CHAPTER – VI

Summary & Conclusion

CHAPTER – VI

SUMMARY, CONCLUSION & RECOMMENDATION

CHAPTER – VI

SUMMARY, CONCLUSION & RECOMMENDATION

6.0 Overview

This chapter contains the summary of research report. It consider of six sections. The first one gives on overview of the entire chapter. The second one restates the problem, general objectives & hypothesis of the study. The third briefly outlines the population & sample under study, the sampling method, tools used for data collection. The fourth section briefly summarizes the findings of the study and outlines their implications. The fifth one list out the suggestions & recommendations. The sixth section ends up with the concluding note.

6.1 Problem Restated

6.1.1 Problem

The statement of the problem attempts to focus on a goal & thereby gives dislocation to the research problem. A problem suggests a specified answer or conclusion. The problem of study is stated as

"What is the prevalence of diabetics, level of knowledge regarding diabetic among working women & how many of them are at risk to develop diabetic mellitus.

6.1.2 Objective of the study.

6.1 Aim of the study:

The aim of the research is to identify the prevalence and the knowledge level of diabetes mellitus among working women in Tirunelveli District, Tamilnadu.

6.1.3 Objectives of the study

1. To assess the prevalence of diabetes among working women.
2. To assess the level of knowledge regarding diabetes mellitus among working women.
3. To assess the diabetes risk status among working women.
4. To identify the relationship between occurrence of gestational diabetes and prevalence of diabetes.
5. To identify the relationship between the level of knowledge and prevalence of diabetes.
6. To find out the significant difference between knowledge level of diabetes and the various sectors of working women like school teachers, college lecturers, telecom employees, bank employees and government anganwadi workers / Community nutrition workers.
7. To find out the significant difference between prevalence of diabetes and the various sectors of working women like school teachers, college lecturers telecom employees, bank employees and government anganwadi workers / Community nutrition worker.
8. To find out the significant difference between diabetic risk status and the

various sectors of working women like school teachers, college lecturers, telecom employees, bank employees and government anganwadi workers/ Community nutrition worker.

9. To correlate the prevalence of diabetes with various demographic variables, social factors, economic factors, lifestyle factors and health factors.
10. To correlate the knowledge level of diabetes with various demographic variables social factors, economic factors, lifestyle factors and health factors.
11. To correlate diabetes risk status with various demographic variables, social factors, economic factors, lifestyle factors and health factors.
12. To provide a educational material containing knowledge aspects of diabetes including preventive action and health promotion activities.

6.2 Hypothesis:

1. There will not be significant relationship between occurrence of gestational diabetes and prevalence of diabetes.
2. There will not be significant relationship between the knowledge status of working women and prevalence of diabetes.
3. There will not be significant difference between knowledge level of diabetes and the various sectors of working women in school, college, telecom department, bank sector and community nutrition worker.
4. There will not be significant difference between prevalence of diabetes and the various sectors of working women in school, college, telecom department, bank sector and community nutrition worker.
5. There will not be significant difference between diabetic risk status and the various sectors of working women in school, college, telecom department, bank sector and community nutrition worker.

6. There will not be significant relationship between the prevalence of diabetes and demographic variables.
7. There will not be significant relationship between the prevalence of diabetes and Economic factors.
8. There will not be significant relationship between the prevalence of diabetes and Social factors.
9. There will not be significant relationship between the prevalence of diabetes and life style factors.
10. There will not be significant relationship between the prevalence of diabetes and health factors.
11. There will not be significant relationship between the knowledge status of diabetes and demographic variables.
12. There will not be significant relationship between the knowledge status of diabetes and economic factors.
13. There will not be significant relationship between the knowledge status of diabetes and Social factors.
14. There will not be significant relationship between the knowledge status of diabetes and life style factors.
15. There will not be significant relationship between the knowledge status of diabetes and health factors.
16. There will not be significant relationship between diabetic risk status and demographic variables.
17. There will not be significant relationship between diabetic risk status and economic factors.
18. There will not be significant relationship between diabetic risk status and social factors.
19. There will not be significant relationship between diabetic risk status and lifestyle factors.
20. There will not be significant relationship between diabetic risk status and health factors.

