Original Research Paper

Knowledge and Attitude Regarding Self Care Practice among Diabetic Patient (A Study of Medical OPD of Nepalgunj Medical college Teaching Hospital Kohalpur, Banke)

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ABSTRACT:
Diabetes is a chronic condition brought on by insufficient insulin production by the pancreas or inefficient insulin use by the body. Raised blood glucose (sugar) levels are caused by either inadequate insulin production, improper insulin action, or both. The three primary kinds of diabetes mellitus are as follows: Autoimmune illness, family history, environmental variables, sex, high blood pressure, a high-fat diet, excessive alcohol use, a sedentary lifestyle, obesity or being overweight, and aging are the most frequent causes. Frequent urination, intense hunger, weight gain, unusual weight loss, and frequent urine are the most typical indications and symptoms of diabetes. Diabetes' most typical warning signs and symptoms include: frequent urination, extreme hunger gaining weight, strange weight loss, increased exhaustion, Irritability, vision distortion, Bruises and cuts don't heal well or quickly, more yeast infections on the skin, rough skin, Gums peel away from teeth, are red and/or swollen, frequent gum infection or illness. Using a non-probability purposive sampling approach, a descriptive cross-sectional study of 55 respondents who were present at the OPD of Nepalgunj Medical College Teaching Hospital, Kohalpur, was conducted. A structured questionnaire was used as a research method for the study. The chi-square test was used to determine the significant differences in knowledge and practice with their chosen sociodemographic characteristics. SPSS version 20 was used to obtain the results. The study reveals that the majority of patients—98.2(54)—had a moderate level of understanding, whereas 1(1.8) had an inadequate level, and none had appropriate practice. The study reveals that none of the patients had appropriate practice, while 98.2(54) of the patients had intermediate knowledge levels and 1(1.8) had inadequate knowledge levels. Programs for continuing education for medical professionals and effective use of the media may also contribute to raising awareness. Positive improvements in self-care behaviors related to diabetes control should result from health education and motivation.

Keywords: Knowledge, Attitude, Self-Care Practice, Diabetic clients

INTRODUCTION:
Diabetes is a chronic condition brought on by insufficient insulin production by the pancreas or inefficient insulin use by the body. Raised blood glucose (sugar) levels are caused by either inadequate insulin production, improper insulin action, or both.1

The three primary kinds of diabetes mellitus are as follows:
- Insufficient insulin production by the pancreas is the cause of type 1 diabetes. Previously, this condition was referred to as "juvenile diabetes" or "insulin-dependent diabetes mellitus" (IDDM).
- Insulin resistance, a disease in which cells do not respond to insulin as it should, is the first sign of type 2 diabetes.[3]In addition, a shortage of insulin may occur

as the condition worsens. [6]Previously, this kind was referred to as "adult-onset diabetes" or "non-insulin-dependent diabetes mellitus" (NIDDM).
- The third major kind of diabetes—gestational diabetes—occurs when pregnant women who have never had diabetes have high blood sugar levels.2

Autoimmune illness, family history, environmental factors, sex, high blood pressure, a high-fat diet, excessive alcohol consumption, a sedentary lifestyle, being overweight or obese, and aging are the most typical causes. Diabetes' most typical warning signs and symptoms include: frequent urination, Irritability, increased weariness, unusual weight loss, and extreme hunger vision distortion, Bruises and cuts don't heal well or quickly, more yeast infections on the skin, rough skin,

Gums that pull away from teeth, are red and/or swollen, and frequently suffer from gum disease or infection.

