

Abstract

Introduction and Background.

The study investigated the factors associated with non adherence to diabetic treatment basing on a case study of Jinja Regional Referral Hospital. 347 million people have diabetes all over the world and it accounts for 4.6 million deaths every year (WHO, 2010). Diabetes mellitus is a chronic illness that requires continuous medical care and ongoing patient self management, education and support to prevent acute complications. However, adherence to diabetic treatment generally is sub-optimal, ranging between 23 and 77% (Blanca, Blanca and Ernesto, 2001; Swaby, Swaby and Pierre, 2001 and Schectman, Nadkarni and Voss, 2002); and in Mulago Regional Referral Hospital it is 28.9% (Kalyango, Owino and Nambuya (2008)). The reasons for suboptimal treatment adherence among medical patients have puzzled researchers for many years and yet no known study has been carried out in Jinja Regional Referral Hospital.

Objectives

The study was guided by four objectives including: to determine the prevalence of non adherence to Diabetic treatment; to determine the individual related factors; to determine the facility related factors; and to establish the policy related factors associated with non adherence to Diabetic treatment among diabetic patients.

Methodology

This study adopted a descriptive cross sectional study using interview and self administered questionnaires. Out of 1824 diabetic patients, 384 were sampled using convenience sampling method and 320 positively participated in the study. Data was coded, edited and categorized according to the research objectives. Data tabulations,. Percentages and bar charts were used to illustrate the relevant and important aspects of the study findings.

Results

The rate of non adherence to diabetic treatment among diabetic patients was found to be 29.7%. The factors that were found to significantly contribute to this high rate of non adherence to diabetic treatment include: the diabetic patients being forgetful, becoming fed up with injections, poverty and unavailability of drugs (CI = -0.207 – 0.449; P – Value = 0.016); relying on children (CI = -0.141 – 0.247; P-value = 0.001). The outstanding effects that were revealed to result due to non adherence to diabetic treatment were increased health care costs, low vision or even blindness, traumatic amputation, emotional distress, stroke and heart disease.

Conclusion and Recommendation

Adherence to diabetic treatment among diabetic patients was found to be 29.7%. This pathetic situation calls for serious intervention by the MoH on behalf of the government, donors and any other stakeholders through providing better diagnosis and better care for diabetic patients, screening for diabetes in all areas of the country should be funded, diabetic management, education on self care and treatment to prevent the development of complications should be embarked on among other recommendations. Further research is suggested to investigate the factors for effective adherence to diabetic treatment; assessing the relationship between the demographic characteristics and the rate of non adherence to diabetic treatment and investigation of the diabetes preventive and control measures in Uganda.