Abstract

Background of the study: Globally, Diabetes Mellitus is one of the challenges that affect people in different countries and in 2008, 347 million people were affected by diabetes mellitus. Diabetes mellitus is currently a public health problem and 6.4% of the total world population is diabetic and it is estimated to rise to 7.7% by 2030.

General objective: To assess patient adherence level to diabetic mellitus follow up clinic visits and predictors of this adherence in Wakiso district, Uganda.

Methodology: The study was based on a cross sectional study design to identify determinants for diabetes mellitus follow up clinic visits adherence among DM patients in Entebbe hospital and Wakiso health center IV. DM patients enrolled for treatment were registered into the study after attaining informed consent from them and 150 DM patients were interviewed. A structured questionnaire to collect data from respondents; and a documentary review were applied. Data entry and analysis was carried out using descriptive and inferential statistics for quantitative data, the statistical package for social scientists version 16.0 was used.

Results: The level of adherence to diabetes mellitus (DM) follow up clinic visits among DM patients in Wakiso district was low at (46.0%). This was attributed to health, social and economic factors that influence DM patients in their effort to seek for care and support from health workers. Education (P-value = 0.007, 95% CI 5.965-6.855), occupation status (P-value 0.008, CI, 5.965-6.634) and level of income (P-value < 0.001, CI, 4.934-5.078) were statistically significant factors in relation to adherence to DM follow up clinic visits among DM patients. Regarding health facility factors, cost for DM services (P-value 0.001, 95% CI, 5.956-6.342), waiting time at the facility (P-value 0.003, 95% CI, 5.422-6.322), availability of drugs and equipment (P-value 0.008, 95% CI, 6.542-7.054) and distance to the health facility (P-value, 0.005, 95% CI, 0.854-1.074) influenced adherence to diabetes mellitus (DM) follow up clinic visits among DM patients.

Conclusion: The level of adherence to diabetes mellitus (DM) follow up clinic visits among DM patients in Wakiso district was low at 46.0%. Education, occupation status, and income were social factors that influenced adherence to DM follow up clinic visits among DM patients. Cost for DM services, waiting time at the facility, availability of drugs and equipment and distance to the health facility influenced adherence to diabetes mellitus (DM) follow up clinic visits among DM patients and health status for DM patients, economic and health facility related reasons were reasons for non-adherence to DM follow-up clinic visits.

Recommendations: Administrators of health facilities that offer DM treatment services should maintain regular supervision, regular drug supply and provision of other logistics to enable health workers deliver DM treatment services to DM patients. The community should understand the importance of adhering to DM follow up clinic visits because having medicines alone is not enough, there are other services offered such as monitoring of sugar levels, blood pressure and dietary plan. It is important that policy makers use this information to introduce a new policy to address the issue of long distance to health facilities and improve access to DM health care services among DM patients from rural areas by establishing DM follow up clinic services in all health center IVs and health center IIIs.