Maintaining a nutritious diet, routine exercise, a normal body weight, and abstaining from tobacco use are all important components of prevention and therapy. For those who have the condition, keeping good foot hygiene and controlling blood pressure are crucial. Insulin injections are necessary to treat type 1 diabetes. Both insulin and non-insulin medicines are used to treat type 2 diabetes. A global estimate of 415 million individuals has diabetes as of 2015; with type 2 DM accounting for over 90% of occurrences. This amounts to 8.3% of the adult population, with rates for men and women being equal. Trends in 2014 indicated that the rate might grow further. The chance of dying young is at least doubled by diabetes.] Despite the fact that diabetes mellitus affects people globally, more developed countries have greater incidence of the disease (especially type 2). The highest rate increases have been seen in low- and middle-income countries, where more than 80% of diabetes fatalities occur. The majority of diabetics are estimated to live in Asia and Africa in 2030, where the incidence is anticipated to increase at the fastest pace.Urbanization, lifestyle modifications like less physically demanding jobs and sedentary lifestyles, as well as the global nutrition transition, which is characterized by increased consumption of foods that are high in energy but low in nutrients (often high in sugar and saturated fats, sometimes referred to as the "Western-style" diet), are all contributing factors to the rise in rates in developing countries. According to the World Health Organization (WHO), diabetes mellitus was the eighth greatest cause of mortality in 2012, causing an estimated 1.5 million fatalities. Although diabetes is frequently listed as the primary cause of death on death certificates, an additional 2.2 million deaths worldwide were directly related to high blood glucose, the increased risks of cardiovascular disease, and other related complications (such as kidney failure). These conditions frequently result in premature death. For instance, the International Diabetes Federation (IDF) projected that 4.9 million fatalities were attributed to diabetes globally in 2014.

Literature Review:

508 people with type 2 diabetes who had just received their diagnosis participated in the cross-sectional investigation. The knowledge and self-care behaviors of a Bangladeshi community have been studied using a technique. Although there was a substantial correlation between technical knowledge and foot care, only 81% of those with high technical knowledge and around 70% of people from ordinary and underprivileged backgrounds took care of their feet. A substantial link existed between technical knowledge and around 85%, 71%, and 52% of the technical knowledge group. Nearly 88%, 92%, and 98% of GAP technical knowledge groups disregarded dietary recommendations made by a diabetic educator. The descriptive design was carried out at a few Coimbatore hospitals. Patients with diabetes mellitus who have been hospitalized to certain hospitals in Coimbatore and are over the age of 18 are considered the accessible population for this study. 20 samples were chosen from 2 hospitals. The samples for this investigation were chosen using non-probability purposive sampling methods.By using the Chi-square test, the relationship between knowledge and attitude levels and the chosen demographic factors was evaluated. According to the study, 1% of the samples were between the ages of 21 and 30 years, 1% were between the ages of 31 and 40 years, 10% were between the ages of 41 and 50 years, and 8% were between the ages of 51 and beyond. According to the study, 3 (or 15%) of the samples have insufficient knowledge, 13 (or 65%) have moderate knowledge, and 4 (or 20%) have appropriate understanding of the self-care activities for diabetes mellitus.

In December 2013, a cross-sectional study was carried out in a Puducherry, India, urban health facility. A total of 162 diabetic individuals were spoken with. Participants' average ages ranged from 57 to 11.1. In terms of all dimensions, medication compliance was the greatest (95.6%), followed by the avoidance of certain foods (99.4%). Most patients—nearly 78%—had their blood sugar monitored at least once in the previous three months. Only 50.6% of them had engaged in at least 20 minutes of leisurely physical exercise. All other foot care procedures were less often practiced (35–57%), with the exception of foot washing (83.3%). A family history of diabetes mellitus was disclosed by 25.3% of all diabetics. More than half of the diabetics (57.4%) were discovered to have concomitant hypertension, and the majority of them (98.1%) are using oral hypoglycemic medications. Additionally, 63.6% of research participants had at least one chronic illness condition. The bulk of the diabetics (54.9%) were initially discovered by chance while attending the camp or the urban health facility. Over 94% of them had their diagnoses at least a year prior to the study's time frame.

In the Mopani District, seven government health care institutions were the subject of a cross-sectional quantitative analysis. to evaluate the DM-related knowledge and behaviors among black South Africans with DM who are 40 years of age or older. Participants (N = 225) ranged in age from 40 to 90, with 161 (71.6%) women and 64 (28.4%) males

(mean and standard deviation: 61.5 10.49 years). Only 32.4% of people knew what form of DM they had, and many (68.3%) were unaware of the several varieties. In managing DM, most people were aware of the value of a particular diet (84.5%) and exercise (64.4%), while just 52% were aware of the value of weight loss. Only 29.1% consistently attempted to reduce weight, a large majority (71.5%) adhered to a recommended special diet, and 48.3% engaged in physical exercise. The majority (82.6%) were aware that DM might impair vision, however only 49.3% had their eyes tested. Most people (99.5%) who were taking oral medicine and those who were taking insulin (93.1%) said they were taking it exactly as directed. There is a need for programs on DM awareness in this group since the participants' knowledge and behaviors about DM were mixed in terms of quality, with some parts being good and others bad.

