Assessment of Parents Care of Children with Juvenile Diabetes in Rural Area

Thesis

Submitted in Partial Fulfillment of the Requirements for the Master Degree **(Community Health Nursing)**

By

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Eman Hashim El Sakawy

Dedication

I would like to dedicate this work to Greatest of Allah who gives me power to improve and continue as well to prophet Mohamed peace be upon him.

This work also dedicated to individuals who give meaning to my life:

To my mother and my husband to my children the cornerstone of my success.

Thank you

Eman Hashim El Sakawy

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List of Abbreviations

Abbreviation	Meaning
ADA	American Diabetic Association
BUN	Blood Urea nitrogen
D.N	Diabetic nephropathy
DKA	Diabetic keto Acidosis
DM	Diabetes Mellitus
EDC	Education development centre
g	Gram
G.C	Glycemic control
IDDM	Insulin dependent diabetic mellitus
IGT	Impaired Glucose Tolerance
WHO	World Health Organization
HLA-Dr3	Human leukocyte antigens Dr3
HLA-Dr4	Human leukocyte antigens Dr4
NPH	Neutral protamine hagedran
PH	Protamine hagedran
S.C.	Subcutaneous
TV	Televesion
BMI	Body mass index
MOD	Maturity onset diabetes
NIDDM	Non-insulin depend diabetes mellitus
I.V&I.M	Intravenous& intramuscular

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by Eman Hashim Mohamed.

Abstract

Juvenile Diabetes (Type1) is the third most prevalent chronic disorder of childhood after bronchial asthma and mental retardation during life span. It contributes to increase child hospitalization and absence from school. **Aim:** The aim of this study is to assess the parents care toward their children with juvenile diabetes (Type 1). **Subject and Methods: Design:** A descriptive analytic study. **Sampling:** A purposive sample includes one hundred children from 7-15 years old accompanied with their parents. **Tools for data collection: First tool: A structured interviewing Questionnaire:** for assessing Parents and children socio-demographic characteristics, knowledge about diabetic mellitus type 1, health history, parents coping and child body image. **Second tool***:* Was examination child physical health. **The third tool** an observation check list for assessing parents care provided to their children. **Results:** About half of mothers and more than one quarter of children had good scores regarding knowledge about diabetes mellitus type one. In relation to scholastic achievement nearly half of children succeeded yearly with residual subjects. More than two thirds of mothers their coping responses were positive, while only one quarter of children had good body image. Half of parents demonstrated proper foot care, two thirds of them carried out correct subcutaneous injections, and urine test and the majority demonstrated correct blood glucose monitoring. **Recommendation** Regular educational programs should be provided to parents and their children with diabetes type one as to be aquatinted them with the necessary knowledge and practices regarding diabetes and its care through the accessibility of health care in rural communities

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- **Key word, Juvenile Diabetes, Rural area, Parents Care**
- **Master Thesis, Faculty of Nurses. Ain Shams University.**

Introduction

Type1diabetes is the most common endocrine metabolic disorder of childhood and adolescence. Individuals with type 1diabetes confront serious lifestyle alterations that include absolute daily requirement for exogenous insulin, the need to monitor their own glucose level and pay attention to fluctuation in glycemic condition, dietary intake and exercises ***(Kumar, 2013***). According to ***Taman, et al. (2010)*** cultural and population specific characteristic can reduce the prevalence and severity of type 1 diabetes mellitus and its resulting complications.

Rural is defined in term of geographic location and population density, or it may be described in terms of the distance from (e.g. 20, miles) or the time (e.g., 30 minutes) needed to commute on urban centre***.(UNICEF,2008)***

An important issue of the treatment of diabetes is the medication of the relationship between family function and the child diabetes control. Children living with either biologic parents or single parents had significantly better diabetes control than children living with a step- parents or adoptive parents. Children living in families characterized by cohesion, emotional, expressiveness, and lack of conflict and with mothers satisfied with their marriages have better diabetes control ***(Davis, et al., 2012)***.

Accessibility of services refers to whether a person has the means to obtain and afford service. Accessibility to health care by rural families may be impaired by, long travel distance, lack of public transportation, a shortage of health care providers, and inability to obtain entitlements. Availability of services in rural health refers to the existence of services and sufficient personnel as family physicians, nurse practitioner, obstetetricans, peadiaditricians, psychiatric and social worker ***(Abdul-Naser., 2009)***.

Diabetes mellitus is the most important chronic illness in which the child with diabetes plays an active role in treatment The treatment affects basic aspects of every day of life of the child and his family such as diet, insulin therapy in addition to daily frequent glucose testing and monitoring ***(Armstrong and Dorosty, 2011)*** Poor glycamic control is commonly associated with psychological and social difficulties, Appropriate and timely good intervention may be the most affective way to improve glycemic control ***(Jones, et al., 2009)***.

The cultural environmental, developmental and personal circumstances of the child with type 1 diabetes and the parent should receive high priority in diabetic care. The nurse play an important role in health promotion and maintenance related to identification, monitoring and education of children at risk for development of diabetes to take immediate action to improve diet, exercise, and weight loss and get regular check up that