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Factors influencing knowledge and practice of self-care among diabetic patients in South-South, Nigeria

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Abstract

This study assessed knowledge, practice and factors influencing self-care practices among diabetic patients at a tertiary Hospital in South-South, Nigeria. Its goal was to determine the knowledge, practices as well as factors influencing self-care practices among diabetic patients in the studied setting. Population of study was 220, from which sample size of 142 respondents were derived using Taro Yamene formula. Multi-stage sampling techniques were used. Data were collected using structured questionnaire and analyzed using frequency, means and percentages. Results showed that knowledge of self-care management was high; skipping diabetes medication can worsen disease complications,(3.8±1.025); physical activities improves diabetes control (4.1±0.974); stress can affect blood sugar levels (3.6±1.098); diabetic education by healthcare providers influences practice of healthcare, (4.0±1.035) however, there is sub-optimal practice of self-care among the respondents; only 35.2% always monitor their blood glucose level, 29.6% often engage in regular physical activities (like walking). 36.6% always follow diabetic meal plan, and 39.4% always attended regular medical check-up. Hindering factors include; financial constraint 47 (29.6%), lack of time 32(22.5%) and lack of motivation 27(19.0%), while motivating factors are; fear of complications 48(33.8%), family encouragement 39(27.4%) and healthcare provider's advice 25(17.9%). Study concluded that there was high knowledge of self-care practice which has not translated into practice because there was sub-optimal practice observed. Also factors like financial constraint, lack of motivation and time hinders the practice of self-care while fear of complications, encouragement from family members and healthcare provider's advice motivates adherence to self-care practices. The study emphasized the importance of addressing barriers and improving patient education and support to enhance self-care practices and outcomes among diabetic patients.

Keywords: *Diabetes mellitus, knowledge, self-care practices, factors, influencing, motivating, hindering, patients.*

INTRODUCTION

Diabetes remains one of the most prevalent chronic diseases globally, with preventable risk factors contributing significantly to its burden. Despite the availability of effective preventive measures, diabetic patients, particularly in low-income communities, continue to experience a high incidence of complications due to sub-optimal knowledge and various factors that impede practice of self-care, (ADA, 2023). According to the International Diabetes Federation (IDF) Diabetes Atlas 10th Edition (2021), approximately 537 million adults (20–79 years) were living with diabetes in 2021, a figure projected to rise to 643 million by 2030 and 783 million by 2045. Over 75%

of these people with diabetes reside in low- and middle-income countries (LMICs), with sub-optimal health care access exacerbating complications and mortality (IDF, 2021).

The economic impact is staggering with a global diabetes-related health expenditure of USD 966 billion in 2021, reflecting 9% of total health spending worldwide, the World Health Organization (WHO, 2023) highlights that diabetes directly caused 1.5 million deaths globally in 2019, with LMICs accounting for over 80% of fatalities. Alarmingly, 50-70% of cases in Nigeria remain undiagnosed, leading to preventable complications such as cardiovascular disease, kidney failure, and neuropathy (Ajayi et al., 2022). Diabetes self-care remains pivotal in mitigating complications and improving quality of life.

Knowledge of self-care management constitutes the foundational understanding that empowers patients to navigate their condition. It encompasses far more than basic awareness, requiring a comprehensive grasp of pathophysiology and Goals, Understanding the mechanisms of specific diabetes type (Type 1, Type 2), the significance of chronic hyperglycemia, and the targets for glycemic control (e.g., fasting blood glucose) as defined by current standards (American Diabetes Association [ADA], 2024); International Diabetes Federation [IDF], 2023). Also pharmacological management, Knowledge of prescribed medications (names, mechanisms of action, dosages, timing, potential side effects, storage requirements – especially for insulin), and the critical importance of adherence (Ogunsemi et al., 2022; Berhe et al., 2021).

Also, nutritional principles encompassing understanding dietary modifications, carbohydrate counting/management, portion control, healthy food choices consistent with cultural preferences, meal timing, and the glycemic impact of different foods (Evert et al., 2019; ADA, 2024). In addition, having the understanding of the role of physical activity by recognizing the benefits of regular exercise, appropriate types and intensities, safety precautions (particularly hypoglycemia prevention during/after activity), and its integration into daily life (Colberg et al., 2022); Self-Monitoring of Blood Glucose (SMBG); Proficiency in performing SMBG correctly, interpreting results accurately, understanding glycemic patterns, and knowing when and how to respond to out-of-range values (ADA, 2024; Ekpenyong et al., 2024). Others include complication prevention and recognition, which aids in Identifying early signs and symptoms of acute complications (hypo-/hyperglycemia) and chronic complications (neuropathy, retinopathy, nephropathy, cardiovascular disease, foot problems), along with evidence-based preventive strategies like meticulous daily foot care (Boulton et al., 2023; IDF, 2023), as well as Sick Day Management and Problem-Solving; knowledge of necessary adjustments to medication, diet, and fluid intake during illness to prevent crises (ADA, 2024).

