

## Effect of Self-Care Education On Quality of Life Among Diabetic Patients in Selected Health Facilities in Ondo State

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### Abstract:

Several efforts have been made by government at all levels, health workers, non-governmental organizations as well as donor towards reducing the prevalence of diabetes mellitus and ensuring quick recovery among patients through adequate self-management, both at the local and international level. However continual increase in the complication of diabetes as a result of improper management of the disease have been a major barrier. This study examines effect of self-care education on quality of life among diabetes patients in selected health facilities in Ondo State. The study adopted quasi-experimental design and used Taro Yamene's formula for finite population to calculate the sample size which gave 268 and were selected using multi-stage sampling techniques. The study obtained data from the field using structured questionnaire. Data was analysed using SPSS edition 25. Finding revealed that, majority of the respondents had poor knowledge of self-care management of diabetes during pre-intervention, which became improved in the post intervention. More so, finding revealed that, majority of the respondents had good quality of life of diabetic patients during pre-intervention. However, during post intervention, quality of life of diabetic patients became better. Findings also revealed that, there is a significant difference between pre and post intervention knowledge on self-care diabetes management. More findings revealed that, there is a significant difference between pre and post intervention on quality of life of self-care diabetes management.

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This study concluded that, there is a significant difference in the pre and post knowledge, and quality of life on self-care diabetes management. The study recommended among others that, Government through ministries of health need to look into how to subsidized cost of treatment of diabetes across health facilities, to promote self-care among patients.

**Keywords:** Self-care Education, Knowledge, Quality of Life, Diabetic Patients,



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## Introduction

Global health promotion programs have historically relied on the premise that administering medical prescriptions and providing counselling will facilitate a rapid recovery. The necessity of health education to enhance self-care management has lately garnered widespread acclaim; yet, there is an increasing acknowledgement that the mere provision of health services is inadequate for improving overall wellness (Affusim and Francis, 2018). Consequently, health professionals often organise various health campaigns to educate the public and patients about altering their viewpoints, especially regarding conditions such as diabetes that necessitate self-care management and have been progressively rising in prevalence (Fasanmade and Dagogo-Jack, 2015). Nonetheless, this led to the increasing recognition that merely providing individuals with access to knowledge is inadequate to effectuate a shift in mindset. Conversely, measures for efficiently conveying relevant information to patients would significantly enhance their comprehension of the material presented. This notion emerged from the fact that, with illiteracy, individuals possess certain pedagogical approaches that pacify their temperaments (Mmari and Magnani, 2013). Consequently, it is important to convey information in its most straightforward form to ensure that illnesses such as diabetes, which primarily need lifestyle modifications for care and are prevalent among adults, are comprehensively comprehended. Despite a vigorous campaign against it, the insufficient treatment of diabetes by patients and its increasing prevalence indicate the necessity for a reevaluation of strategy (Adisa et al., 2017).

Diabetes mellitus (DM) is a widespread global public health concern (Adogu, 2015). Diabetes mellitus (DM) is a chronic condition that requires daily self-management and prolonged treatment. The Centres for Disease Control (2008, cited in Achutha, 2015) recognise it as a diverse disease characterised by hyperglycemia and glucose intolerance, resulting from inadequate insulin production, impaired insulin responsiveness, or both. Insulin is a hormone that regulates glucose metabolism, and diabetes mellitus occurs when the body's capacity to utilise its own insulin efficiently is impaired. Diabetes mellitus is one of the fastest-spreading health disorders globally, which may be managed well with appropriate treatment. The American Diabetes Association (ADA, 2017) defines normal blood glucose testing ranges as follows: random blood glucose readings below 180 mg/dl, intensive care unit (ICU) readings between 140 and 180 mg/dl, and non-ICU readings below 140 mg/dl. In a 2017 statement, the American Diabetes Association said that diabetes mellitus is a chronic, costly, and debilitating disorder associated with severe consequences, presenting significant risks to people, families, and the global community.

