings and functions.

Some participants chose not to eat at social gatherings while others chose to eat and compensate by not eating from home and others maintained their usual diet.

"I eat once because I know it is once in a while and I can compensate on parties and burials" { pp8 female 12/07/2022}

"Yes, since when you go there you decide to pretend to detest that meal, like fatty meat, and even at home I eat what I cook because, for example, there are times when I don't need anything like beans." {PP 12 female 12/07/2022 }

"You don't eat the food that is provided at gatherings, such as cakes, drinks, and even beers since they are high in sugar, but you can eat the matooke and powdered nuts." {PP 14; male 19/07/2022}

2) Social support.

Participants turned to friends, fellow patients, and family for support. They preferred their spouses and children to be aware of their problems and be involved in their care like monitoring glucose and telling body changes and health workers to be able to listen to them.

Four sub-themes emerged and were obtained

a) Support from family.

Participants pointed out support from spouses especially females stated financial support from their spouses while females were more involved in the self-care of their husbands

"children send you money for treatment" {PP1, female 12/07/2022}

"like my kids, sometimes they'll send me shs. 10,000 for drugs." {PP2, female 12/07/2022}

"My wife and daughter are aware that when my blood sugar levels have dropped, there is nothing I can do to help myself as a person. As a result, they make sure to dissolve some sugar, which I drink and consume to help me feel better and return to my normal eating habits and ability to dominate my family..{ PP 5; 12/07/22}

"When I was in Marengo (hospital), they tried to teach them because they were caregivers, but even they are more experienced than me because they know, as my daughter tells me, that dad time has passed and you haven't drunk or eaten. ...' {ppt 5 ;12/07/22}

"My wife knows what I should eat and how to prepare it, and she even knows when I should take medication." {ppt 11; 12/07/2022}

"Of course, you must ensure that your family is aware that you are ill so that if you have a problem, they can help you. For example, my wife cooks early, provides food

early, and even looks for dietary recommendations to remind me when to go to the hospital and when to take medications.” { ppt 14; 19/07/2022}

“It’s counseling so you don’t get stressed out and worried, and it gives you whatever you want. My wife even knows how I take my medication and everything (you be hearing their sugar level and you know you are not alone and you decide to care for yourself by eating vegetables)” { ppt 15; 19/07/2022}

b) Support from friends.

Though most participants did not indicate support from friends, some participants got support from their friends

“my friends help me at times, because at times they can give me a cup of milk, a bunch of matooke, or they give me a loan of transport of going to hospital....” {PP6, female 12/07/2022}

“I shared with them time for me to take the medication, and even in case I want to forget, these people always remind me.” {PP3, female 12/07/2022}

c) Support from fellow patients.

Some patients stated support in terms of counseling each other and giving each other hope of adherence

“We always share how to help each other and we made an association in our village of diabetics so that we can know how to support each other and we bring our ideas, we see the one with an issue and we advise them and later when we meet we get feedback”, {PP3, female 12/07/2022}

“You find a lot of people and how you feel is not how others feel, and you interact and counsel them about the issues”, {PP4 male 4/12/07/22}

“I can pass through the patients and I see how we are all sick, then I ask them and we pray together and we counsel ourselves on how to live with diabetes and how to ensure maintenance of our lives”.{ PP 12; 12/07/22}

“you find us counseling each other and reminding ourselves to always take drugs, and come to the hospital for drugs” { pp6, female 12/07/2022}

d) Support from the health worker.

During the interviews participants wanted their doctors to support them practically and morally. They would prefer their doctors to be aware of diabetes services and resources, to be willing to coordinate these resources for them and to provide consistent follow-up including glycemic control, medication adjustments, and listening to their personal stories.

“I later told the physician that I had failed to adapt to that medication and I want to go back to tablets and he put me back on tablets and now that’s what I have” {PP1, female 12/07/2022}

“I don’t always have money, and when I don’t, I come in and tell them that I didn’t bring any money today, and they

treat me, and when I come back the next time, I bring the money and pay.” {PP1, female 12/07/2022}

“I tell her about my problems, and she listens. For example, she tells me that if you were taking two tablets and your sugar levels are low, take one.” {PP3, female 12/07/2022}

“I believe it is knowing that we understand what we are taught by health professionals and that not adhering to diet can lead to hypertension and other illnesses.” (ppt 12 female 12/07/2022)

3) Personal Journey.