Practice of SCM refers to the actual, consistent performance of the behaviors derived from knowledge. It is the tangible manifestation of self-management in daily life, directly impacting glycemic outcomes (HbA1c) and complication rates. Key measurable domains include: Medication Adherence as the patient Consistently take oral medications and/or administer insulin injections as prescribed, including correct dose, timing, and technique (Berhe et al., 2021; Fasanmade et al., 2021 - Nigerian context); Dietary Adherence by Implementing the recommended dietary plan in real-world settings, managing portion sizes, making healthy food choices consistently, and managing carbohydrate intake (Evert et al., 2019; Uloko et al., 2022). Also regular physical activity by Engaging in planned physical activity (e.g., brisk walking) for the recommended duration and frequency most days of the week (Colberg et al., 2022). Self monitoring of blood glucose execution through performing blood glucose checks as frequently as recommended by their healthcare provider and as personal circumstances allow, correctly recording results, and using the data to inform management decisions (ADA, 2024; Ekpenyong et al., 2024). Systematic foot care by performing daily foot inspections, washing and drying feet properly (especially between toes), applying appropriate moisturizer (avoiding interdigital spaces), wearing well-fitting protective footwear, and seeking immediate care for any injuries or abnormalities (Boulton et al., 2023).

In addition risk factor management, by abstaining from tobacco use and moderating alcohol consumption (ADA, 2024), as well as engaging in Healthcare by attending scheduled clinic appointments, screenings for complications (e.g., eye exams), and vaccinations (IDF, 2023), and applying sick day rules by Implementing learned sick day management protocols during illness (ADA, 2024). Practice is typically measured using scales like the Summary of Diabetes Self-Care Activities (SDSCA), adapted for local relevance. Evidence consistently shows that practice levels are frequently inadequate, particularly concerning diet, exercise, SMBG, and foot care, often lagging behind knowledge (Fasanmade et al., 2021; Uloko et al., 2022). However, processing adequate knowledge does not guarantee optimal practice. A significant and often wide gap exists between what patients know what they consistently do and factors influencing what they know and do.

World Health Organization (WHO, 2023) emphasizes that Self-care strategies—including structured diabetes education; dietary adjustments, physical activity, and

medication adherence—prevent 60% of type 2, reduce hospitalization rates by 30%, improve glycemic control and prevents complications when implemented early, particularly in resource limited settings, (shrivastava et al., 2023). Modern self-care frameworks integrate digital health tools. for example, mobile apps for glucose monitoring and telehealth consultations have improved medication adherence by 35% in rural populations (Osei et al., 2023). The American Diabetes Association (ADA, 2023) highlights seven core self-care behaviors: healthy eating, physical activity, glucose monitoring, medication adherence, problem-solving, risk reduction, and psycho-social support. These practices are critical, as 70% of diabetic complications in sub-Saharan Africa stem from poor self-care (Fekadu et al., 2022).

Despite advancements, barriers persist, studies have found that 65% of patients lack access to diabetes education programs, while cultural myths (e.g., insulin causing blindness) deter 40% from adhering to treatment (Adeyemi et al., 2023). Conversely, community-based peer-support networks have increased self-care compliance by 50% in LMICs by addressing socioeconomic and educational gaps (Global Diabetes Compact, WHO, 2023).

Statement of problem

Diabetic populace do not have enough awareness of diabetes, the proper use of medications, life style modifications, dietary plans and other education programs on such health matter, (Believe and Alabere, 2022). This persistent gap between knowledge and practice represents a critical failure point in diabetes management.

Despite the availability of effective preventive measures, diabetic patients, particularly those in low-income communities, continue to experience a high incidence of complications due to sub-optimal knowledge and self-care practices, (ADA,2023). This knowledge gap and lack of effective self-care contribute to preventable complications such as heart disease, chronic kidney disease, nerve damage, foot problems, oral health issues, vision problems, and mental health issues among diabetic patients.

Several factors have been implicated as constraints to effective management of diabetes. These include socioeconomic constraints which severely limits access to essential medications (especially insulin), SMBG strips (often prohibitively expensive), healthy food options, appropriate footwear, and reliable transportation to clinics (Ogunsemi et al., 2022; Fasanmade et al., 2021; Ekpenyong et al., 2024). Diabetic populace do not have enough awareness of diabetes, the proper use of medications, life style modifications, dietary plans and other education programs on such health matter, (Believe and Alabere, 2022). Lack of structured self-management education can reduce the risk of diabetes-related hospitalizations by 42% and lower HbA1c levels by 1.5% in low- and middle-income countries (LMICs), (IDF,2023).