The different forms of literature reviews show that patients' attitudes and understanding of self-care practices connected to diabetes are lacking. Tradition and culture were important factors. Patients can benefit from health education. Understanding and outlook on self-care techniques. The results of this study demonstrate the need for improved diabetes patient education and awareness programs.

Research Methodology:
Research Design:
A straightforward descriptive cross-sectional research was conducted to ascertain the knowledge and attitudes of diabetes patients who were seen in the outpatient department at Nepalgunj Medical College in Kohalpur on self-care practices.
Setting of the Study:
The study was carried out at the Kohalpur Medical College.
Population of Study:
All of the diabetes patients who visit the OPD at Nepalgunj Medical College in Kolhapur are included in the study population.
Sample Size:
The sample size was 55 patients attending OPD of Nepalgunj medical college.
Sampling Technique:
The approach of nonprobability purposive sampling was employed.

Inclusion Criteria:
- All the patient attend the OPD of Nepalgunj Medical College, Kohalpur ,Banke.
- Patient who was willing to participate in the study.

Exclusion Criteria:
- Patient of other hospital was excluded from the study.
- Patient who were not willing to participate in the study was excluded.

Data Collection Tools:
A structured, interviewed questionnaire was developed by the researcher herself by consulting the experts and supervisors. Questionnaire was categorized into three parts.
Part I: consists of demographic characteristics of patient
Part II: Questionnaire related to knowledge of patient.
Part III: Different scale to associate to attitude.

Technique of Data Collection:
- Proposal was conformed from research committee of Bheri Nursing Campus, Nepalgunj.
- Formal approval was taken from the authority of Nepalgunj Medical College, Kohalpur.
- Verbal informed consent was obtained from each of the study participants.
- Respondents willing to participate was provided structured questions.
- The patient was requested to fill the structured questionnaire.
- Privacy and confidentiality was maintained by placing the respondent separately during and after data collection.

Data Analysis Procedure:
• The researcher double-checked the entirety of the questionnaire, and the obtained data will be examined for correctness, completeness, and consistency.
• The data was coded, translated into English, and placed into an excel sheet.
• SPSS software was used to examine the data that had been gathered.
• Descriptive statistics, such as percentage, frequency, and mean, were utilized to examine the data, and inferential statistics will be employed to quantify the association.

Ethical Consideration:
• The authorized was firstly taken from college.
• Through informed consent, the study's goals and objectives were given before to the interview.
• The chosen locations gave their permission.
• The data was not personalized, confidentiality was upheld, and it was guaranteed that the data was solely utilized for the research project.

• Every effort was made to ensure the safety and welfare of research participants.
• The study's participants were free to stop taking part if they so desired

Data Analysis and Interpretation:
Based on the study's goal, all of the collected data were examined. The following parts comprise the organization and presentation of the data:

Section I: A description of the demographic characteristics of patients with diabetes.
Section II: The prevalence and percentage distribution of diabetes patients' awareness of self-care techniques.
Section III: The prevalence and percentage distribution of patients with diabetes' attitudes toward self-care behaviors.
Section IV: Association between knowledge and attitude regarding selfcare practices among diabetic patients with their selected demographic variables.

Section: I

Table 1a: Sociodemographic characteristics of patient: Age, Religion, Literacy, Education

n=55

Variable	Frequency	Percentage
Age		
20-40	19	34.5
41-60	33	60.0
Above 61	3	5.5
Religion		
Hindu	48	87.3
Christian	1	1.8
Muslim	5	9.1
Others	1	1.8
Literacy		
Literate	55	100.0
Education		
No formal education	3	5.5
Primary	6	10.9
lower secondary	7	12.7
higher secondary	26	47.3
bachelor and above	13	23.6
Family type		
joint family	40	72.7
nuclear family	15	27.3

Table 1a presents the socio-demographic characteristics of patient .it shows a majority 60.0%(33)of patient were under 60yrs of age where as about 34.5%(19)were between 20-40yrs of age group only 5.5%(3)were above 61yrs.regarding the ethnicity distribution where 87.3%(48)of respondents were Hindu ,9.17% (5)were Muslim 1%(1.8)Christian and 1%(1.8)are others. likewise 100%(55)were literate .in educational sector 47%(26)were higher secondary passed 23.6%(13)were bachelor and above 12.7%(7)were primary and 5.5%(3)have no formal education .almost 72.7%(40)people lives in joint family and remaining 27.3%(15)lives in nuclear family.

