CHAPTER-V

CONCLUSION, LIMITATIONS & SUGGESTIONS

5.1 Introduction

The aim of present investigation was to study the effect of Gender, locality and Age on Anxiety, Stress and Depression among Type 2 diabetic patients. For the present research, work researcher has selected 320 diabetic patients (Type-II) age range between 30 to 65 years with the help of purposive random sampling techniques. The main objective of this chapter is to present a concise picture of the entire study. It begins by summarizing the study, concluding its findings, drawing implications and finally stating its limitations. The demographic data sheet and selected tools were administered in all the identified cases of diabetic type-II. All the cases voluntarily participated in this research work. They were informed that their personal information provided in the study would be kept strictly confidential and used for research purpose only.

The projections for India with regard to type 2 Diabetes Mellitus are grim. India will have the greatest increase in this disease in the next decade and the incidence of cases will manifest at a younger age with profound effects on the country (2). The educational intervention could effect positive changes in the lifestyle of the diabetic type-II patients. The fibre intake increased slightly and many of the respondents reacted positively to the suggestion of a daily exercise schedule. It was apparent that a lifestyle-intervention programme is effective and induces beneficial changes in health only when implemented with conviction.
5.2 Result & Summary Tables

Present research work was carried out to examine the effect of some demographic variables like Gender, Locality and Age on Anxiety, Depression and Stress of individuals with diabetes type-II.

Table 5.1: Showing Summary of ANOVA Results for dependent variable Anxiety, Depression and Stress for a patient with diabetes type-II.

<table>
<thead>
<tr>
<th>Source of variations</th>
<th>Anxiety</th>
<th>Depression</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>98.05**</td>
<td>26.58**</td>
<td>48.60**</td>
</tr>
<tr>
<td>B</td>
<td>14.76**</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>C</td>
<td>84.84**</td>
<td>48.07**</td>
<td>59.34**</td>
</tr>
<tr>
<td>A X B</td>
<td>4.73*</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>A X C</td>
<td>NS</td>
<td>10.11**</td>
<td>NS</td>
</tr>
<tr>
<td>B X C</td>
<td>8.69**</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>A X B X C</td>
<td>NS</td>
<td>6.90**</td>
<td>NS</td>
</tr>
</tbody>
</table>

*Significant at 0.05 level, ** Significant at 0.01 level, NS means Not Significant

Key Words for Independent Variables: A: Gender, B: Locality, C: Age-groups, A X B: Gender & Locality, A X C: Gender & Age-groups, B X C: Locality & Age-groups, A X B X C: Gender, Locality & Age-groups.

Dependent Variables: Anxiety, Depression & Stress.

5.3 Conclusion

As far as the role of Gender, Locality and Age are concerned with the level of anxiety, depression and stress among diabetic patients, it has been noticed that all the three dependent variables i.e. anxiety, depression and stress influenced by independent variable gender and age, whereas second independent variable locality has influence on only anxiety. The interactions of
gender and locality as well as locality and age were also found significant for anxiety; similarly, interactions of gender and age as well as gender, locality and age were also reported significant for stress. All the three dependent variables show positive association among the 320 diabetic patients as well as male and female groups of diabetic patients.

5.4 Research findings:

Anxiety:

1. Gender: Significant difference was found between anxiety level of Male and Female diabetic patients.
   - Female diabetic patients have perceived higher anxiety as compared to the male diabetic patient.
2. Locality: Significant difference was observed between Rural and Urban diabetic patients with reference to anxiety level.
   - Urban diabetic patients have greater anxiety level than Rural diabetic patients
3. Age: Significant difference was reported between anxiety level of Age group-I diabetic patients and Age group-II diabetic patients. Age had an effect on anxiety level of diabetic patients.
   - Older age diabetic patients (AG-II, 50-65 Yrs) have a greater level of anxiety in comparison to young age diabetic patients (AG-I, 30-45 Yrs).
4. The significant interaction effect was reported among Gender and Locality on anxiety level of diabetic patients. The significant mean difference was found in one group.
   - Urban female diabetic patients experienced higher anxiety than the Rural female diabetic patients.
5. Gender and Age-groups are not interacting significantly with each other on anxiety level of diabetic patients.
6. Interaction of Locality and Age-groups interact significantly with each other on anxiety level of diabetic patients.
   - Rural diabetic patients (AG-II, 50-65 Yrs) have a greater level of anxiety in comparison to young age diabetic patients (AG-I, 30-45 Yrs).

Urban diabetic patients (AG-II, 50-65 Yrs) have elevated level of anxiety than the young age diabetic patients (AG-I, 30-45 Yrs).

7. Interaction of Gender, Locality and Age-groups are not interacting significantly with each other on anxiety level of diabetic patients.

**Depression:**

8. Gender: Significant difference existed between Depression level of Male and Female diabetic patients.
   - Female diabetic patients are more depressed in comparison of male diabetic patient.

9. Locality: Significant difference was not observed between Rural and Urban diabetic patients with reference to the level of Depression.