Furthermore, healthcare system challenges like resource limitations, long waiting times, potential stockouts of medications/supplies, high patient-to-provider ratios, and variable quality or availability of structured ongoing diabetes education hinder both knowledge acquisition and the practical support needed for sustained behavior change (IDF, 2023; Ogunsemi et al., 2022).

Additionally, factors such as cultural, psychosocial, and behavioral factors are not left out. Deeply ingrained dietary habits, food insecurity, cultural beliefs about illness and treatment, stigma, low self-efficacy (confidence in one's ability to perform SCM tasks), depression, anxiety, and insufficient practical or emotional social support profoundly impact the ability to translate knowledge into action (Snoek et al., 2020; Uloko et al., 2022). Also health literacy and communication barriers in form of limited formal education and health literacy can impede comprehension of complex instructions, while ineffective patient-provider communication can leave knowledge gaps or fail to address practical implementation challenges (Osborn et al., 2021).

Thus, this study seeks to assess the knowledge, practice and factors influencing self-care practices among diabetic patients in the studied settings.

Significance of Study

This research holds profound significance for diabetic patients, the general public, policy makers and other stakeholders in the healthcare sector.

Findings on knowledge levels will expose critical gaps in patients' understanding of self-care fundamentals—such as interpreting blood glucose readings, carbohydrate counting, or foot care protocols. In resource-constrained setting like Nigeria where diabetes education is often fragmented, these insights will enable the design of personalized, culturally relevant education programs. For example, revealing that patients misunderstand "healthy local diets" (e.g., assuming garri is safe without portion control) can spur workshops using familiar foods. This directly empowers patients to prevent avoidable complications like neuropathy or amputations, reducing fear and uncertainty.

For the General Public, understanding the tangible link demonstrated in the study between specific self-care practices and improved health outcomes (or conversely the consequence of poor practice) which provides concrete motivation for behavioral change. It empowers patients to take responsibility for their health, seek reliable information, and demand better support, knowing that their

daily actions significantly influence their well-being and risk of devastating complications like amputations, kidney failure, or stroke.

For Policymakers, the study findings offer an evidence-based road map for resource allocation and strategic intervention. Data revealing widespread gaps in knowledge or poor adherence to practices like regular blood sugar monitoring or foot examinations underscores the urgent need for targeted public health education campaigns tailored to the local cultural and linguistic context. Findings highlighting barriers – such as the cost of glucometers/strips, limited access to healthy food options, transportation difficulties for clinic visits, or lack of access to diabetes educators – provide concrete evidence to advocate for policy changes. This could include subsidizing essential diabetes supplies, integrating diabetes education and screening into primary healthcare centers across the state, developing nutritional support programs, funding community health worker initiatives focused on diabetes support, or establishing state-wide diabetes registries for better surveillance and program evaluation. The economic argument is also potent; demonstrating the link between poor self-care, increased complications, and higher healthcare costs strengthens the case for preventative investments. Policymakers can utilize findings to design more effective, efficient, and equitable diabetes prevention and management programs for the entire population.

For Stakeholders within the Healthcare Sector – including hospital administrators, clinicians, nurses, pharmacists, medical educators, and professional associations – the findings pinpoint critical areas for quality improvement and capacity building. Identifying specific knowledge deficits (e.g., carbohydrate counting, sick-day management) informs the design and content of patient education programs, making them more relevant and effective. Recognizing poor practice patterns signals the need for innovative approaches beyond simple instruction, such as structured group education, peer support programs, regular skills reinforcement sessions, or leveraging mobile health (mHealth) technologies for reminders and support. The findings necessitate a critical evaluation of current healthcare provider training. They reveal gaps in the counseling skills of doctors or nurses, a lack of dedicated diabetes educator time, or insufficient pharmacist involvement in medication adherence support. This drives investment in continuous professional development for healthcare workers in diabetes care.

Objectives are to:

1. Assess the knowledge level of self-care management among diabetic patient in a tertiary Hospital, South-South, Nigeria.
2. Assess self-care management practices among diabetic patients in a tertiary Hospital, South-South, Nigeria.
3. Identify the Factors Influencing Self Care Practices among Diabetic patients in a tertiary Hospital, South-South, Nigeria.