Socio-Demographic Characteristics Ii:

Tabl 1b: Socio demographic characteristics of patient: Occupation

n =55

Variable	Frequency	Percentage
Occupation		
Agriculture	11	20.0
Service	28	50.9
Housemaker	11	20.0
Others	5	9.1

Table no1 b shows that 50.9%(28)were doing service 20.0%(11)were having agriculture 20.0%(11)were engaged in house making and rest of 9.1%(5)were having other occupation.

Section II :

Knowledge of Patient:

Table 2a: Knowledge of patient regarding ;meaning of diabetes ,risk factors of diabetes ,symptoms of diabetes and measures to control diabetes

n =55

Variable	Frequency	Percentage Meaning of diabetes
High blood glucose	54	98.2
How blood glucose	1	1.8
risk factors of diabetes		
Heredity and obesity	50	90.9
Malnutrition	4	7.3
Anemia **symptoms of diabetes**	1	1.8
Coughing	3	5.5
Frequency of urination	50	90.9
er **measure to control diabetes**	2	3.6
Taking alcohol	1	1.8
Regular exercise	54	98.2

Table 2a represents the level of knowledge of the patient. Majority of respondents 98.2%(54)were well known about meaning of diabetes .also 90.9%(50)were acknowledged about risk factors of diabetes .about 90.9%(50)were known about symptoms of diabetes and 98.2%(50)were well-known about measures to control diabetes.

Knowledge of Patient:

Table 2b: Knowledge of patient: exercise help in diabetes, beneficial of diabetes patient, work of diabetes medicine, ideal time to take diabetes medicine.

n =55

Variable	Frequency	Percentage Exercise help in diabetes
maintain blood glucose	30	54.5
increase appetite	13	23.6

	12	21.8
makes people strong		
Beneficial for diabetes patients		
walking daily for at least 30 minutes	37	67.3
taking rest at home whenever free	15	27.3
using vehicles instead of walking	3	5.5
Work of diabetes medicine		
decrease blood pressure	9	16.4
increase body immunity	12	21.8
decrease blood glucose level	34	61.8
ideal time to take diabetic medication		
any time of the day	6	10.9
just before taking food	40	72.7
6hrs after taking food	9	16.4

Table 2 b shows that the 4.5%(30)were well known about necessary of exercise to diabetes patients .likewise 67.3%(37)knows about beneficial of exercise to diabetes .61.8%(34)have knowledge regarding the work of the diabetes medicine and likewise 72.7%(40)were well-known about ideal time of diabetes medicine.
Knowledge of Patient

Table 2c: Knowledge of patient: necessary items to be carried, normal glucose level, important of food follow-up

Variable	Frequency	Percentage
Necessary items carried who are on medication		
syringe and medicine	12	21.8
sweets and biscuits	41	74.5
salt and water	2	3.6
normal fasting glucose level 40-70mg/dl	10	18.2
70-110mg/dl	42	76.4
120-140mg/dl	3	5.5

s very important aspect		
because small cuts or wound can turn into big ulcer	17	30.9
it helps to control blood glucose level	33	60.0
helps to maintain hygiene and personality	5	9.1
Follow up		
only when i became sick	16	29.1
regularly every 6 months	34	61.8
no need to go when I am taking medicine	5	9.1

Table 2c illustrate about knowledge of patient regarding necessary items to be carried by patient who are on medication ,normal fasting glucose level ,why foot care is very important aspect and followup.74.5%(41)patients says that sweets and biscuits should be taken as necessary items.46.4(42)patients knows normal value of glucose level60%(33)patient have known about foot care as important aspect and 61.8(34)patient knows about importance of follow up.

Table 3: Overall Knowledge Level of the Respondents

n=55

Knowledge level	Frequency	Percentage
	-	-
Adequate		
Moderate	54	98.2
Inadequate	1	1.8

Table 3exhibits the level of knowledge regarding diabetes .Majority of patients 98.2(54) had moderate knowledge level and 1(1.8) had inadequate knowledge level whereas none of them had adequate practice.