21. There will not be a significant relationship between the prevalence of diabetes and assessment of diabetes risk status.
22. There will not be a significant relationship between the knowledge level of diabetes and the diabetic risk status.

6.3 MAJOR FINDINGS OF THE STUDY

- The prevalence of diabetes among working women in Tirunelveli District was 10.7% and prevalence of pre diabetes was 9%.
- In regard to the knowledge level regarding diabetes among working women 10.7% had poor knowledge 63.3% had average knowledge and 26% had good knowledge.
- In regard to the risk status of diabetes among working women 78% were estimated as very high risk status 21% were estimated as moderate risk status and 1% belonged to low risk status.
- There was no association between women who had diabetes during pregnancy and women who were diagnosed with diabetes during present study.
- In regard to knowledge level banking sector women scored was significantly higher than the other sectors working women
- The age of working women and women identified with diabetes during the present study.
- In regard to the demographic variables the age , age at marriage, level of occupation, duration of sleeping and urban residential women were associated with diabetes prevalence.

- In regard to the knowledge of diabetes women who had family history of diabetes, higher level of educational status, urban residential women, type of occupation, family monthly income, and number of pregnancy were associated.
- In regard to risk status of diabetes women with the higher age, higher income , higher number of pregnancy and higher sexual satisfaction were associated

Based on the above results and discussions the research hypothesis are accepted or rejected accordingly.

H_1 : There was no significant relationship between occurrence of gestational diabetes and prevalence of diabetes

H_1 was accepted.

H_2: There was no significant relationship between knowledge level of working women and prevalence of diabetes

H_2 was accepted.

H_3: The knowledge level of diabetes in respect of banking sector was significant. In respect of other sectors like BSNL, ICDS, School and College the knowledge level of diabetes was not significant.

H_3 was rejected in respect to banking sectors and accepted in respect to BSNL, ICDS, School & College Sectors.

H_4: There was no significant difference between prevalence of diabetes and the various sectors of working women.

H_4 was accepted.

H_5: The diabetic risk status of banking and ICDS sectors with other sectors were significant. The diabetic risk status between the other three sectors of BSNL, School & College sectors were not significant.

H_5 was accepted in respect to BSNL, School & College. It was rejected in respect to banking and ICDS sectors.

H_6 : There was significant relationships between the age and residence with prevalence of diabetes. There was no significant relationship between other demographic variables and prevalence of diabetes.

H_6 was rejected in respect to demographic variables such as age and residence of working women and accepted in respect to the other demographic variables such as marital status, educational status and type of family.

H_7: There was significant relationship between occupation and prevalence of diabetes. There was no significant relationship between other economic factors and prevalence of diabetes.

H_7 was rejected in respect to occupation and was accepted in respect to type of occupation and family monthly income.

H_8: There was no significant relationship between the social factors such as religion and caste with prevalence of diabetes

H_8 was accepted

H_9: There was significant relationship between duration of sleep and prevalence of diabetes. There was no significant relationship between

other life style factors such as family relationship TV watching, exercise, Meditation, Food habits, and sexual satisfaction.

H_9 was rejected in respect duration of sleep an accepted in respect to other lifestyle factors.

H_{10}: There was significant relationship between family history and prevalence of diabetes . There was no significant relationship between other health factors such as gestational diabetes, birth of baby more than 4 kg, number of pregnancy and source of information and prevalence of diabetes

H_{10} was rejected in respect to family history of diabetes and accepted in respect to other health factors.

H_{11}: There was significant relationship between educational status and residential status with knowledge level of diabetes. There was no significant relationship between other demographic variables and knowledge level of diabetes.

