

Family Reaction To Children With Diabetes Mellitus

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Introduction

Diabetes, as one of the most common metabolic disorders, can have adverse effects on the child, the family and the community. How families behave in dealing with diabetes can play an important role in controlling and treating diabetes.

The purpose of this study is to identify different family responses to diabetes in the face of childhood.

Materials & Methods

This study is a non-experimental and correlational study in which the family response to diabetes and child self-care was measured and the relationship between them was measured. Family response to independent variable and self-care is the dependent variable of this research. The age, gender, and grade of birth of the child, as well as the age and education of the parents and the duration of diabetes were variables that were interfering in the study. The samples included 125 children aged 7 to 15 years with diabetes who had at least one year of onset of their diabetes It was past This sample size was calculated using the formula N = (pqz2d) 2 and with a confidence level of 95%.

All children that their diabetes was diagnosed at least one past year by the endocrinologist were chosen from diabetes center of Amin Hospital of Isfahan University of Medical Sciences. Continuous convenient sampling was used to select 125 children. The sampling was carried out from April till September 2016.

Ethical permission for the study was obtained from the Ethics Committee of Azad University Medical Faculty (2015-3114). Participants were provided with information about the study, and they took part voluntarily after oral and written approval had been obtained.

Data collection was done using questionnaire and checklist tool. The validity of the instrument was used to determine the scientific trust of the instrument and the re-use method was used to determine the scientific validity. The questionnaire consists of three parts:

- 1- Personal specifications
- 2- Self-care detail
- 3- Family reaction

Evaluation of data was carried out by computer using SPSS 20.0 for Windows. The demographic data of the children were analyzed using means and percentiles. Pearson's correlation analysis, Ki square, one way ANOVA and Cochran were used to analyze data.

Finding

The samples were 125 diabetic children aged 7-15 years old, 52.52% were boys and 47.55% girls. The highest frequency of samples was in terms of the level of education of children, the first high school (65 cases (%) and then in elementary school (42 %) Secondary education was 18 (± 1%). The mean age and their standard deviation were 12.35 ± 2.38 . 28 percent of fathers had diploma education and 33.3 percent had high school diploma and higher education, and the remaining fathers had a diploma. 34.4% of mothers had diplomas and 58% had high school diplomas and higher, and the rest had undergraduate education and 69.76% of them were housewives. More than half of the fathers and mothers aged between 40 and 30 years old. Among the samples, except 5%, the rest had siblings, and of the remaining 95%, the most (62.43%) were the first-born family. The mean duration of the disease was 4.59 ± 2.7 years. The type of insulin consumed was 93.76% of the sample. Most of the samples (71.14%) were aware and almost half (48.83%) had moderate performance in controlling the disease. The findings of Pearson correlation coefficient showed a significant direct correlation between knowledge and practice of children in self-care (P = 0.001).

The analysis of the findings from the research tool showed: The response of families in 70/15 percent of cases was the highest (9.5 percent), 9.35 percent of the rejection response and 20.5 percent of the response was excessive support. ANOVA test showed that there is a significant relationship between family reaction and child's age (P = 0.00). Also Chi-square test showed that family reaction with mother's education (P = 0.05) and father's job status (P = 0.01). Concerning the level of self-care, the highest percentage of samples (44.96%) were moderate self-care, 31.16% self-care and the rest (23.88%) had poor self-care. Pearson correlation coefficient and T-test showed a significant direct correlation between self-care and age of the child, as well as between self-care and duration of the disease. (P = 0.001). Findings showed that self-care has no meaningful relationship with the intervening variables (gender and birth rate).

ANOVA test showed a significant relationship between child self-care and family response (P = 0.00). Cochran's test confirmed the relationship between two variables by keeping the factors of age, sex, birth rank and duration of the disease (P = 0.001). Finding suggests that the intervening variables did not affect the relationship between the two family reaction variables and self-care.

Keywords

diabetes, children, family reaction

Reference

- Lukács A, Varga B, Kiss-Tóth E, Soós A, Barkai L. Factors influencing the diabetes-specific health-related quality of life in children and adolescents with type 1 diabetes mellitus. Journal of Child Health Care. 2014;18(3):253-60.
- > Özyazıcıoğlu N, Avdal EÜ, Sağlam H. A determination of the quality of life of children and adolescents with type 1 diabetes and their parents. International Journal of Nursing Sciences. 2017;4(2):94-8. Smith J, Cheater F, Bekker H. Parents' experiences of living with a child with a long-term condition: a rapid structured review of the literature. Health Expectations. 2015;18(4):452-74.
- Rollo A, Salardi S, Ciavarella A, Forlani G, Scipione M, Maltoni G, et al. Transition from pediatric to adult care. Eight years after the transition from pediatric to adult diabetes care: metabolic control, complications and associated diseases. Journal of endocrinological investigation. 2014;37(7):653-9.
- > Thorsteinsson EB, Loi NM, Rayner K. Self-efficacy, relationship satisfaction, and social support: the quality of life of maternal caregivers of children with type 1 diabetes. PeerJ. 2017;5:e3961.
- Lindström C, Åman J, Norberg AL, Forssberg M, Anderzén-Carlsson A. "Mission Impossible"; the Mothering of a Child With Type 1 Diabetes–From the Perspective of Mothers Experiencing Burnout. Journal of Pediatric Nursing. 2017;36:149-56.
- Prestes M, Gayarre MA, Elgart JF, Gonzalez L, Rucci E, Gagliardino JJ. Multistrategic approach to improve quality of care of people with diabetes at the primary care level: Study design and baseline data. Primary Care Diabetes. 2017;11(2):193-200.