Section III:

Table 4: Attitude related question

Variable	SD-strongly Disagree (f) (%)	D-disagree	U-undecided	A-agree	-strongly agree
Diabetes mellitus is a chronic disease	38(69.1)	2(3.6)	1(1.8)	8(14.5)	6(10.9)
Diabetes mellitus is a communicable disease	6(10.9)	37(67.3)	5(9.1)	4(7.3)	3(5.5)
Diabetes mellitus patient can take	22(40.0)	19(34.5)	11(20.2)	2(3.6)	1(1.8)

all types of food					n=55
Diabetes mellitus can be caused due to heredity	14(25.5)	15(27.3)	6(11.3)	12(21.8)	8(14.5)
Diabetic patient can have irregular exercise	17(30.9)	17(30.9)	15(27.3)	3(5.5)	3(5.5)
Diabetes can be controlled even by Ayurvedic and homeopathy	13(23.6)	16(29.1)	18(32.7)	6(10.9)	2(3.6)
Family support is necessary for managing diabetes mellitus	18(32.7)	11(20.0)	11(20.0)	11(20.0)	4(7.3)
Smoking has no effect on diabetes mellitus	20(36.4)	16(29.1)	18(32.7)	1(1.8)	_
Diabetic patients can walk in bare foot	99(16.4)	22(40.0)	14(25.5)	9(16.4)	1(1.8)
Diabetic patients should take medicine everyday regularly	18(32.7)	6(10.9)	8(14.5)	15(27.3)	8(14.5)
Medicine only can manage and control diabetes mellitus completely	7(12.7)	14(25.5)	19(34.5)	11(20.0)	4(7.3)
Lack of exercise helps to control blood glucose level	13(23.6)	12(21.2)	11(20.0)	7(12.7)	12(21.8)

Table 4a demonstrate the attitude level of patient .69.1(38) disagree for diabetes is a chronic disease. 67.3(37) disagree that diabetes is a communicable disease.40.0 (22) strongly disagree that diabetes patient can take all types of food. 27.3(15)patient disagree that diabetes can be caused due to heredity.30.9(17).Patient strongly disagree that diabetic patient can have irregular exercise .32.7(18) undecided diabetes can be controlled even by Ayurveda and homeopathy.16.4(99)patient strongly disagree that diabetes patient can walk in bare foot.32.7(18) patient strongly disagree that patient should take medicine .Everyday regularly.34.5(19) patient undecided that medicine only can manage and control diabetes .23.6(13)patient strongly disagree that lack of exercise helps to control glucose level.

Section IV:

Table 6: Practice related question

n=55

Variable	Never	Sometime	Always
Do you exercise for 10-30 minutes?	1(1.8)	25(45.5)	29(52.7)
Do you walk daily for 30 minutes?	4(7.3)	41(74.5)	10(18.2)
Do you perform regularly activities?	_	17(30.9)	38(69.1)
Do you have medicine regularly?	7(12.7)	30(54.5)	18(32.7)
Do you have fixed time for meals?	12(21.8)	16(29.1)	27(49.1)
Have you avoided taking sweets?	6(10.9)	36(65.5)	
Have you stopped consuming fat contain food?	9(16.4)	26(47.3)	20(36.4)
Do you take green leafy vegetables?	5(9.1)	26(47.3)	24(43.6)
Do you take care of your foot?	3(5.5)	12(21.8)	40(72.7)
Do your family members help you to take medication regularly?	25(45.5)	20(36.4)	10(18.2)

It shows practice level of patient regarding diabetes:29(52.7)patient do exercise daily upto 10-30 minutes .likewise 41(74.5)people walk daily for 30 minutes .69.1(38)patient perform their regular activities .30(54.5)patient take their medicine regularly without missing them 49.1(27)patient have fixed regular time for having meals 36(65.5)patients avoided taking sweets after being diagnosed with diabetes 47.3(26)people take green leafy vegetables 72.7(40)patients take care of their foot .and 45.5(25)patients family member do not help them to take their medicine regularly.

Section V:

Table 8: Aassociation between knowledge level and with their selected demographic variables

n=55

Variables	Adequate	Inadequate	X^2/Fishers	P value
Age			Exact Test	1000
Below	4(7.7)	48(92.3)	6.249	
Above	0(0.0)	3(100.0)		
Religion				
Hindu	4(8.3)	44(91.7)	629	1000
Others	6(0.0)	7(100.0)		
Education				
Below	1(6.2)	15(93.8)	0.35	1000
Higher secondary				
Family belong to				
Joint	4(10.0)	36(90.0)	0.35	1000
Nuclear	6(0.0)	15(100.0)		
Occupation				
Service	3(10.7)	25(89.3)	1.002	611
Others	1(3.7)	26(96.3)		

P value significant<0.05

The data shows that there was no any significant association between knowledge regarding diabetes with their selected demographic variables.