Review of related literature

The global incidence and prevalence of diabetes, particularly T2D, have reached epidemic proportions, posing one of the most significant public health challenges of the 21st century. According to the International Diabetes Federation (IDF), approximately 537 million adults (20-79 years) were living with diabetes globally in 2021. This number is projected to surge to 643 million by 2030 and 783 million by 2045 (IDF, 2021). This dramatic rise is largely fueled by increasing rates of obesity, sedentary lifestyles, urbanization, and aging populations (WHO, 2023). Gestational Diabetes Mellitus (GDM) affects a substantial proportion of pregnancies, with prevalence varying significantly by population and diagnostic criteria (ranging globally from <5% to over 20%), and its incidence is also increasing alongside rising rates of obesity and delayed childbearing (IDF, 2021; CDC, 2023b). The burden of diabetes is disproportionately borne by low- and middle-income countries (LMICs), where approximately 80% of people with diabetes now live, often facing limited access to essential diagnostics, medicines, and care (IDF, 2021; WHO, 2023). This high incidence translates into devastating human and economic costs, including increased risk of cardiovascular disease, kidney failure, blindness, lower-limb amputation, reduced quality of life, premature mortality, and immense healthcare expenditures (ADA, 2024; IDF, 2021).

Theoretical framework

The Health Belief Model (HBM) by Rosenstock, (1974) was used in the study "Knowledge, practice and factors influencing self-care practices for the prevention of complications among diabetic patients attending clinics in Rivers State University Teaching Hospital". The HBM suggests that people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy explain engagement or lack of engagement in health-promoting behavior (Saleh et al. 2012)

In the context of the study, the HBM can be used to understand how patients' perceptions of diabetes severity, susceptibility, and the benefits and barriers to self-care practices influence their engagement in preventive behaviors such as adherence to diet, physical activity, blood glucose monitoring, and medication management (Dinesh et al 2016).

The model can also help in designing interventions to improve patients' self-care behaviors by addressing their knowledge, beliefs, and perceived barriers related to diabetes management.

MATERIALS AND METHODS

Research Design

Cross Sectional Descriptive research design was used to determine the knowledge and self-care management practices among diabetic patients attending clinics in Rivers State University Teaching Hospital.

Area of Study

This study was conducted in Rivers State University Teaching Hospital (RSUTH), established in March 1925 as a Nursing Home and originally served as a medical facility for the Colonial Masters and senior civil servants. It later became a General Hospital and has since gained status as a "Specialist Health Institution" before it was upgraded to serve as University Teaching Hospital for the College of Medical Services of the Rivers State University. The facility has 375 licensed beds and 731 medical staff members. It has the following departments: Internal medicine, pediatrics, Laboratories, family medicine, Radiology, obstetrics and Gynecology, Anesthesia, Surgery, Ophthalmology, pathology, Ear Nose and Throat, Accident center and the Surgery/Medical Emergency. Some other departments are pharmacy, Finance, Maintenance and General Administration. Diabetic patients receive care both at out and in- patient status in the facility, thus the justification for the choice of the facility for the study.

TARGET POPULATION

Study population consisted of male and female diabetic patients 18 years and above attending Rivers State University Teaching Hospital. Units used were: Male medical ward-60, Male surgical ward-24, Female medical ward-40, Female surgical ward- 16, General outpatient department-80, giving a total of 220.

SAMPLE SIZE DETERMINATION

Taro Yamane Formula was used to calculate the sample size thus:

$n= N/1+N(e)^2$

n= Sample size

N= Population size dr

e= Marginal of error

Marginal of error (e)= Level of Confidence=95%

100%-95%=5%

Marginal error = 5÷100=0.05

e= 0.05

Therefore Marginal error=0.05

Population size=220

Applying the Formula

$n= N/1+N(e)^2$

$= 220/1+220(0.05)^2$

$=220/1+220(0.0025)$

$n= 220/1+0.55$

$n= 220/1.55$

n= 142

Therefore Sample size is 142

SAMPLING TECHNIQUE

Multi-stage sampling technique was used:

First stage: Respondents were stratified into their various units because it was a heterogenous population

Second stage: To ensure that the selected respondents possessed the desired qualities, equal representation of each unit and reduce the risk of selection bias, proportionate stratified sampling technique was used to calculate the number of respondent for each unit.

Third stage: simple random sampling technique (balloting) was used to select respondents for each unit.

INSTRUMENT FOR DATA COLLECTION

Self-structured questionnaire was used to collect data from respondents, it had four (4) sections, A, B, C and D. Section A elicited information on demographic data, Section B assessed respondents' level of knowledge on self-care management, section C on self-care practices and section D factors influencing self-care practices among respondents.