H_{11} was rejected in respect to educational and residential status and accepted in respect to other demographic variables.

H_{12}: There was significant relationship between occupation, type of occupation and family monthly income and knowledge level of diabetes status

H_{12} was rejected

H_{13}: There was significant relationship between religion and knowledge status regarding diabetes. There was no significant relationship between caste and knowledge status regarding diabetes.

H_{13} was accepted in respect to caste and rejected in respect to religion.

H_{14}: There was significant relationship between frequency of snacks and knowledge status regarding diabetes. There was no significant relationship between all the other lifestyle factors and knowledge status.

H_{14} was rejected in respect to frequency of snacks and accepted in respect all the other lifestyle factors.

H_{15}: There was significant relationship between number of pregnancy and knowledge status. There was no significant relationship between other health factors such as gestational diabetes, birth of baby more than 4 kg and family history with knowledge status.

H_{15} was rejected in respect to number of pregnancy and was accepted in respect to all other health factors.

H_{16}: There was significant relationship between age and risk status of diabetes. There was no significant relationship between all other demographic factors and risk status of diabetes.

H_{16} was rejected in respect to age and accepted with all the other demographic factors.

H_{17}: There was significant relationship between family monthly incoeme and risk status of diabetes. There was no significant relationship between

other economic factors like type of occupation and level of occupation with risk status of diabetes.

H_{17} was rejected in respect to family monthly income and accepted in respect to all the other economic factors.

H_{18}: There was no significant relationship between risk status of diabetes and all the social factors

H_{18} was accepted

H_{19}: There was significant relationship between lifestyle factors such as exercise and sexual satisfaction and risk status of diabetes. There was no significant relationship between other life style factors and risk status of diabetes.

H_{19} was rejected in respect to exercise and sexual satisfaction and accepted in respect to other lifestyle factors.

H_{20}: There was significant relationship between family history and pregnancy with risk status of diabetes. There was no significant relationship between other health factors such as gestational diabetes, birth of baby more than 4 kg and source of information with risk status of diabetes.

H_{20} was rejected in respect to family history of diabetes and number of pregnancy, it was accepted in respect to other health factors.

H_{21}: The relationship between prevalence of diabetes with diabetic risk status was positively correlated ($r=.289 \& P<.001$). The prevalence of diabetes determined the 8.4% risk status ($r^2=.084$ and 8.4%).

The H_{21} was rejected

H_{22}: The knowledge level was negatively related with risk status (r=-0.212 and P<.001). The knowledge determined 4.5% of risk status of diabetics.

The H_{22} was rejected

6.4 IMPLICATIONS OF THE PRESENT STUDY

In General

Diabetes is a most common metabolic disease in the world. Diabetes was a disease of the older people previously but presently it has been identified that pre-diabetes is more common among younger generation also which has the person that within 3 to 5 years she is prone to develop are 25 to 35 million individual with pre-diabetes in India. So education regarding prevention of diabetes should be given to the he can help the children develop some attitudinal change habits, life style changes as a preventive aspect of diabetes. Awareness should be created regarding all the aspects of preventive care.

In Community

The health care services which are undertaken for the under privileged not making an attitudinal change in the mind set of people regarding the changes they are supposed to adopt in the everyday living. thy food habits can prevent the population from developing -pretension. So the preventive care should be given much importance to reduce the number of people developing diabetes. The risk community should be given much emphasis on prevention and control of diabetes. Control of diabetes can

help them to prevent further complication and thus reduce the economic and social burden of diabetes.