As of 2019, over 9.3% (463 million) of the global population was afflicted with diabetes mellitus. Furthermore, Saeedi (2019) projects that by 2030, it will attain 10.2% (578 million), and by 2045, it may reach 10.9%. The World Health Organisation (2021) reported that diabetes emerged as the ninth leading cause of death from 2000 to 2016, with a 5% increase in its premature mortality rate. Roglic (2016) reports that the prevalence rate of diabetes mellitus in African areas increased from 3.1% in 1980 to 7.1% in 2014, corresponding to a rise from 4 million to 25 million individuals. Diabetes mellitus constitutes 7.8% of total mortality and 6.8% of total hospitalisations in most African countries (Bruce et al., 2015). A 2015 WHO study indicated that Africa saw an 80% death rate from diabetes mellitus, with



projections suggesting an increase of 7.1% by 2030. Moreover, 7% of Nigeria's population is afflicted with diabetes (Awodele and Osuolale, 2015). The incidence of diabetes significantly differs around the country. The prevalence of diabetes in Nigeria's rural regions is 0%–2% of the population, but in urban areas it ranges from 5%–10% (Enang et al., 2014). The variation in prevalence rates is often ascribed to westernisation and demographic shifts, since the ongoing movement from rural to urban locales raises alarms over a potential diabetes epidemic (Olufemi et al., 2015). Diabetes is avoidable by managing important risk factors, and those diagnosed with the condition can self-manage it by according to medical advice, such as eliminating specific lifestyle choices.

Lilly-West et al. (2018) emphasised that psychosocial factors (PSFs), such as motivation, social support, and self-regulation, are essential for adherence to diabetes care. However, these factors may be altered by efficient information dissemination via orientation and counselling. Specifically, ageing, a substantial reduction in physical activity resulting from lifestyle westernisation, and rapid population expansion all contribute to the diabetes burden (Muanya, 2016). The absence of national diabetes strategies in most countries, the expense and availability of medications, the shortage of healthcare professionals, and the inadequacy of structured language-based educational programs all exacerbate these issues. It is essential to engage patients in their treatment. This may be achieved by equipping patients with appropriate information on self-care, specifically aimed at enhancing their active involvement in the healthcare process. This may enhance patients' disposition towards adherence to therapy. Agboola (2016) discovered that 50% to 80% of individuals with diabetes and glycaemic control have significant deficiencies in knowledge and attitudes towards diabetes management. The first problem is determining how to promote self-discipline or self-care. To modify didactic presentations for treatments that enhance patient autonomy through their participation and collaboration, language-based instructional tactics are crucial.

A meta-analysis of global studies has shown the positive effects of effective educational strategies on diabetes treatment and prevention. Ojobi et al. (2017) discovered that the subjects assessed exhibited overweight, dyslipidaemia, and insufficient regulation of blood pressure and glucose levels. Nonetheless, considering the present pace of diabetes proliferation, especially in developing countries, there are both immediate and chronic complications. Health professionals must make sure that the method is reviewed immediately. In light of this, a study was conducted in Ondo State to determine the impact of diabetes patient self-care education on their quality of life. This study examined effect of Self-care Education on quality of life among diabetes patients in selected health facilities in Ondo State. The specific objectives of the study were to:

- 1.0 assess the level of knowledge on self-care diabetes management (pre and post intervention) among diabetic patients in selected health facilities in Ondo State; and
- 2.0 find out quality of life of diabetic patients (pre and post intervention) in selected health facilities in Ondo State.



## Research Methods

A research design provides a methodical strategy for investigating an issue or set of problems requiring immediate attention. The study type is determined by the design, and for this research, a quasi-experimental design was employed. This method examines the relationship between variables, focusing on causes and effects. In quasi-experimental research, a cause consistently precedes an effect, and the relationship is stable. In this study, the lack of education represents the cause, with its impact observed in the scope and direction of patients' knowledge, perceptions, and quality of life. This design allowed the researcher to actively intervene, track changes, and distinguish outcomes.

The study population comprised all adult diabetic patients attending the General Hospital Idanre in Idanre Local Government Area and the University Medical Teaching Hospitals (UNIMED) in Akure South, Ondo State, Nigeria. At UNIMED, there were 211 diabetic patients, while 189 patients were recorded at the General Hospital in Idanre. All consenting adults aged 18 and above, regardless of diabetes type, who attended the hospitals' diabetes clinics, were included. Excluded from the study were patients who did not attend the selected clinics or declined to consent.

The sample size was determined using Taro Yamane's formula for finite populations. For UNIMED, the sample size calculated was approximately 138, while for General Hospital Idanre, it was 130, resulting in a total sample size of 268 respondents. Multi-stage sampling techniques were used, beginning with purposive selection of two local government areas in Ondo State to ensure coverage of the state capital, Akure. Next, one health facility was purposively chosen from each local government area based on their high patient populations. Finally, systematic sampling techniques were applied to select respondents meeting the inclusion criteria.

