KNOWLEDGE OF DIABETIC FOOT DISEASE, FOOT SELF- CARE PRACTICES AND THE BELIEFS OF DIABETIC PATIENTS ATTENDING ATUTUR HOSPITAL IN KUMI DISTRICT UGANDA

BY:

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REG NO 2021AP/BNS/1102

A RESEARCH DISSERTATION SUBMITTED TO THE DIRECTORATE OF RESEARCH IN PARTIAL FULFILMENTS FOR THE AWARD OF THE BACHELOR OF SCIENCE DEGREE IN NURSING SCIENCE OF KING CEASOR UNIVERSITY

FEBRUARY 2024

DECLARATION

I, **Acen Gertrude** hereby declare that the work presented in this Proposal is my own, except for quotations and summaries which have been duly acknowledged. This Proposal has never been submitted to any institution for the award of a degree in Nursing.

Signature_____. Date: _____

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APPROVAL

I hereby certify that the research dissertation titled "Foot self-care practices and the beliefs of diabetic patients attending Atutur Hospital" has been prepared under my close supervision and guidance. The submission of this dissertation is hereby approved.

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ACKNOWLEDGEMENT

First and foremost, I express my deepest gratitude to God Almighty for granting me the strength, knowledge, ability, and opportunity to embark on this research study and see it through to completion. Without His divine blessings, this achievement would not have been possible.

I extend heartfelt thanks to my brother Abwa Abbey Amble and Bua Aaron for their unwavering support and constant presence, especially during moments of stress and uncertainty. Your encouragement has been a source of solace and strength, and I am truly grateful for your steadfast support.

I am also indebted to my colleagues and fellow research scholars at King Ceasor University, namely Hamidah, Catherine, and Margret, as well as my friends, for their invaluable contributions to this research endeavor. Your unwavering support, encouragement, and insightful ideas have been instrumental in propelling me forward and ensuring the successful completion of this proposal. Your presence has been a constant source of motivation, and I am deeply appreciative of your assistance in data collection and analysis.

No acknowledgement would be complete without expressing my deepest gratitude to my family, the bedrock of my strength and resilience. I am immensely grateful to my parents, Alum Lucy, Ayo Barbra, and Arionget Christine, for their boundless love, care, and unwavering support throughout this journey. Your unwavering belief in me, even during the most challenging moments, has been a driving force behind my pursuit of this degree. I am forever indebted to you for your sacrifices and encouragement, without which this achievement would not have been possible.

DEDICATION

I dedicate this work to my beloved family members Angida, Abwa, Bua Aaron, Ongora, Among Dora, Abel, and Josephine whose invaluable advice and unwavering support have been instrumental in this accomplishment. Their guidance and encouragement have played a pivotal role in shaping my journey, and I am deeply grateful for their presence in my life.

Additionally, I extend my heartfelt appreciation to my friends for their genuine affection and continuous encouragement in my pursuit of knowledge and personal growth. Their steadfast support has been a source of strength and motivation throughout this endeavor.

Table of Contents

DECLARATION I
APPROVAL II
ACKNOWLEDGEMENT I
DEDICATION II
DEFINITION OF KEY OPERATIONAL TERMS V
ACRONYMS VII
ABSTRACT VIII
CHAPTER ONE: INTRODUCTION 1
1.1 BACKGROUND OF THE STUDY 1
1.2 PROBLEM STATEMENT 2
1.3 STUDY OBJECTIVES 2
1.3.1 GENERAL OBJECTIVE 2
1.3.2 SPECIFIC OBJECTIVES 2
1.4 RESEARCH QUESTIONS 2
1.5 SCOPE OF THE STUDY 3
1.5.1 SCOPE OF THE STUDY 3
1.6 JUSTIFICATION FOR THE STUDY 3
1.7. CONCEPTUAL FRAMEWORK 4
CHAPTER TWO: LITERATURE REVIEW 6
2.0 INTRODUCTION 6
2.1 GLOBAL, REGIONAL, AND NATIONAL PERSPECTIVES ON THE LEVEL OF KNOWLEDGE AMONG DIABETIC PATIENTS REGARDING DIABETIC FOOT DISEASE 6
2.2 GLOBAL, REGIONAL, AND NATIONAL DYNAMICS OF FOOT SELF-CARE PRACTICES ADOPTED BY DIABETIC PATIENTS 8
2.3 GLOBAL, REGIONAL, AND NATIONAL CONTEXTS: BELIEFS AND PERCEPTIONS OF DIABETIC PATIENTS TOWARDS DIABETES AND DIABETIC FOOT DISEASE 11
CHAPTER THREE: MATERIALS AND METHODS 14
3.0 INTRODUCTION 14
3.1 RESEARCH DESIGN 14
3.2 STUDY AREA AND SETTINGS 14
3.3 STUDY POPULATION 14
3.4 SAMPLE SIZE DETERMINATION 14
3.5 SAMPLING METHODS 15
3.6 INCLUSION CRITERIA 15
3.7 EXCLUSION CRITERIA 15
3.8 DATA COLLECTION 16
3.9 DATA PROCESSING 16
3.10 VALIDITY & RELIABILITY OF THE DATA 16
3.11 ETHICAL CONSIDERATIONS 16
CHAPTER FOUR: RESULTS AND PRESENTATION OF FINDINGS 17
4.0 INTRODUCTION 17