In Institutions

Diabetes is emerging as a problem among the children and adolescents, schools and colleges can develop health related policies like avoiding junk food, soft drinks and encourage healthy eating habits including healthy snack time policies and promotion of physical exercise. Presently certain schools in our district has formulated polices regarding healthy snacks and Nutritive lunch. They have made menu plan for the midmorning snacks, lunch and evening snacks. In which they have included fruits, boiled cereals, pulses and variety of grams along with specific Nutritive variety of vegetables for lunch. Motivating the participation in sports and extra curricular activities is also important. Check regarding the general health and physical fitness of the women who are working in the teaching institutions like schools and colleges bank, telegraph department and Government sector. Each an develop certain policies regarding promotion of general health and well being. Counseling sessions and health education sessions can create awareness among the public. Be conduced to instill the health consciousness in them. They can also programmes for diabetes, hypertension and cardiac working women. Some sort of diversion should be provided from the usual routine to make them stress free which is an important cause - up discussions can be arranged to relieve them from the monotony during lunch break and midmorning refreshment timings. Certain organizations like BSNL have provided a Gymnasium for maintenance of physical fitness. Working women should be encouraged to utilize the facilities provided in the working area.

General health policy

The central and State Government is taking much initiative to propagate the health information regarding prevention of chronic disease condition like diabetes. Our Tamilnadu Government have under taken a survey for Chronic diseases especially the risk assessment for diabetes which was named as Nalamana Thamizhagam and provided referral services and initiated drug treatment in many people of our state some measures to fund for the treatment of diabetes and its complications among their employees through medical insurance schemes and health benefit schemes for the below poverty line population. They also should formulate a health policy for the workers that they should be free chronic disease and if they develop such disease also they should have control over it. They can be provided increments based on health maintenance and less absenteeism so that Government can have increased productivity which will improve our socioeconomic status, reduce the economic burden of dependent population and have improved quality of life among general population.

6.5 SUGGESTIONS FOR FURTHER RESEARCH

The following suggestions are given for further investigation

- A similar study can be conducted with a larger sample size
- A comparative study can be conducted among working women and home makers.
- A study can be done to identify the effectiveness of a teaching module on preventive strategies of diabetes among working women.

- A study can be conducted on level of knowledge regarding diabetes among adolescent girls. (As the risk status is increasing because of the family history of diabetes, awareness regarding prevention of diabetes can go a long way in reducing the prevalence of diabetes among future generation.)
- A study on healthy life style factors among women can be conducted.
- A study on ill effects of obesity among school students can be conducted (As obesity is the main risk factors for many chronic disease like diabetes and cardio vascular disease)
- A comparative study can be conducted among sedentary workers and physically active workers.
- A study on effect of healthy life style intervention among working women can be conducted.

6.6 Conclusion

The working women in Institutes though remain busy throughout the day, their physical activity was very less. There are many factors like physical inactivity, family history, lack of knowledge on dietary restrictions, life style modifications, stress in managing both professional work and family among working women which cannot be ruled out in the development of Diabetes.

A stress free working environment, physical activity like regular exercises both at office and at home, blood sugar estimation after 35 yrs, life style modifications for persons with a positive family history are some of the recommendations which can control Diabetes among working women in the coming years of women work force.

There is ample evidence to suggest that preventive measures which reduces the burden of diabetes are needed. It is conclusively proved that lifestyle modification including weight loss, increased physical activity and dietary changes can prevent or delay the onset of diabetes. The need of the hour is direct public education and mass media campaigns, awareness about diabetes and its complications. There is a need to spread the message that diabetes is preventable and we need to have a behavioral change to adopt a healthy lifestyle.

Diabetes is now emerging as an epidemic of the 21st century. It threatens to overwhelm the healthcare system in the near future. Sadly, the majority of the people with diabetes in developing countries are within the productive age range of 45–64 years. These are the same individuals who are expected to drive the economic engines of their countries in order to achieve the agreed international development goals. Besides their reduced productivity, diabetes further imposes a high economic burden in terms of healthcare expenditure, lost productivity, and foregone economic growth. To curb this scourge of diabetes, public health interventions are required to prevent diabetes or delay the onset of its complications. This will entail intensive lifestyle modification for those at risk of diabetes and aggressive treatment for those with the disease.