A structured questionnaire was used as the research instrument, consisting of three sections. Section A collected demographic data, while Section B assessed knowledge of diabetes self-care using a two-level (yes or no) scale. Respondents scoring 6 to 10 were classified as having high knowledge, while those scoring 0 to 5 were classified as having low knowledge. Section C evaluated patients' quality of life through a four-level scale (most often, frequently, seldom, never). Respondents scoring 5 to 8 were rated as having a good quality of life, while scores of 4 or lower indicated poor quality of life.

To ensure validity, the questionnaire underwent face and content validation by two health science experts and the researcher's supervisor. Their feedback was incorporated into the final draft. Reliability was assessed using the test-retest method, involving 27 diabetic patients from the Federal Medical Centre in Ondo State. The questionnaire was administered twice, two weeks apart, and Cronbach's Alpha analysis was conducted to determine internal consistency.

Data collection occurred in three phases: pre-intervention, intervention, and post-intervention. During the pre-intervention phase, the researcher recruited and trained two research assistants for data collection. Rapport was built with respondents, confidentiality was assured, and structured questionnaires were distributed to 268 participants across the two hospitals. This phase lasted two weeks. In the intervention phase, patients received health education on self-care management and its effects on quality of life. Topics included



drug compliance, personal glucometer usage, diet adherence, and general diabetes care. Teaching aids were used, and patients had opportunities to ask questions and clarify doubts. This phase lasted four weeks to ensure all respondents were covered.

The post-intervention phase commenced four weeks later, allowing patients time to practice the self-care strategies taught. During this phase, the questionnaire was re-administered and filled out within two weeks. Data collected was organised, categorised, and processed into an Excel spreadsheet, then analysed using SPSS version 23. Descriptive statistics such as frequencies, percentages, and charts were used to summarise demographic data and research findings. Hypotheses were tested using the Student t-test and Chi-square at a significance level of 0.05.

## Results

Table 1 below presents demographic characteristics of respondents. On age, 33.9% were 31-40 years, 41.3% were aged 41-50 years, 14.9% were 51-60 years, while 9.9% were 61 years or above. On Sex, majority (73.6%) of the respondents were male, while slight above a quarter (26.4%) were female. On religion, 38.0% practice Christianity, while majority (62.0%) practice Islam. On Ethnicity, majority (83.5%) of the respondents were from Yoruba ethnic group, 9.9% were Igbo while 6.6% were from other ethnic group excluding Hausa. On Marital Status, 14.0% of the respondents were single, majority (83.5%) were married and 2.5% were widow/widower. On Educational Background, 5.0% had no formal education, 52.1% had primary education, 35.5% had secondary education and 7.4% had tertiary education. On Employment status, 17.3% were employed, majority (58.7%) were self-employed and 24.0% were unemployed.

**Table 1: Demographic variables of respondents**

Variables		Frequency	Percentage (%)
Age	20-30 years	0	0.0
	31-40 years	24	33.9
	41-50 years	82	41.3
	51-60 years	100	14.9
	Above 61 years	36	9.9
	<b>Total</b>	242	100.0
Sex	Male	178	73.6
	Female	64	26.4
	<b>Total</b>	242	100.0
Religion	Christianity	88	38.0
	Islam	150	62.0
	African traditional religion	0	0.0
	<b>Total</b>	242	100.0
Ethnicity	Yoruba	202	83.5
	Igbo	24	9.9



	Hausa	0	0.0
	Other	16	6.6
	Total	242	100.0
Marital status	Single	34	14.0
	Married	202	83.5
	Divorced	0	0.0
	Widow/widower	6	2.5
	<b>Total</b>	<b>242</b>	<b>100.0</b>
Educational Background	No formal education	12	5.0
	Primary	126	52.1
	Secondary	86	35.5
	tertiary	18	7.4
	Total	242	100.0
Employment status	Employed	42	17.3
	Self-employed	142	58.7
	Unemployed	58	24.0
	Total	242	100.0

Table 2 above presents frequency distribution of respondents by knowledge on self-care management among diabetic patients. During pre, above half (52.1%) knew that dietary type affects blood sugar level, while a higher percent (89.3%) understand during post. Also, below a third (30.2%) knew that, blood sugar level can be adjusted by diet, while almost all (98.3%) the respondents understand during post. More so, below half (41.7%), knew that, the main class of food that could increase chances of diabetes is carbohydrate, while majority (79.3%) knew during post. Also, over a quarter (28.1%) during pre, knew that, exercise assists in controlling blood sugar level, while a higher percentage (59.5%) knew during post. Also, below a third (31.4%) during pre knew that, any bodily activities that improves physical fitness is exercise, while majority (82.6%) during post knew. Results also shows that, 27.3% during pre knew that major high fibre foods can help control blood sugar level, while majority (69.8%) during post knew. More so, below a fifth (19.4%) during pre knew that Routine blood sugar check is important in Diabetes Mellitus management, while majority (90.9%) knew during post. More so, majority (73.1%) during pre knew that, Anti-diabetic drugs help control blood sugar level, while a higher percent (95.0%) knew during post. Also, majority (68.2%) during pre knew that, Strict adherence to anti- diabetics drug as prescribed by the managing team help control blood sugar level, while a higher percent (86.0%) knew during post.