10. Age: Significant difference was reported between depression status of Age group-I and Age group-II diabetic patients.
    - Diabetic patients (AG-II, 50-65 Yrs) have greater depressive mood than the young age diabetic patients (AG-I, 30-45 Yrs).

11. The significant interaction effect was not obtained by Gender and Locality on depression status of diabetic patients.

12. Gender and Age-groups are interacting significantly with each other on depression status of diabetic patients.
    - Male diabetic patients AG-II (50-65 Yrs) have displayed greater depressive characteristics than the Male diabetic patients AG-I (30-45 Yrs).
Conclusion, Limitation & Suggestions

- Female diabetic patients AG-II (50-65 Yrs) have exposed greater depressive traits than the Female diabetic patients AG-I (30-45 Yrs).

13. Interaction of Locality and Age-groups are not interacting significantly with each other on depression status of diabetic patients.

14. Interaction of Gender, Locality and Age-groups are not interacting significantly with each other on depression status of diabetic patients.
   - Male Rural Age-group-II (50-65 Yrs) diabetic patients have the greater status of depression in comparison of Male Rural Age-group-I (30-45 Yrs).
   - Male Urban Age-group-II (50-65 Yrs) diabetic patients are more depressed than the Male Urban Age-group-I (30-45 Yrs).
   - Female Rural Age-group-II (50-65 Yrs) diabetic patients have more depressive symptoms than the Female Rural Age-group-I (30-45 Yrs).

Stress

15. Gender: Significant difference was reported between Male and Female diabetic patients on the level of stress.
   - Female diabetic patients have professed a higher level of stress as compared to the male diabetic patient.

16. Locality: Significant difference was not observed between Rural and Urban diabetic patients with reference to the level of stress.

17. Age: Significant difference was revealed between Age group-I and Age group-II diabetic patients. Age had an effect on the stress level of diabetic patients.
   - Older age diabetic patients (AG-II, 50-65 Yrs) have a greater feeling of stress in comparison to young age diabetic patients (AG-I, 30-45 Yrs).
18. Significant interaction effect did not exist between Gender and Locality on the stress level of diabetic patients.

19. Gender and Age-groups are not interacting significantly with each other on the stress level of diabetic patients.

20. Interaction of Locality and Age-groups do not interact significantly with each other on the stress level of diabetic patients.

21. Interaction of Gender, Locality and Age-groups are not interacting significantly with each other on the stress level of diabetic patients.

**Findings related to Correlation**

1. Significant positive relationships were obtained among the factors like anxiety, depression and stress for overall diabetic patients.

2. The significant positive association was reported among male diabetic patients for the factors like anxiety, depression and stress.

3. The significant positive association was observed among female diabetic patients for the factors like anxiety, depression and stress.

**5.5 Limitation of the Present Study:**

Some of the limitations of the present study which can exist in the researches under the similar theme have been presented below:

- The sample size of each subgroup or cell was small so that finding of the present investigation cannot be generalized to a larger population.

- The sample was restricted to Anand and Vadodara district only. The sample for the data collection could be from other districts of Gujarat.

- Community differences among the patients have not investigated in the present study.

- Sometimes it is unethical to apply a number of research tools with a large number of items. Also, it disturbs internal discipline or schedule.
5.6 Suggestions for future research:

Suggestions for future study are as follows:

- The efficacy of the intervention program should be studied on larger, different samples in order to draw further generalizations. This may include rural samples, samples from other cities in India, and samples in other countries. Components of psychological aspects can be assessed and included in the intervention program.
- Long-term follow-up studies may provide data for reporting the relative efficacy of the intervention programmes in diabetic patients.
- Similar kind of study can be conducted on the other types of diabetes in order to draw further generalizations.
- A longitudinal study may be conducted across various developmental stages to find out whether the Diabetes Patient Education remains the same or changes in future.
- Another demographic factor for further research work could be to gain a better understanding of the effects of a stressful life in developing diabetes.

5.7 Implications of present research

- The finding of the present research work will be useful in achieving a better understanding of diabetic patients and also in training and counselling them.
- A complete understanding of the demographic factors acquired through the present research will be useful for the well being of the diabetics in the future.
- The findings of the present study should draw the attention of health professionals, counsellors, Government and Non-government bodies towards the management of diabetic persons.
A National Diabetes Prevention Initiative must be launched that will study the prevalence of diabetics and then implement intervention programmes such as health-enhancing, diabetes preventing extension programmes.

The Right to health, as declared by the Supreme Court of India, is part of the fundamental right to life and liberty. As per WHO/UNICEF report where the Primary Health Clinic is essentially health care made universally available and accessible to individuals and families in the community.

Prevention strategies must pervade all ages and include institutions such as schools, colleges, hospitals and Primary Health Centres. School-based programs have been shown to be effective in the U.S. and Singapore already.

Target the whole rural and urban community with an additional focus on the people at high-risk so that a favourable environment and healthy lifestyle can be passed on to every Indian as every Indian is at-risk.

There are many health messages reaching even the rural areas but even if there is a need for cognitive awareness and an attitudinal change with a readiness to implement lifestyle modifications.

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