PROCEDURE OF DATA COLLECTION

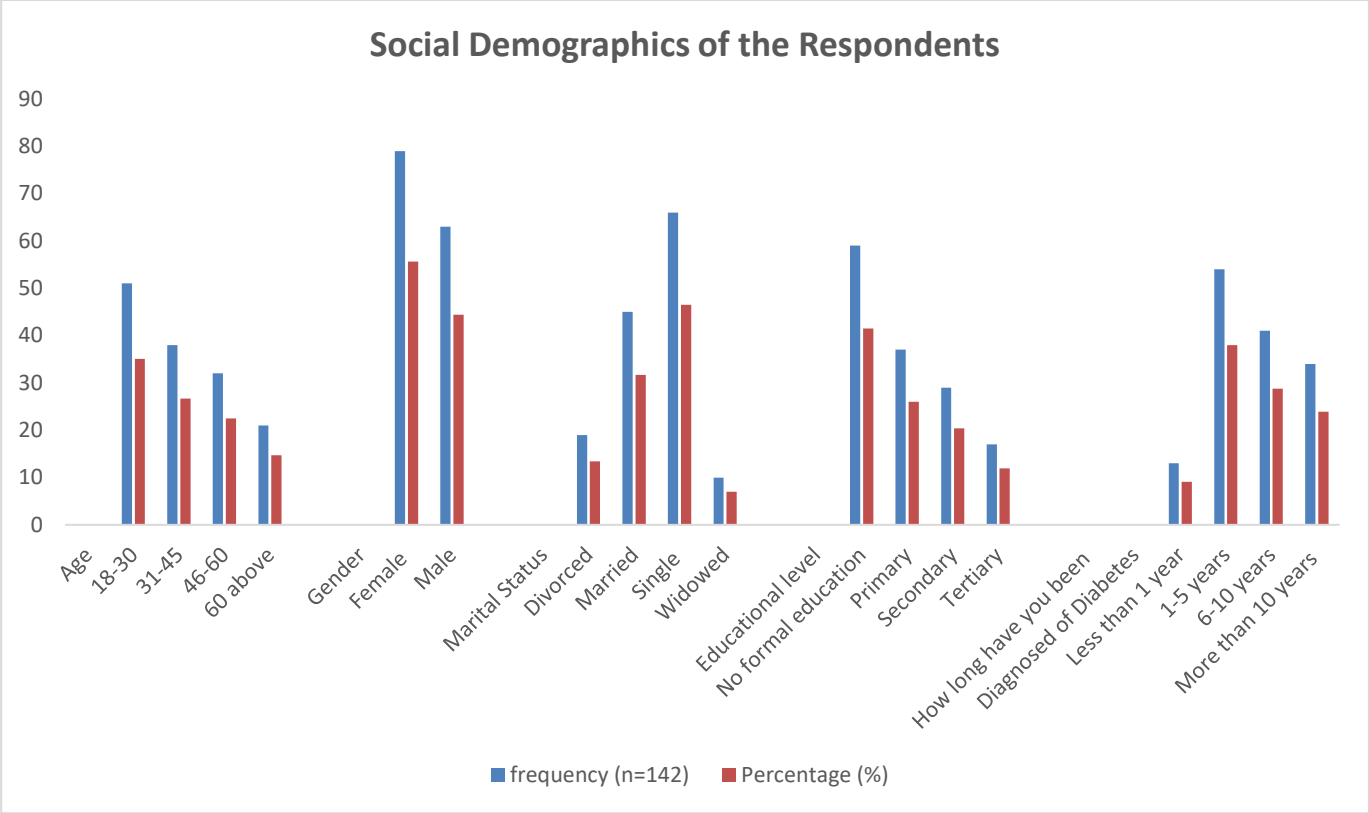
Data were collected using structured questionnaire developed in line with the study objectives. The ethical approval was sought for and obtained from the facility. Informed consent was also obtained from the respondents to ensure their willingness to participate; questionnaire was designed to be anonymous. Instrument was distributed and retrieved from respondents with the assistance of recruited and trained research assistants, (2 from each unit).

METHOD OF DATA ANALYSIS

Data were coded and analyzed using frequency, means and percentages. Frequency tables were used to present a clear and organized summary of the collected data. This approach allowed for a visual representation of the

distribution of responses. Measures of central tendency and dispersion were utilized, specifically; the mean (average) and standard deviation (a measure of variability) were calculated. Mean helped to provide a representative value indicating the central tendency of the responses, while the standard deviation provided insight into the spread or variation of the data points around the mean.