More so, a high percent (54.5%) knew that, signs and symptoms of high blood sugar level are tiredness, increased thirst, blurred vision, while a higher percent (83.5%) during post knew. During pre below half (40.5%) knew that, Normal blood sugar is 140mg/dl(7.8mmol/L), a higher percent (72.7%) knew during post. Also, majority (61.2%) knew that, regular exercise help balance weight, while a higher percent (94.2%) knew during post. More so, a fifth (20.7%) during pre knew that, Fruit fast is good for weight maintenance, while a higher percent (83.1%) knew during post





**Table 2 Pre and Post intervention Knowledge on self-care diabetes management**

S/N	Items		Pre		Post	
			Yes	No	Yes	No
1	Dietary type affects blood sugar level	<b>F</b>	126	116	216	<b>26</b>
		<b>%</b>	52.1	47.9	89.3	10.7
2	Blood sugar level can be adjusted by diet	<b>F</b>	73	169	238	4
		<b>%</b>	30.2	69.8	98.3	1.7
3	The main class of food that could increase chances of diabetes is carbohydrate	<b>F</b>	101	141	192	50
		<b>%</b>	41.7	58.3	79.3	20.7
4	Exercise assists in controlling blood sugar level.	<b>F</b>	68	174	144	98
		<b>%</b>	28.1	71.9	59.5	40.5
5	Any bodily activities that improves physical fitness is exercise.	<b>F</b>	76	166	200	42
		<b>%</b>	31.4	68.6	82.6	17.4
6	High fibre foods can help control blood sugar level	<b>F</b>	66	176	169	73
		<b>%</b>	27.3	72.7	69.8	30.2
7	Routine blood sugar check is important in Diabetes Mellitus management	<b>F</b>	47	195	220	22
		<b>%</b>	19.4	80.6	90.9	9.1
8	Anti-diabetic drugs help control blood sugar level	<b>F</b>	177	65	230	12
		<b>%</b>	73.1	26.9	95.0	5.0
9	Strict adherence to anti- diabetics drug as prescribed by the managing team help control blood sugar level	<b>F</b>	165	77	208	34
		<b>%</b>	68.2	31.8	86.0	14.0
10	The signs and symptoms of high blood sugar level are tiredness, increased thirst, blurred vision.	<b>F</b>	132	110	202	40
		<b>%</b>	54.5	45.5	83.5	16.5
11	Normal blood sugar is 140mg/dl(7.8mmol/L)	<b>F</b>	98	144	176	66
		<b>%</b>	40.5	59.5	72.7	27.3
12	Regular exercise help balance weight	<b>F</b>	148	94	228	14
		<b>%</b>	61.2	38.8	94.2	5.8
13	Fruit fast is good for weight maintenance	<b>F</b>	50	192	201	41
		<b>%</b>	20.7	79.3	83.1	16.9