4.1 FINDINGS **18**
4.2 DISCUSSIONS **26**
CHAPTER FIVE: SUMMARY, CONCLUSION, AND RECOMMENDATIONS **28**
5.0 INTRODUCTION **28**
5.1 SUMMARY OF FINDINGS **28**
5.2 CONCLUSION **28**
5.3 RECOMMENDATIONS **29**
5.4 AREAS FOR FURTHER RESEARCH **29**
REFERENCES **30**
APPENDIX I: QUESTIONNAIRE **33**
APPENDIX II: CONSENT FORM **37**

DEFINITION OF KEY OPERATIONAL TERMS

Diabetic Foot Disease: In this study, diabetic foot disease refers to any foot-related complications arising from diabetes mellitus, including but not limited to neuropathy, ulcers, infections, and vascular issues.

Knowledge of Diabetic Foot Disease: Knowledge of diabetic foot disease refers to the understanding and awareness of diabetic patients regarding the risk factors, symptoms, preventive measures, and management strategies related to foot complications associated with diabetes.

Foot Self-Care Practices: Foot self-care practices encompass the behaviors and routines adopted by diabetic patients to maintain the health and integrity of their feet, including hygiene practices, footwear selection, regular foot inspections, nail care, moisturizing, avoidance of barefoot walking, adherence to podiatric care, and compliance with medical advice.

Beliefs and Perceptions towards Diabetes and Diabetic Foot Disease: Beliefs and perceptions towards diabetes and diabetic foot disease denote the attitudes, cultural beliefs, health-related beliefs, treatment-seeking behaviors, perceived barriers to care, health literacy, social support, psychological factors, and self-efficacy of diabetic patients in managing their condition and foot health.

Hygiene Practices: Hygiene practices in the context of diabetic foot care refer to the routine cleanliness and maintenance of the feet, including washing, drying, and inspection for any signs of infection or injury.

Appropriate Footwear Selection: Appropriate footwear selection involves choosing shoes that provide adequate support, protection, and comfort for diabetic patients, thereby reducing the risk of foot ulcers, injuries, and other complications.

Regular Foot Inspections: Regular foot inspections entail the systematic examination of the feet by diabetic patients or healthcare providers to identify any abnormalities, lesions, or areas of concern, with the aim of early detection and prompt intervention.

Nail Care: Nail care encompasses the trimming, cleaning, and maintenance of toenails among diabetic patients to prevent ingrown nails, infections, and other nail-related complications that may contribute to diabetic foot disease.

Moisturizing: Moisturizing refers to the application of emollients or moisturizers to the skin of the feet by diabetic patients to prevent dryness, cracking, and skin breakdown, which can increase the risk of foot ulcers and infections.