This theme emerged from the patient’s ability to make decisions independently in the transformation process of living with diabetes. The features of diabetes made the experience a very personal one, and participants experienced feelings particularly in the early stages, before accepting their disease but later stated adaptation. two sub-themes

a) consequences of diabetes.

Some patients expressed concern over the prognosis and effects of diabetes although some prohibited understanding or acceptance of the disease

“What I fear is such as diabetes can cause the removal of like an eye in extremes” {PP1, female 12/07/2022}

“that one destroyed me a lot because I usually wake up without power and I feel things that move from my feet to the head and I feel like my life has reduced” {PP2, female 12/07/2022}

“When I learned that I had diabetes, I knew you live with diabetes, and you treat it and you live normally like others because I know as a diabetic when you get drugs you can live until you reach the time God prepared for you” {PP3, female 12/07/2022}

“I know that even if I raise my worries, death is normal and you learn that it can happen to others and you feign ignorance and later it goes by itself with time” {PP3, female 12/07/2022}

“I do most of the things myself, for example, I look for vegetables and do things myself. They are usually unnecessary because I am the one diabetic, and they always know what I am going to eat, and when they add salt and it becomes sour, I don’t eat, I eat like fruit, for example, avocado.” {PP4 male 4/12/07/22}

“even if you have diabetes, you can have other diseases” {PP4 male 4/12/07/22}

“in my life, I always feared HIV AIDs but when I suffered from diabetes, I felt like it’s better to suffer from HIV because when you have it you can eat well and they care for youlaughs.”{pp8 female 12/07/2022}

“When I was about to be affected by diabetes, I lost energy, I first feared to test because I did not want to find that I have AIDS, but I tested and found I had diabetes in 2016, but from then I came and got drugs” {pp 09 female; 12/07/22}

“diabetes in its nature has a problem because most people do not know that they have diabetes, and by the time diabetes gets you to be very weak because we used to know that diabetes is a disease for the rich people, big people like for our sizes, we did not know that you can even get diabetes” {pp 16 male; 19/07/22}

b) Understanding body responses.

Most participants demonstrated the ability to feel and understand changes related to increased or decreased body glucose or prevent the complications of diabetes

“I be knowing when I have not taken the drug that something is lacking because like now I have not taken the medicine but I feel like something is lacking because I have not taken the drug” {PP3, female 12/07/2022}

“Now already this diabetes caused me a wound (on the right upper quadrant swelling) but when I get it I immediately go to the hospital” {ppt 11 male 12/07/2022}

“I take it in the morning and evening and if I don't take it in the morning and I want to take it in the evening, I feel my body becoming weak, or for example, if I leave my medication at home and I want to take it in the afternoon, I feel my body losing energy” (PP 12 female 12/07/2022).

“you automatically know that your sugar levels have increased and even when I feel a lot of dizziness, I automatically know that my sugar levels have reduced. Even when I don't test for it, in the life of a diabetic person of more than five years of having diabetes, you know that it has reduced or increased because you feel your body is not the usual one” “PP 16 male 19/07/2022”

4) Self-regulation.

The theme of self-regulation is used to describe patients' efforts to maintain blood glucose. This theme included three subthemes such as: using medicine, exercise, and self-monitoring of blood glucose

a) using medicine.

Participants stated that using the medication can maintain their blood glucose

“When I have drugs and I have swallowed them I feel a bit calmer” {PP1, female 12/07/2022}

“I take them in their morning after taking tea and eating and only, I don't mix that of diabetes, I first take those of hypertension and that of diabetes at lunch” {PP2, female 12/07/2022}

“When I have not yet got drugs, I always don't feel well” {PP3, female 12/07/2022}

“What I know is that first, you stop what we call alcohol consumption, you go to eating habits” {PP4, female 12/07/2022}

“When I take it I sleep a lot and I know that when I take it reduces my diabetic sugars” {PP8 female 12/07/2022}

*“I used 5 leaves of *Tithonia diversifolia* A. Gray, 5 leaves of *Nicotiana tabacum* L., I get 5 leaves of bitter leaf, I cook*

all the 3 in 2 cups of water and the medicine dries up and remains about 1 and a half cups of water and I get a glass, when am done eating I take but I have finished about a week without using this herbal medicine” {PP18; male 19/07/2022}

b) Exercise.