RESULTS



From the graph above: 35.1% of respondents were aged between 18-30years, 26.7% aged 31-45 years, 22.5% aged 46-50 years, and 14.7% above 60. Of which 55.6% were female and 44.4% were male, 13.4% were divorced, 31.7% were married, 46.5% single, and 7.0% widowed, 41.5 had no formal education, 26.0% primary education, 20.4% secondary, 11.9% tertiary, 9.1% have been diagnosed for less than 1 year, 38.0% 1-5 years, 28.8% 6-10 years, 23.9% more than 10 years

Knowledge of self-care management

S/N	STATEMENT	SA %	A %	N %	D %	SD %	Mean	STD
6	Regular blood monitoring is essential for diabetes management	86 60.5%	30 21.1%	15 10.5%	6 4.2%	5 4.2%	4.2	1.055
7	A balanced diet helps control blood sugar level	61 42.9%	39 27.4%	26 18.3%	13 9.1%	3 2.1%	4.0	1.081
8	Physical activity improves diabetes control	67 47.1	37 26.0%	29 20.4%	8 5.6%	1 0.7%	4.1	0.974
9	Skipping diabetes medication can worsen health complications	57 40.1%	45 31.6%	30 21.2%	7 4.9%	3 2.1%	3.8	1.025
10.	Foot care is important for diabetic patients to	63 44.3%	41 28.8%	33 23.2%	3 2.1%	2 1.4%	4.1	0.934

	prevent infections							
11	Stress management can affect blood sugar levels	41 28.8%	30 21.1%	53 37.3%	13 9.1%	5 3.5%	3.6	1.098
12	Diabetic education I received from health care providers influenced my health care habit	60 42.2%	44 30.9%	25 17.6%	10 7.0%	3 2.1%	4.0	1.035

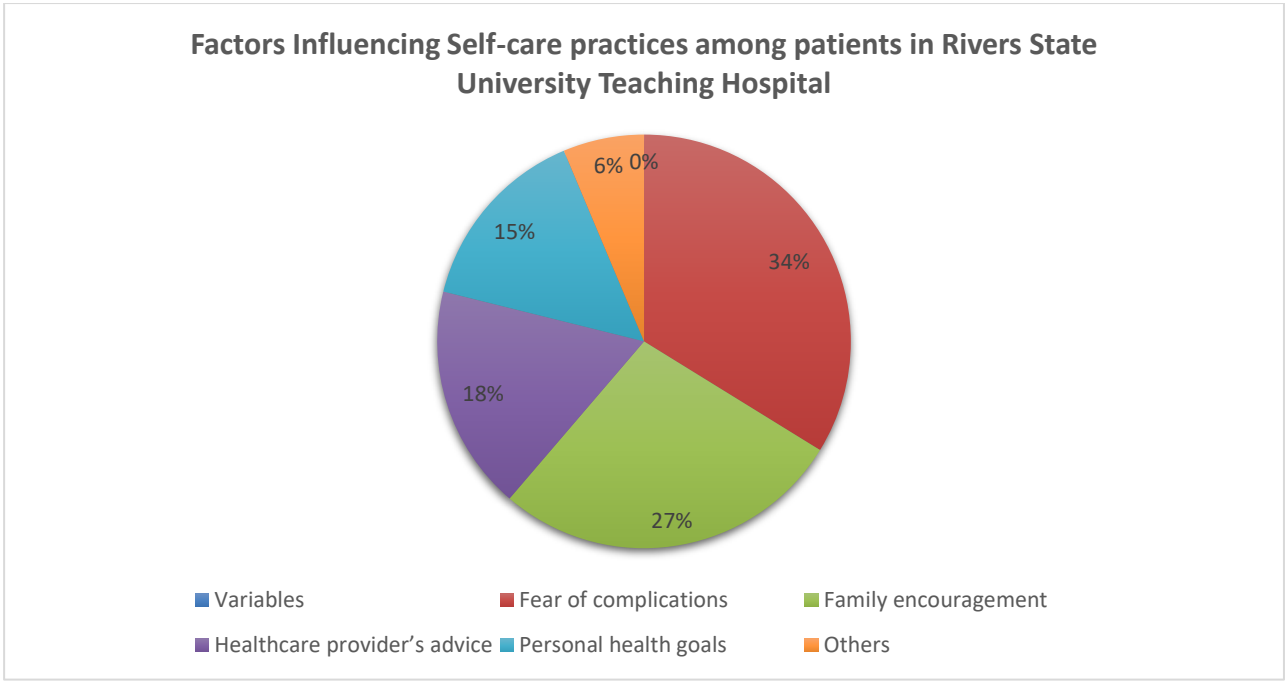
The table Above shows that 60.5% indicated Strongly Agree with the statement Regular blood sugar monitoring is essential for diabetes monitoring, 21.1% Agree, 10.5% Neutral, 4.2% Disagree and 4.2% Strongly Disagree with Mean score of 4.2±1.055. 42.9% indicated Strongly Agree with the statement "Balanced diet helps control blood sugar levels", 27.4% Agree, 18.3% Neutral, 9.1% Disagree, 2.1% Strongly Disagree with Mean score of 4.0±1.081. 47.1% indicated Strongly Agree with the statement " Physical activity improves diabetes control", 26.0% Agree, 20.4% Neutral. 5.6% Disagree, 0.7% Strongly Disagree with Mean score of 4.1±0.974. 40.1% indicated Strongly Agree with the statement "skipping diabetes medication can worsen health complications", 31.6% Agree, 21.1% Neutral, 4.9% Disagree, 2.1% Strongly Disagree with Mean score of 3.8±1,025. 44.3% indicated Strongly Agree with the statement "foot care is important for diabetic patients to prevent infections", 28.8% Agree, 23.2%Neutral, 2.1% Disagree, 1.4% Strongly Disagree with Mean score of 4.1±0.934. 28.8% Strongly Agree with the statement "stress management can affect blood sugar levels" 21.1% Agree, 37.3% Neutral, 9.1% Disagree, 3.5% Strongly Disagree with Mean score of 3.6±1.098.