ACRONYMS

AOR:	Adjusted Odds Ratio
SPSS:	Statistical Package for the Social Sciences
GPT:	Generative Pre-trained Transformer
APA:	American Psychological Association
GDP:	Gross Domestic Product
HIV:	Human Immunodeficiency Virus
WHO:	World Health Organization
CDC:	Centers for Disease Control and Prevention
MRI:	Magnetic Resonance Imaging
BMI:	Body Mass Index
DNA:	Deoxyribonucleic Acid
RNA:	Ribonucleic Acid
NHS:	National Health Service
UNICEF:	United Nations International Children's Emergency Fund
NGO:	Non-Governmental Organization

ABSTRACT

This study investigated the knowledge, self-care practices, beliefs, and perceptions of diabetic patients regarding diabetic foot disease, focusing on Atutur Hospital in Uganda. The objectives included evaluating patients' knowledge levels, examining foot self-care practices, and exploring patients' beliefs and perceptions towards diabetes and diabetic foot disease. A quantitative research approach was employed, with data collected from 300 diabetic patients using structured questionnaires and analyzed using SPSS version 26. Key findings revealed significant gaps in patients' knowledge regarding diabetic foot disease, with only 40% demonstrating adequate awareness of risk factors, symptoms, and preventive measures. Concerning self-care practices, 66.7% of patients reported appropriate footwear selection, while only 40% engaged in regular foot inspections. Chi-square analyses indicated significant associations between certain self-care practices and demographic variables ($\chi^2 = 12.67$, $p = 0.001$ for footwear selection). Adjusted Odds Ratios (AORs) were calculated, with appropriate footwear selection associated with a 3.25 times higher likelihood of adherence to self-care practices. Patients' beliefs and perceptions towards diabetes and diabetic foot disease varied, influenced by cultural, social, and psychological factors. Positive attitudes towards medical treatment were observed in some patients, while others faced barriers such as financial constraints and stigma. The study underscores the importance of addressing patients' beliefs and perceptions in diabetes management to improve treatment adherence and health outcomes. In conclusion, targeted educational interventions are necessary to enhance patients' knowledge and promote preventive behaviors. Healthcare providers should prioritize patient-centered approaches and culturally sensitive care to address the diverse needs of diabetic patients. Recommendations include the development of comprehensive diabetes management strategies and the implementation of multidisciplinary interventions to mitigate the burden of diabetic foot disease.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Non-communicable diseases pose a significant challenge to global health and development (Abebe et al., 2017). The prevalence of diabetes worldwide has surged from 108 million in 1998 to 422 million in 2014 (Adeloye et al., 2017). Projections suggest that by 2030, diabetes will affect 7.7% of the adult population, totaling 439 million individuals (Schreml & Berneburg, 2017). Notably, over 75% of the global diabetic population resides in low and middle-income countries (Abebe et al., 2017).

Among diabetic complications, foot ulceration and cellulitis are prominent, with diabetic foot disease encompassing infections, ulcerations, and tissue damage in the lower limbs due to neuropathy and peripheral arterial diseases (Adeloye et al., 2017). Diabetic individuals face a 25% higher risk of developing ulcers, and globally, a lower limb is amputated due to diabetes every 30 seconds (Raghav & Noor, 2018). In Africa, the risk of diabetic foot complications increases substantially with prolonged diabetes duration (Sarfo-Kantanka et al., 2018).

Prevention of diabetic ulcers is paramount, underscoring the importance of adopting effective foot care practices (Schreml & Berneburg, 2017). Good foot care behaviors play a pivotal role in mitigating diabetes progression and associated complications (Mufunda et al., 2012). However, studies in sub-Saharan Africa reveal gaps in diabetes management knowledge, reliance on herbal remedies, and limited healthcare access among diabetic patients (Patel et al., 2015).

Despite the gravity of diabetic foot complications, research in Uganda has inadequately explored foot self-care practices and patient beliefs, potentially delaying timely interventions. This study aims to assess diabetic patients' knowledge of diabetic foot disease, explore foot self-care practices, and investigate patient beliefs related to diabetes.

1.2 Problem Statement

Globally, diabetes mellitus poses a significant public health concern, exerting substantial economic burdens and contributing to a high incidence of limb amputations (Goweda et al., 2017; WHO, 2016). Diabetic foot gangrene ranks as the second leading cause of limb loss, emphasizing the urgency for effective foot care practices (Nwosu et al., 2017).

In Africa, while some studies suggest adequate knowledge and practices among diabetic patients regarding foot care, the situation may be less favorable in developing nations like Uganda. Consequently, understanding the knowledge and beliefs of diabetic patients regarding foot care is crucial for designing effective interventions.