Some participants used exercise as a means to reduce their sugars though most participants stated non-adherence to exercise

“I wake up in the morning and I walk through the compound and when it's a journey like going to town, I don't use a boda because I know that I wake up early and I walk and I reach early because when you use a boda and you might pain legs and in walking you feel fresh and drinking a lot of water” {PP3, female 12/07/2022}

“When am not sick I try but when I am I don't usually I don't use boda boda to take me to the hospital or town because I will walk and reach where I am going and I will have done my exercise” {PP 11 male; 12/07/22}

“for them when on exercise, I sleep on the bed and raise your legs like this (raises legs and rotates ankle joints, raises arms extend and flexes arms and claps hands” {ppt 12 female 12/07/2022}

“if you can't ride a bicycle like for me where I work, I walk about 1 and a half miles per day morning and evening” {PP 14; male 19/07/22}

“You run every day or walk 30 km so that sugar cannot get stacked in your nerves” {PP 15; male 19/07/22}

c) Self-monitoring of blood glucose.

Participants were able to state their ability to monitor blood sugars using their glucometers after detecting a change in the body's response to low or high glucose

“when my sugar levels decrease, I will be with my sugar kept with me, and I lick it and when I finish licking it, it reduces”, PP1, female 12/07/2022

“I know it because of frequent urination and being weak a lot. I become very weak and feel my body hardening, and because I have my machine and I feel not normal, I bring out my machine test and find it has increased, and I take more cc of insulin.” {ppt 5;12/07/22}

DISCUSSION.

Experiences of self-care among patients living with diabetes at Kabwohe Health Center IV.

i) Dietary adjustment.

Dietary adjustment means patients' efforts to preserve dietary intake and ensure that their diet is safe and sufficient to keep their blood sugar stable.

This showed patient efforts to control their diet through adjustment of meals and food by adding to diet vegetables,

reducing sweetened food, compensation of food from social gatherings, and not eating food from these social gatherings. This could be due to the monthly sensitization at these diabetic clinics and getting information from the media and other

These study findings are similar to studies done in India and Asia (Mathew et al., 2012) which revealed the desire to control eating as a means to control diet and this was due to sensitization by health care professionals. Healthy eating practices can be improved in people with diabetes by considering the cultural aspects of food and individuals' taste preferences (Bukhsh et al., 2020).

ii) **Social support.**

Participants turned to friends, fellow patients, and family for support in terms of money and resources. They preferred their spouses and children to be aware of their problems and be involved in their care like monitoring glucose and telling body changes and health workers to be able to listen to them. A finding in this study showed that women got financial support from their husbands while men were more inclined to women being in their self-care including reminders to take drugs and monitor their blood sugars. These findings show a need for social support and this could be due to the burden of disease and having to be on long-life treatment.

According to Mathew et al., 2012, Men identified their partners as their predominant source of social support and explained that their families contributed by adopting similar lifestyle changes, such as diet modifications. (Mathew et al., 2012) also emphasized the role that wives play in men's self-care for their diabetes, particularly regarding diet. A similar finding was found in other studies by (Pranata & Yi Huang, 2020) However, women described less spousal support but a wider network of support. (Lin et al., 2012) found that among patients with diabetes, women have larger support networks that include children while men rely predominantly on their spouses in their self-care.

iii) **Personal Journey.**

Patients shared how they could understand their current physical changes according to different physical sensations. The results from this study indicate that patients had to undergo a transition of understanding the consequences of diabetes and learning how to respond to these consequences and realizing the different ways by which their bodies responded differently to the sugar changes in the body and learning how to tame and respond to them like perspiration, dizziness, lightheadedness This could be due to the sensitization and monthly lessons from the diabetic educators and even from the fellow patients at Kabwohe health center IV. Physical perception should be used for early symptom identification, and the detection of these warning messages early before disease onset can be a reference for patients with diabetes. To further decrease the frequency of acute onset, healthcare

practitioners should consider ways to increase patients' self-observation from the hints to symptoms before onset. There are individual differences in how each person's body responds to blood sugar levels. A meaningful advancement will be made if medical personnel can assist patients in establishing a connection between themselves and their bodies as well as empathize with the patient-centered illness empowerment process. This study finding is similar to a study done in Taiwan (Wu et al., 2019) which showed listening to the voice of the body and observing physical changes, recognizing diabetes and challenges and psychological burden of co-existence with diabetes. A similar finding was obtained from a study done in Australia which showed that diabetes was a personal journey that involved acceptance and adaptation (Carolan et al., 2015). Fear of complications due to poorly controlled diabetes motivates study participants to adhere to their therapeutic regimens.