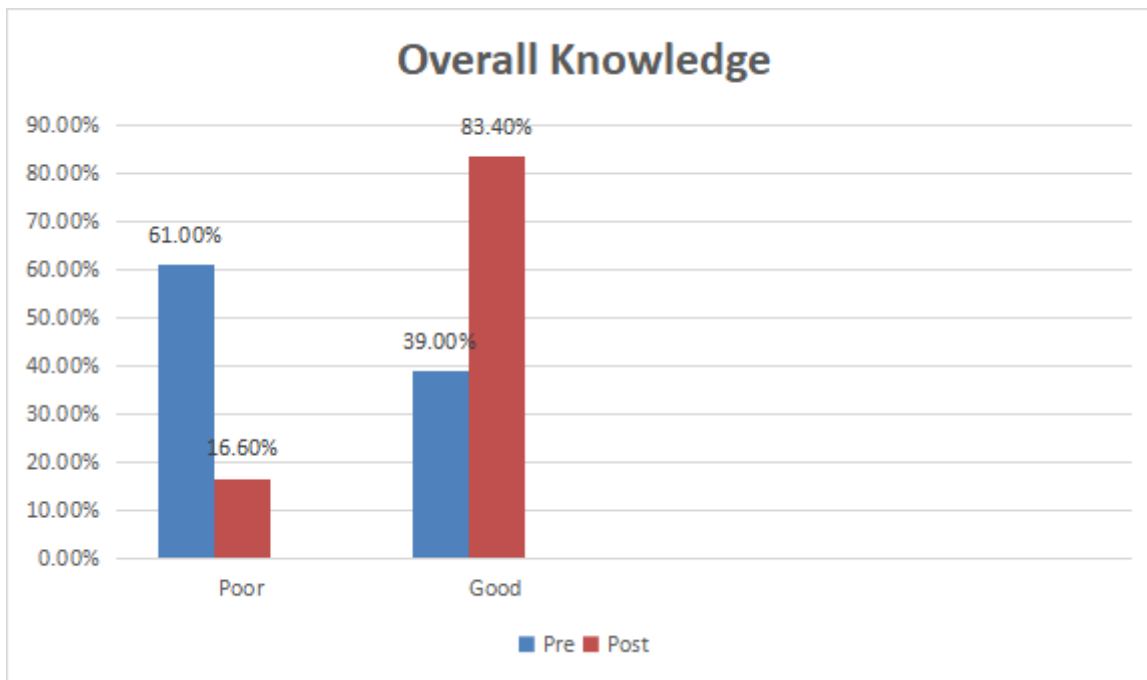


Figure 1 : Showing overall knowledge of self-care diabetes management

Table 3: Frequency distribution of respondents by quality of life of diabetic patients

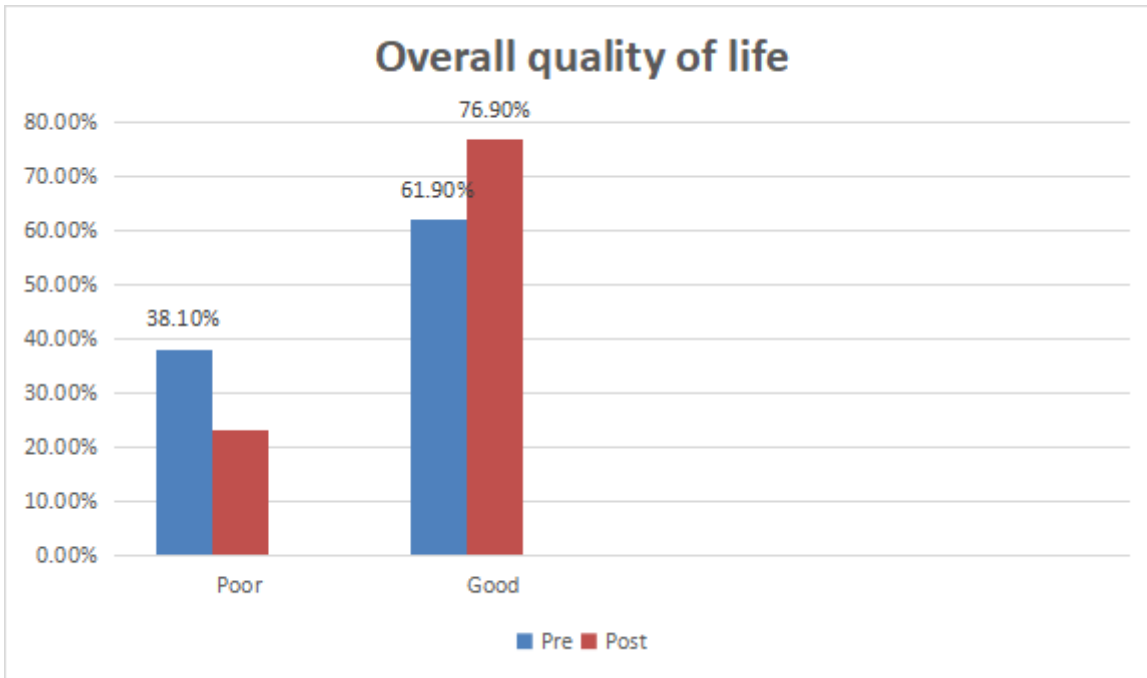
S/N	Vasomotor domain		Pre M/O	R/N	Post M/O	R/N
1	Excess Night sweat	F	53	189	30	212
		%	21.9	78.1	12.4	87.6
2	Hot flushes	F	38	204	16	226
		%	15.7	84.3	6.6	93.4
<b>Psychosocial</b>						
3	Satisfied with life	F	130	112	85	157
		%	53.6	46.3	35.1	64.9
4	Feeling Nervous or Anxious	F	116	126	87	155
		%	48.0	52.0	36.0	64.0
5	Experience poor memory	F	86	156	44	198
		%	35.6	64.4	18.2	81.8
6	Perform below expectation	F	72	162	36	206
		%	33.1	66.9	14.9	85.1
7	Experience depression	F	64	178	22	220
		%	26.4	73.6	9.1	90.9
8	Being impatient with other people	F	116	126	59	186
		%	47.9	52.1	24.4	76.9
9	Wanted to be lonely	F	98	144	41	201