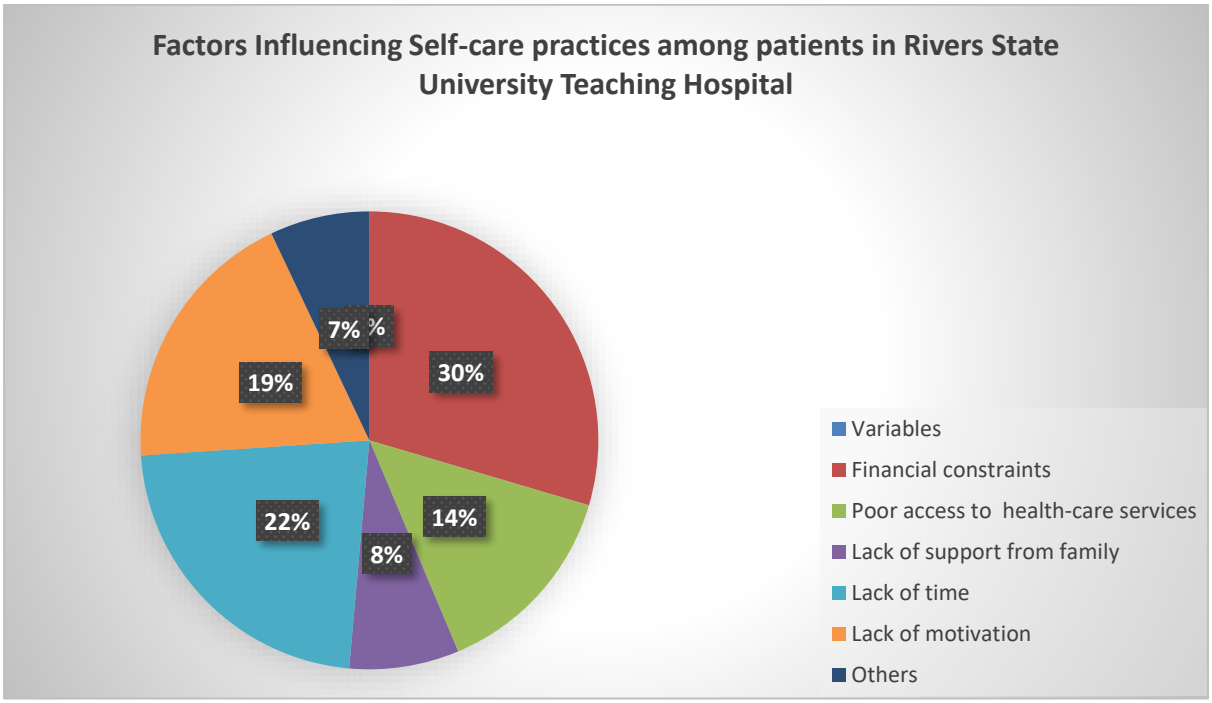
Self-care practices among Diabetic patients

Variables	Frequency (n=142)	Percentage (%)
13. Monitoring Blood Glucose levels		
Always	50	35.2
Sometimes	17	12.0
Never	2	1.4
Rarely	6	4.2
Often	67	47.2
14 Follow a diabetic meal plan		
Often	42	29.6
Always	52	36.6
Never	3	2.1
Rarely	10	7.1
Sometimes	35	24.6
15. Regular physical activity (e.g., exercise, walking)		
Always	39	27.5
Never	2	1.4
Sometimes	37	26.0
Rarely	22	15.5
Often	42	29.6