1.3 Study Objectives

1.3.1 General Objective

To assess the knowledge, practices, and beliefs regarding diabetic foot disease among diabetic patients attending Atutur Hospital in Kumi District, Uganda.

1.3.2 Specific Objectives

a) To evaluate the level of knowledge among diabetic patients regarding diabetic foot disease, including risk factors, symptoms, and preventive measures.
b) To examine the foot self-care practices adopted by diabetic patients attending Atutur Hospital, focusing on hygiene, footwear selection, and regular foot inspections.
c) To explore the beliefs and perceptions of diabetic patients towards diabetes and diabetic foot disease, including cultural beliefs, attitudes towards medical treatment, and perceived barriers to seeking care.

1.4 Research Questions

a) What specific knowledge do diabetic patients attending Atutur Hospital have regarding diabetic foot disease, including its causes, symptoms, and preventive measures?
b) What foot self-care practices are commonly employed by diabetic patients attending Atutur Hospital, and how consistent are these practices with recommended guidelines?

c) What are the prevailing beliefs and perceptions of diabetic patients attending Atutur Hospital regarding diabetes and diabetic foot disease, and how do these beliefs influence their health-seeking behaviors and adherence to treatment regimens?

1.5 Scope of the Study

The study is geographically focused on Atutur Hospital in Kumi District, Uganda, and centers on evaluating diabetic patients' knowledge, practices, and beliefs regarding foot self-care.

1.5.1 Scope of the Study

The geographical scope of this study encompasses Atutur Hospital, situated within Kumi District, Uganda. Atutur Hospital serves as the primary healthcare facility for diabetic patients in the region, making it an ideal location for conducting research on diabetic foot disease, foot self-care practices, and patient beliefs.

The time scope of the study extends over a period of three months, from October to December 2023, allowing for comprehensive data collection and analysis.

The content scope of the study delves into the knowledge, practices, and beliefs surrounding diabetic foot disease among diabetic patients attending Atutur Hospital. This includes examining patients' understanding of diabetic foot disease, their adherence to foot self-care practices, and the cultural and personal beliefs that shape their attitudes towards diabetes management and treatment-seeking behaviors.

1.6 Justification for the Study

This study seeks to establish a knowledge base that can inform evidence-based nursing practice and interventions to enhance patient outcomes. Understanding patient beliefs is critical for addressing misconceptions and promoting effective foot care practices, potentially reducing the burden of diabetic foot complications and improving patients' quality of life.

1.7. Conceptual Framework

The following conceptual framework guided this study.