		%	40.5	59.5	16.9	93.1
10	Mood swing	F	208	22	136	106
		%	85.9	14.1	56.2	43.8
	<b>Physical</b>					
11	Muscle/joint aching	F	62	180	24	218
		%	25.6	74.4	9.9	90.1
12	Easily experience burnout	F	156	22	113	129
		%	64.4	35.6	46.7	53.3
13	Experience sleeplessness	F	156	86	118	124
		%	64.5	35.5	48.8	51.2
14	Back/neck pain	F	51	191	24	218
		%	21.1	78.9	9.9	91.1
15	Reduced physical strength	F	189	53	142	100
		%	78.1	21.9	58.7	41.3
16	Feel dizzy often	F	57	185	39	203
		%	23.6	76.4	16.1	83.9
17	Weight gain	F	22	220	18	224
		%	9.1	90.9	7.4	92.6
18	Frequent Urination	F	47	195	19	223
		%	19.4	80.6	7.9	92.1
19	Fatigue/Lethargy	F	68	174	31	211
		%	28.1	71.9	12.8	87.2
	<b>Sexual domain</b>					
20	Loss of interest in sexual activities	F	71	171	34	203
		%	29.3	70.7	14.0	86.0

The frequency distribution in table 3 illustrates changes in the quality of life of diabetic patients across vasomotor, psychosocial, physical, and sexual domains before (pre) and after (post) an intervention. In the vasomotor domain, symptoms such as excess night sweats and hot flushes showed marked improvements, with the proportion of respondents experiencing these symptoms decreasing from 21.9% and 15.7% pre-intervention to 12.4% and 6.6%, respectively, post-intervention. Psychosocial improvements were significant, with fewer respondents reporting poor memory (35.6% to 18.2%), depression (26.4% to 9.1%), and mood swings (85.9% to 56.2%). Additionally, satisfaction with life increased from 46.3% to 64.9% post-intervention. In the physical domain, the prevalence of issues such as muscle/joint aching, sleeplessness, and fatigue significantly reduced, with notable declines in symptoms like back/neck pain (21.1% to 9.9%) and frequent urination (19.4% to 7.9%). Finally, the sexual domain also showed improvements, as the proportion of respondents reporting loss of interest in sexual activities reduced from 29.3% to 14.0%. Overall, the intervention was effective in reducing the prevalence of various negative symptoms and improving the overall quality of life for diabetic patients.





**Figure 2: Frequency distribution of respondents by quality of life of diabetic patients**

Table 4 presents Paired Samples Test showing difference between pre and post intervention knowledge on self-care diabetes management. Results show that, there is a significant difference between pre and post intervention knowledge on self-care diabetes management ( $t_{241}=5.032$ ;  $p\text{-value}= .021$ ). this is an indication that, the null hypothesis which states that, there is no significant difference between pre and post intervention knowledge on self-care diabetes management is rejected, while the alternative which state that, there is a significant difference between pre and post intervention knowledge on self-care diabetes management is upheld.

**Table 4: Difference in pre and post knowledge on self-care diabetes management**

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Comp Pre Comp - Post Comp	.221	.097	.008	-.118	.084	5.032	241	.021



Table 5 presents Paired Samples Test showing difference between pre and post intervention quality of life on self-care diabetes management. Results show that, there is a significant difference between pre and post intervention quality of life on self-care diabetes management ( $t_{241}=6.425$ ;  $p\text{-value}= .003$ ). This is an indication that, the null hypothesis which states that, there is no significant difference between pre and post intervention quality of life on self-care diabetes management is rejected, while the alternative which state that, there is a significant difference between pre and post intervention quality of life on self-care diabetes management is upheld.