16.Taking prescribed medication on time		
Always	65	45.8
Never	4	2.8
Often	39	27.5
Rarely	6	4.2
Sometimes	28	19.7
17. Inspect feet for any signs of injury or infection		
Always	51	35.9
Sometimes	33	23.2
Never	6	4.2
Rarely	27	19.1
Often	25	17.6
18. Attending Regular Medical Check up		
Always	56	39.4
Never	2	1.4
Often	42	29.6
Rarely	9	6.3
Sometimes	33	23.2

Table above shows self-care practices amongst diabetic patients in RSUTH with 35.2% monitoring blood glucose levels always, 12% sometimes, 1.4% Never, 4.2% rarely, and 47.2% often. For adhering to dietary recommendations 29.6% indicated often, 36.6% always, 2.1% never, 7.1% rarely, 24.6% sometimes, 27.5% always performing regular physical activity, 1.4% never, 26% sometimes, 15.5% rarely, and 29.6% often. 45.8% indicated always to taking prescribed medication as instructed, 2.8% Never, 27.5% often, 4.2% rarely and 19.7% indicated sometimes. When asked about how often they check their feet for any signs of injury or infection, 35.9% indicated always, 23.2% sometimes, 4.2% indicated with never, 19.1% rarely, and 17.6% often, 39.4% of respondents indicated to always attending regular medical checkup, 1.4% indicated with never, 29.6% with often, 6.3% with rarely and 23.2% with sometimes.





The charts above showing the factors affecting self-care practices indicates that the main challenges faced by the respondents in the management of diabetes includes: financial constraints 29.6%, poor access to health-care services 14.1%, lack of support from family 7.7%, lack of time 22.5%,lack of motivation 19.0%.other factors 7.0% for factors that motivates adhering to self-care practices: 33.8% indicated fear of complications, family encouragement 27.4%, health-care provider's advice 17.9%, personal health goals 14.7%, other factors 6,3%.

DISCUSSION OF FINDINGS

Knowledge of self-care management

The current knowledge of diabetic patients towards self-care practices is generally high with: mean 4.2±1.055 monitor blood glucose always, 4.1± 0.974 knowledge on physical activities improving diabetes control; and 3.6±1.098 for appropriate stress management. This finding aligns with those of Letta, *et al,* (2022) that show a generally positive perception and knowledge among diabetic patients towards self-care practices. This includes regular monitoring of blood glucose levels, adherence to prescribed medication, and engagement in other self-care activities.

Self Care Practices among Diabetic patients

The diabetic self-care practices carried out among diabetic patients include the following: regular monitoring of blood glucose (always, 35.2%), adherence to dietary recommendations (always, 36.6%), performing daily physical activity (regular physical activities, always 27.5% only), among others. This finding is in agreement with that of others which stated that, while knowledge is foundational, translating it into consistent practice remains a significant challenge. Ani et al, (2021) in their study concluded that self-care practices, especially concerning diet and exercise, were insufficient and directly linked to poor glycemic control.

Factors Influencing Compliance of Diabetic Patients

The factors influencing compliance with self-care practices observed from the findings includes: Hindering factors, financial constraint 47 (29.6%), lack of time 32(22.5%) and lack of motivation 27(19.0%), while motivating factors are fear of complications 48(33.8%), family encouragement 39(27.4%) and healthcare provider's advice 25(17.9%). These align with previous studies findings, Pourhabibi, *et al*. (2022), which reported that, factors include poor access to health-care services, financial constraints, lack of motivation, forgetfulness, and other barriers that can impact a patient's ability to engage effectively in self-care.

CONCLUSION

Study concluded that, knowledge of self-care practices are high, however, this high knowledge has not been translated into self-care practices which was observed to be suboptimal, particularly in areas such as blood glucose testing. Also, various factors were observed to influence self-care practice, these include financial constraint, lack of time and lack of motivation as hindering factors, while motivating factors are fear of complications, family encouragement and healthcare provider's advice

Recommendation

Here are some recommendations based on the findings of the study on diabetic self-care practices:

1. Healthcare institutions should develop comprehensive educational programs aimed at

improving diabetic patients' knowledge about self-care practices, including regular blood glucose testing and adherence to prescribed medications.

2. There should be provision of subsidies for essential diabetes-related supplies as strategies to alleviate financial constraints that hinder diabetic patients' ability to engage in self-care practices.
3. Counseling sessions, and personalized care plans should be tailored to individual patients' needs to improve self-care practices.
4. Integration of technology, such as mobile applications and wearable devices, in patient management to facilitate self-monitoring and management of diabetes, thereby promoting better self-care practices.

By addressing these recommendations, healthcare providers can contribute to enhancing self-care practices and improving outcomes among diabetic patients.

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