

## Self-Awareness: Analysis of Nursing Management in Treating Patients with Type 2 Diabetes Mellitus

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### Abstract:

Diabetes Mellitus type 2 is a disease with the largest number of sufferers of all existing diabetes diseases. Diabetes mellitus type 2 can be prevented by modifying lifestyle and lifestyle. This study aims to determine the self-awareness of groups at high risk of developing Diabetes Mellitus. This research uses a qualitative descriptive research method with a case study approach. Data was obtained by interviewing three high-risk participants who had a family history of Diabetes Mellitus. The interview results were analyzed using the Corbin and Strauss method which consists of three stages, namely open coding, axial coding and selective coding. The results of the research show that there is a similar pattern and produce selective coding, namely the lack of knowledge, attitudes and behavior in preventing Diabetes Mellitus which is not yet good in the community. Suggestions in the research are for health service providers to be more active in terms of prevention, such as providing education to residents so that residents can maintain their health. independently, especially in terms of a healthy lifestyle.

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## INTRODUCTION

Diabetes Mellitus is the most serious and threatening growing global health problem, causing premature morbidity and mortality. Diabetes Mellitus is one of four non-communicable diseases that cause 50 million deaths every year. Type-2 diabetes mellitus causes 90-95% of all diabetes cases worldwide (ADA, 2017). In Asia, Indonesia is the third largest number of diabetes sufferers after China and India and seventh in the world (WHO, 2016). Based on data from the Indonesian Ministry of Health 2014, only 30.4% of diabetes sufferers were diagnosed, 69.6% were undiagnosed (Pusdatin Ministry of Health of the Republic of Indonesia, 2014). In fact, one in two adults or 46% of the 415 million people living with Diabetes are not aware that they suffer from Diabetes (Perkeni, 2015).

The slow stages of Diabetes Mellitus type 2 often mean that the symptoms and signs of complaints are generally almost unnoticed by patients (Betteng, 2014). The diagnosis of diabetes type 2 sufferers is often delayed, so most sufferers find out they have diabetes after complications (Garber et al., 2017). The most common conditions associated with Diabetes include high mortality, morbidity, reduced quality of life and high socioeconomic costs (Wilkinson, Whitehead, & Ritchie, 2014). Diabetes Mellitus has an impact on the quality of human resources and a substantial increase in health costs. It is very important to have a Diabetes Mellitus type 2 control program whose task is to directly monitor people who are at high risk of Diabetes Mellitus.

Diabetes mellitus type 2 can be prevented and delayed by controlling risk factors (Trisnawati & Setyorogo, 2013). Self-awareness in glycemic control can help a person maintain their health status. This self-awareness can arise from sufficient knowledge and will continue as a strong will that is applied to changing the behavior of Diabetes sufferers to healthy behavior (Sari, 2016). Knowledge and self-awareness will significantly affect glycemic control (Khan et al., 2015). Individuals with poor self-awareness have a 20 times higher risk of complications than individuals with good self-awareness (Yanti, 2009).

Based on the survey, researchers found a large family of Diabetes Mellitus sufferers. This family experienced high and consecutive deaths due to Diabetes Mellitus and its complications. This middle- to upper-class family group has higher education and can easily access health information and services. This family is aware of the potential risks they face. However, there is still very little self-awareness to make efforts to prevent and control complications of Diabetes Mellitus. This study aims to determine the self-awareness of groups at high risk of developing Diabetes Mellitus.

## METHOD

The research method uses qualitative research with a case study approach to explore the self-awareness of diabetes mellitus sufferers. Determining the research informants used data triangulation techniques: families, diabetes sufferers, and health workers. The researchers tested the validity of the data by measuring each informant. The sample obtained was 3 informants. The instruments used in this research were an interview guide, field notes, voice recording equipment, and blood sugar measuring equipment.

## RESULT

Table 1. Description of Participant Characteristics

Variable	Participant Characteristics		
	Partisipan 1 (P1)	Partisipan 2 (P2)	Partisipan 3 (P3)
Address	Tampat durian	Tampat durian	Tampat durian
Sex	Female	Male	Female
Age (years)	33	23	38
Marital status	Marriage	Not Marriage	Marriage
Body weight (Kg)	42/Marriage 65	70/Now 115,5	40/Marriage 70
Body height (cm)	150	170	142
Blood pressure (mm Hg)	110/90	140/100	140/110
Education	Diploma	University student	Senior high school
Occupation	Contract worker	No work	Selling
Income (Million/IDR/Month)	Husband-Wife±5	From Parent±1.8	Husband-Wife±2
Patients Diabetes Mellitus	Mother	Father	Mother
Current disease/complaint	Hyperthyroid and frequent headaches	Headaches	Head feels heavy Neck stiffness
Health insurance	BPJS	None	None