**Table 5: Difference in pre and post quality of life on self-care diabetes management**

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
QOL Pre - Post	.219	.085	.005	.181	.251	8.011	241	.000

### Discussion of Findings

The majority of respondents exceeded the age of 31, indicating that they were mature participants, as per the data. Diabetes is believed to impact the elderly more frequently. Caren and Chang (2013) discovered that among patients with Type 2 Diabetes Mellitus (T2DM) aged 50 and above who were on oral hypoglycemic agents (OHAs), the adherence rate to medication varied between 79% and 85%. The significant representation of older folks among the respondents indicates that the survey encompassed the relevant demographic. Griffith (2013) determined that variables such as age, sex, race, occupation, educational attainment, income, or socioeconomic position do not predict the incidence of diabetes. The majority was predominantly male and suggested a low level of activities that might diminish blood sugar levels. A likely explanation may also stem from an inherited condition. Moreover, the two predominant religions in Nigeria, Islam and Christianity, were adequately portrayed. However, the proportion of participation was mostly Muslim compared to Christian. Furthermore, the Yoruba constituted the predominant ethnic representation in the survey. Although the Igbo and other ethnicities were adequately represented. The likely reason for this is that the study was conducted in a Yoruba-speaking region. The majority were married, indicating that most respondents possess familial support. Olorunfemi and Ojewole (2019) identified determinants of glycaemic control in individuals with diabetes mellitus, which include family support, depression, cognitive functioning, diabetes knowledge, exercise, dietary habits, lifestyle, therapy, and access obstacles. However, this can only be helpful if the spouse is cognisant of the patient's condition. Some singles and widows/widowers were also included in the study. This indicates that all sorts of groups are engaged in the study. Furthermore, the majority of responders were educated. This indicates that the majority

pursued primary, secondary, or university education. This indicates that the majority had a significant willingness to understand the content being studied. The predominant responses were either self-employed or jobless, indicating their potential inability to afford therapy expenses. However, a fair approach was also utilised.

Their inability to manage diabetes may be hindered by a deficiency in comprehending the ailment. The data indicate that the majority of respondents had inadequate awareness of diabetes self-care prior to the intervention. Protheroe et al. (2017) discovered that several factors, including forgetfulness, insufficient understanding of their condition, the high cost of their treatment, and entrenched beliefs about the disease, contribute to many diabetes patients' noncompliance with their regimen. Nonetheless, following the intervention, the level of knowledge markedly increased. The data in table 2 above illustrate that the majority of participants concurred that dietary variables impact blood sugar levels following the intervention. Rahaman et al. (2017) discovered that a mere fraction of diabetes patients consistently monitor their blood glucose levels, and their compliance with medication, dietary, and exercise regimens is often suboptimal.

This study also demonstrated that nutrition influences blood sugar levels and that exercise contributes to the regulation of blood sugar levels. Serour et al. (2013) discovered that a significant majority of patients (69.1%) possessed firm beliefs and comprehension that adherence to a dietary regimen and consistent physical activity may enhance their diabetes condition. Research indicates that high-fiber diets can assist in regulating blood sugar levels. The findings corroborate those of Ehwarieme et al. (2018), who examined adherence to treatment regimens among diabetes patients visiting outpatient departments of designated hospitals in Benin City, Edo State. It was shown that 59.3% of respondents possessed a strong understanding of diabetes, while 37.7% exhibited a moderate understanding and 3.0% demonstrated a deficient understanding; the knowledge gaps were 3.0% and 37.7%, respectively.

The findings indicate that most respondents experienced a satisfactory quality of life as diabetes patients before the intervention. Oladejo (2017) stated that adherence to a routine of correct nutrition, blood sugar and cholesterol level management, and the avoidance of both chronic and acute disorders is essential for achieving and sustaining a healthy weight. Nonetheless, the quality of life for patients with diabetes enhanced following the intervention. Glasgow et al. (2019) cautioned that people with diabetes mellitus should get ongoing education, as it may improve adherence and quality of life. The data in table 3 indicate that most post-intervention participants reported feeling hot flushes, dissatisfaction with their life, susceptibility to burnout, and a diminished interest in sexual activities. Peres et al. (2018) suggest that it may provoke feelings of worry, guilt, humiliation, anger, weariness, and regret. Egbaiyeyomi (2019) advised that patients and their families should get appropriate counselling and encouragement to engage in self-care and self-management. The burden on physicians and nurses should be alleviated by the implementation of training programs, which would also enhance healthcare delivery.

The findings also revealed a substantial difference in self-care diabetes management knowledge before and after the intervention. This indicates a significant enhancement in the individual's self-management of diabetes from prior to the intervention to subsequent to it. A



research by Snoek (2018) corroborated the prevalent conviction among medical experts that patients ought to recognise type II diabetes as a potentially grave illness. Enhancing awareness through a systematic educational program may increase patients' motivation and adherence to their physician's directives.