iv) **Self-regulation.**

Findings from this study showed that patients' intentions to control diabetic sugars through exercise, self-monitoring of blood glucose, and use of medicines both insulin and oral drugs including herbal medicine. All the results showed that patients attempt to control their sugars and complications like neuropathies through these means. These patients need to understand why they need to maintain their blood sugars constant and prevent complications so that they can improve these behaviors and promote adherence. A similar finding was found in a study done by (Pranata & Yi Huang, 2020) which showed patients' efforts to adhere to exercise and medication and this was related to a valid education process. To effectively manage blood sugar levels and slow the progression of the disease, people with diabetes must engage in physical exercise. An often-stated hurdle is adopting healthy lifestyle changes, particularly increasing physical exercise. The above findings are consistent with a study conducted by a study done by (Shirazian et al., 2016) which showed patients' efforts to maintain normal blood sugars through medication

Since diabetes is a chronic, incurable illness, care rather than cure must be the focus of management efforts. Through the use of self-regulation, diabetes patients must build their toolkit of coping mechanisms for their chronic illness. By self-monitoring, assessing the consequences, and attempting new behaviors, health educators can help patients gain the ability to self-regulate.

Challenges of self-care among patients living with diabetes at Kabwohe Health Center IV.

1. Impact of illness.

The results of this theme demonstrated that patients with diabetes experienced significant negative consequences

on their lives following a diabetes diagnosis and were afraid of diabetic complications. In other words, people who have diabetes must manage both their physical and emotional requirements. Impact on activities that generate revenue and impact on sexual activity were the two key sub-themes in which illness was viewed. Consistent with our study are studies (Wu et al., 2019) (Mathew et al., 2012) which found that patients experienced both emotional and physiological issues and had to learn to maneuver through them. A similar finding was also obtained in a study by (Bukhsh et al., 2020) which showed challenges like the burden of health care, illness, and comorbidities as major influences of self-care.

2. Access to resources and services.

Several challenges to self-care emerged from this study. These challenges include financial constraints, physical limitations, fearing food, and transport. Unintentional non-adherence to medicine due to financial constraints and being over-occupied with a job (Bukhsh et al., 2020). Several participants explained that they had to negotiate household food choices to protect their health and prevent the worsening of their conditions although some viewed it as a constraint to the family. Despite these difficulties, patients frequently search for alternatives because they always attempt to obtain medications for two months or longer so that they may save money on travel, even when these are the same people who need to have their blood sugar levels checked per visit. This means that healthcare policy formulators have to be inclusive of diabetic patients as they face an all-around challenge of accessing basic services like drugs due to these barriers. A similar finding was obtained in a study done by (Bukhsh et al., 2020) which showed financial resources, being busy, and unaffordability as the major barriers to self-care. A similar finding was also obtained in a study done by (Shirazian et al., 2016) which showed access to resources from family as another barrier to diabetes self-care

CONCLUSION.

We explored the experiences and challenges of self-care of people with Type 2 DM at Kabwohe Health Center IV. Health professionals need to start realizing that every patient has unique requirements for self-care. Self-care will also be beneficial if individuals with DM have a better grasp of their condition and are more conscious of it. This research focused on the experiences of patients and therefore generated new literature that can be used in the care of these patients

RECOMMENDATIONS.

The study recommends detailed and personal-centered health education among these diabetic patients. The Ministry of Health and organizations involved in caring for diabetics should devise appropriate measures

by which management of diabetes can be specific to individuals as the study found that the current care is standard for everyone yet the journey of being diabetic is unique.

To research, these results add to existing literature and can also be explored in a broader perspective aimed at targeting the implementation of these recommendations.

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LIST OF ABBREVIATIONS.

PAHO: Pan American Health Organisation
WHO: World Health Organisation
BSU: Bishop Stuart University

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