DISCUSSION AND CONCLUSION:

The goal of the current study was to evaluate the knowledge, attitudes, and self-care behaviors of diabetic patients presenting to the outpatient department (OPD) at Nepalgunj Medical College Teaching Hospital, Banke. The sample size was 55, and the non-probability purposive sampling approach was employed to choose the samples in order to meet the study's goals.The study's findings have been examined in relation to those of other research.

Patient's Demographic Traits :

According to the sociodemographic information on the patients, the bulk of them—60.0%(33)—were under the age of 60, while 34.5%(19) were in the 20–40 age range, and just 5.5%(3) were beyond the age of 61.In terms of ethnicity, 87.3% (48) of the respondents were Hindu, while 9.17% (5) were Muslims.1% (1.8) are Christians, and 1% (1.8) are non-Christians. Literacy rates were 100% (55). 26 people (47% of the educational sector) had completed high school. 12.7%(7) were in first grade, 23.6% (13), were bachelor's and above, and 5.5% (3) had no formal education.The remaining 27.3% (15) of the population, or about 72.7% (40), live in nuclear families. 28 out of the 50.9% were serving. Agriculture made up 20.0% (11). 20.0%(11) were working on building houses, while the remaining 9.1%(5) were involved in other occupations.

Knowledge of patients:

The majority of respondents in the current study's 55 participants, 98.2% (54), had moderate knowledge, 87.3 (48), which is comparable to the development committee of Lakhantari, which is located in the southwest corner of the Morang district in eastern Nepal. The participants' average age was 58.38 years. 73 patients (38%) in the study were illiterate. There were just 7 (3.64%) government workers. Only 108 people (56.25%) claimed to be knowledgeable about diabetes mellitus, and only 11 of them (10.18%) could name the different forms. The findings showed that 109 (56.77%) respondents were aware of the fast growing incidence of diabetes. More than 151 diabetic patients (78.64%) had knowledge of self-care, and 38 patients (25.16%) knew everything there was to know about it. 14 (9.27%) of them possessed knowledge.

Attitude of patients:

Majority (87.3) % (48) has disagree attitude towards diabetics .only (12.7) %(7) had agree attitude level towards diabetes.

To evaluate the patients with diabetes' knowledge, attitudes, and self-care practices, a cross-sectional study on "diabetes education, knowledge improvement, attitude, and self-care activities among patient with type 2 diabetes in Bangladesh on 2016 Bangladesh with a sample size of 500 was conducted.Patients' mean knowledge scores (8.5 2.6 vs. 5.5 2.9) and attitudes scores (85.7 6.1 vs. 79.9 6.5) both significantly increased (P = 0.0001). Before the intervention, the rates were 8.3%, 69.2%, 25.8%, and 86.7%, respectively; a significant difference was seen between the measures. After the intervention, the rates were 67.7%, 85.2%, 82.8%, and 92.1%, respectively, for monitoring blood glucose, exercising, taking care of one's feet, and quitting smoking. Betel nut consumption rose from the pretest to the posttest (73.4% vs. 70.7%). Dietitians' dietary recommendations were followed by about 25.5% of people, compared to just 5.2% in the pretest; this difference was statistically significant (P = 0.0001). A third of the individuals ate at set times; this percentage was marginally lower than it was before to the test. Approximately 36% of patients weighed their meal before to consumption, compared to 37.6% during the pretest.

CONCLUSION:

In the current study, out of 55 participants, 54 had a majority of 98.2% intermediate knowledge, 48 had an 87.3 disagree attitude, and 56.4% had knowledge of self-care practices. Level of knowledge, attitude, and self-care practices are significantly correlated with patients (p=0.01), but they are not significantly correlated with other sociodemographic factors like age, ethnicity, or educational attainment.

The study came to the conclusion that malpractice remained an issue, a sizable portion of study participants engaged in it, and lack of knowledge was the primary driver of conventional malpractice. A greater education and awareness campaign is required to change people's perceptions about diabetics.

Limitation of the Study:
- This study was limited only among diabetic patient.
- The study was limited only for exploration of knowledge and attitude.
- The study was limited to only 55 sample size.
- Thus, the findings of the study cannot be generalized.

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