The findings revealed that the quality of life associated with self-managed diabetes management had considerable variation before and after the intervention. This indicates a substantial enhancement in the quality of life for self-managing diabetes between the pre- and post-intervention phases. Glasgow et al. (2019) assert that consistent education for diabetes mellitus patients is a crucial strategy that may enhance adherence and elevate quality of life.

## Conclusion

According to the study's findings, there is a significant difference between pre- and post-intervention knowledge, perception, and quality of life regarding self-care diabetes management. Post-intervention knowledge, perception, and quality of life all improved.

## Implication to Community health Nursing Practice/ Academics

Optimising the quality of life for diabetes patients necessitates comprehension of the key facilitators and barriers to self-care management. Modifying the diet might facilitate the identification of more effective and pragmatic strategies to enhance patient adherence. To enhance patient-provider communication and cultivate a more effective therapeutic relationship that fosters adherence, it will also aid nurses in evaluating perceived attributes associated with patients' life experiences. This study indicates the necessity of developing strategies to educate patients on the importance of self-care management, particularly regarding dietary adherence. This is undertaken to alleviate the impact of a widespread disease by mitigating the severe consequences of diabetes mellitus. The study's findings provide critical insights into the significance of consistently monitoring the elements that affect blood sugar level adherence and regular physical activity among diabetes patients. Healthcare practitioners must intensify their efforts to include therapeutic lifestyle modifications into the interventions employed for managing patients with diabetes mellitus. Diabetic patients have to obtain health education on the management of the disease's burden and treatment regimen.

## Recommendations

The advice that follows will significantly improve the routine for managing diabetes.

- 1 The government, via its health ministries, must explore methods to subsidise diabetes treatment costs across all healthcare facilities to promote patient self-care.
- 2 Two non-governmental groups focused on diabetes should regularly supply glucometers to diabetic patients, especially those residing in rural areas. Subsidies are generally necessary for the cost of glucometers.
- 3 Establishing community health clinics in many locales with an expanded personnel would enhance the quality of services rendered.



- 4 Nurses must ensure that the appropriate health education program is developed in accordance with best practices to discourage diabetes patients from using over-the-counter drugs.
- 5 The establishment of diabetes support groups across many healthcare tiers is essential, as they will assist diabetic people in adapting to healthier lives..

## REFERENCES

- Adisa, R., Olajide, O. O., and Fakeye, T. O. (2017). Social Support, Treatment Adherence and Outcome among Hypertensive and Type 2 Diabetes Patients in Ambulatory Care Settings in southwestern Nigeria. *Ghana Med Journal*, 64-77.
- Affusim, C., and Francis, E. (2018). The Influence of Family/Social Support on Adherence to Diabetic Therapy. *International Journal Of Advances In Scientific Research And Engineering*, 4(5), 71-80.
- Chang, S. A. (2012). Smoking and Type 2 Diabetes Mellitus. *Diabetes and Metabolism Journal*, 399-403.
- Fasanmade, O., and Dagogo, J. S. (2015). Diabetes care in Nigeria. *Annals of global health*, 821-829.
- Odili, V. U., and Eke, I. (2010). Knowledge of Diabetes Mellitus among Registered Nurses in Benin City. *International Journal of Health Research*.
- Odili, V. U., Isiboge, P. D., and Eregie, A. (2011). Patients Knowledge of Diabetes Mellitus in a Nigerian City. *Tropical Journal of Pharmaceutical Research*, 637-642.
- Okolie, U. V., Ehiemere, I. O., Iheanacho, P. N., and Kalu-Igwe, N. I. (2009). Knowledge of the diabetes management as well as control by the diabetic patients at Federal medical Center Umuahia, Abia State, Nigeria. *International Journal of Medicine and Medical Sciences*, 353-358.
- Oladejo, O. (2017). Diabetes Prevention Project - WDF16-1354. Hämtat från World Diabetes Foundation : <https://www.worlddiabetesfoundation.org/projects/nigeria-wdf16-1354>
- Olorunfemi, O., and Ojewole, F. (2019). Medication belief as correlate of medication adherence among patients with diabetes in Edo State, Nigeria. *Nurse Open*, 197-202.
- Protheroe, J., Rowlands, G., Bartlam, B., and Levin, Z. D. (2017). Health Literacy, Diabetes Prevention, and Self-Management. *J Diabetes Res.*, 3.
- Rahaman, K., Majdzadeh, R., Naieni, K., & Raza, O. (2017). Comorbidities and Care Practices of Diabetic Patients. *Austin Journal of Public Health and Epidemiology*, 1059.





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