## DISCUSSION

### 1. Knowledge regarding Diabetes Mellitus and prevention efforts are still less than optimal

In this study, researchers found that the self-awareness of high-risk communities lacks the need for knowledge and a low desire to gain knowledge about Diabetes Mellitus and its treatment even though they have higher education, live in cities, access to information is easy to obtain, health services are spread in all corners and are born from families of diabetes sufferers, but their knowledge is the same as the community in general, namely their own conclusions obtained from the experience of caring for their families and information from the community environment which also has minimal knowledge about diabetes mellitus. This can be seen in P1's statement, "In my opinion, there is only one type of Diabetes Mellitus, excess blood sugar, but many people also say there are two types of Diabetes Mellitus, dry sugar and wet sugar." Likewise, in P3's statement, "There are many types of Diabetes Mellitus, some are injected before eating, some are not, dry and wet types of Diabetes Mellitus if you run out of dry sugar, your weight will decrease, you will no longer have energy like my parents." My parents are fat, as fat as I used to be." Participants only knew a small part of the signs and symptoms of Diabetes Mellitus, such as P2's statement, "If I look at my father, my body is getting thinner and thinner, my appetite is high, I'm often tired and dizzy." P3 stated, "People who have diabetes mellitus say they urinate frequently and have sleepy eyes."

Knowledge of high-risk communities about dietary patterns could be higher. They still consume excessive carbohydrates, lack fiber and vegetables, like sweet and fizzy drinks, and use food flavorings. Like P2's statement, "Rice a day, about two plates per meal, you could say one more, fried fish with chili, fried side dishes, sometimes you eat fried food too, eat snacks, 10 pieces of fried food, three times a week, sometimes you eat more fried food, sometimes you eat more fried food." When I'm sitting at the fried food stall, it's good to buy. Otherwise, it's not, sometimes it's noodles, sometimes it's fried rice, I rarely eat fruit, sometimes I'm too lazy to buy fruit, I have vegetables, but I don't like it, cold drinks, ice cream, fizzy drinks, I like it when I want it, when it's hot ". This research is supported by Masfufah et al. (2015) who stated that based on knowledge of blood glucose levels, respondents with less knowledge have uncontrolled blood glucose. Even though the participants experienced, saw, and heard about diabetes, they did not change their attitudes and lifestyle.

### 2. Attitudes towards preventing diabetes are not yet optimal.

Considering the series of deaths resulting from diabetes mellitus, if there is no serious and appropriate treatment, only relying on the experience of caring for families with Diabetes Mellitus for generations, the source of information obtained is not accurate. The attitudes and behavior of high-risk communities will continue to lead to the acceleration of the onset of Diabetes Mellitus so that the cycle/chain of deaths due to Diabetes will continue in the extended family of Diabetes Mellitus sufferers. High-risk communities have the wrong motivation and principles regarding health checks. As a result, they have not carried out early examinations related to Diabetes Mellitus. From this condition, it can be ascertained that people at high risk do not know the condition of their blood sugar. If this condition continues, when people find out they have Diabetes Mellitus, they will already be accompanied by complications. The following statements describe this condition: P1 "There is no advice from midwives when giving birth to large babies, P2 "Fear of needles," P3 "He is in a healthy condition, so there is no need to be checked; if he is sick then check." As per Jomin's research (2015), half of Diabetes Mellitus sufferers do not know that they have Diabetes Mellitus. They all feel anxious and afraid of Diabetes Mellitus, which will happen to

them in the future. They are also concerned about the Diabetes Mellitus disease that their family suffers from. Like P1, who felt worried that Diabetes Mellitus "people said" would be passed on, P2, who also stated that he was afraid that Diabetes Mellitus would be passed on to his children, did not want to get Diabetes Mellitus and depend on medication like his parents. However, these feelings of anxiety, fear, and concern do not foster self-awareness in them.

### **3. Less Utilization of Health Care Facilities and Social Support.**

Although participants are aware of the existence of a Community Health Center, have a BPJS card, and have family support. Participants did not utilize and ignored existing support to carry out examinations for Diabetes Mellitus. P1 stated, "Suggestion from husband to lose weight and check blood sugar but he is too lazy to check", P2 "Recommendation from parents to eat less and check blood sugar, reduce weight, parents are already sick, of course, they don't want their children to get sick too", P3 "Recommendations from husband such as don't sleep too much and check blood sugar." However, researchers found that family support was only limited to recommendations, the family had not been proactive in providing motivation, support, and encouragement, such as not looking for accurate information, not accompanying health services directly for examinations, not participating in implementing a healthy lifestyle, not taking part in exercise or being directly involved. regulate the diet patterns of people at high risk of Diabetes Mellitus. Rondhianto (2013) stated that the family's active role in providing support needs to be increased because the family plays a very important role in providing support to family members who face life stressors.

## **CONCLUSION**

Based on this case study, researchers concluded that high-risk participants were individuals with hidden areas. This society finds it difficult to share, be open, or accept other people's input. They solve problems based on their own thoughts and according to their own wishes; therefore, only they know about their health problems. The next program can be aimed at increasing regular counseling in therapeutic communication in high-risk communities so that a relationship of mutual trust can be built and is expected to create self-awareness to prevent Diabetes Mellitus. This situation must be followed up with a sustainable program to develop prevention efforts in high-risk communities.

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## **CONFLICT OF INTEREST**

There is no conflict of interest in this research. The research was carried out according to procedures, and official permission was obtained. Research is not related to the interests of other parties or anything else.

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