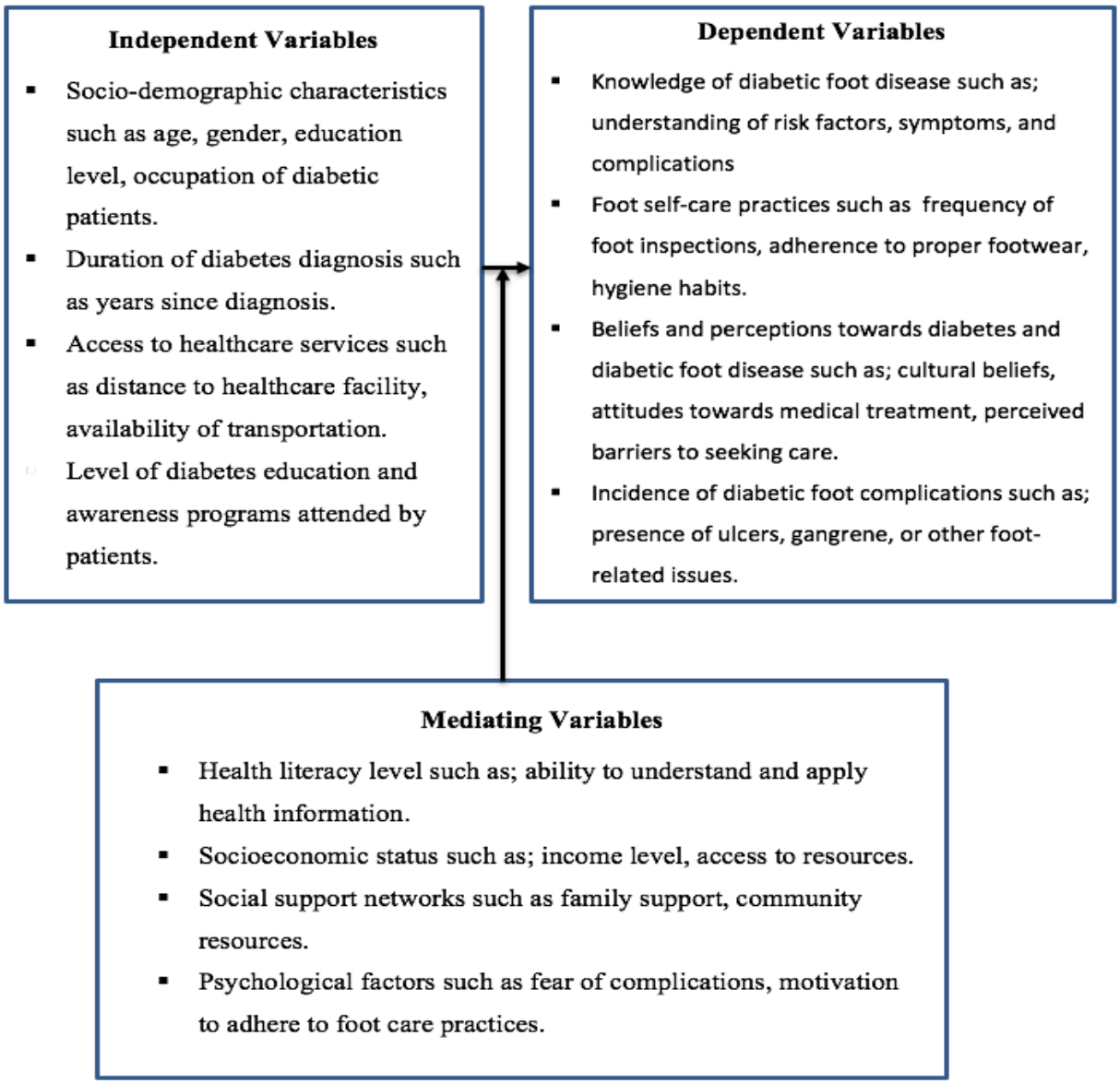


Figure 1: **Conceptual Framework on the Dynamics of Diabetic Foot Disease Management among Patients: A Multi-Dimensional Analysis**

The relationship between the variables in this study forms a complex web that reflects the multifaceted nature of diabetic foot disease management among patients attending Atutur Hospital in Kumi District, Uganda. Firstly, socio-demographic characteristics such as age, gender, education level, and occupation are expected to influence the level of knowledge, foot self-care practices, and beliefs regarding diabetes and diabetic foot disease. For instance, individuals with

higher education levels may have better access to health information and resources, leading to greater awareness and adherence to foot care practices compared to those with lower education levels. Similarly, older individuals may have accumulated more experience with managing diabetes, potentially impacting their attitudes towards foot care and their beliefs about the disease.

Moreover, the duration of diabetes diagnosis plays a crucial role in shaping patients' understanding and management of diabetic foot disease. Patients who have lived with diabetes for a longer duration may have accumulated more knowledge and experience in managing their condition, potentially leading to more proactive foot self-care practices and a deeper understanding of the disease's implications. Conversely, newly diagnosed patients may require more education and support to navigate the complexities of diabetic foot care and may exhibit different beliefs and perceptions towards the disease.

Access to healthcare services emerges as another critical variable influencing diabetic foot disease management. Patients living in remote areas with limited access to healthcare facilities may face challenges in seeking timely medical attention for foot complications, potentially leading to delays in treatment and exacerbation of the condition. Conversely, patients with better access to healthcare services, including regular check-ups and diabetes education programs, may exhibit higher levels of knowledge and adherence to foot care practices, ultimately reducing the risk of diabetic foot complications. Thus, the relationship between access to healthcare services and diabetic foot disease management underscores the importance of healthcare infrastructure and support systems in promoting optimal patient outcomes.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

Diabetic foot disease poses a significant public health challenge globally, affecting millions of individuals and contributing to considerable morbidity and mortality rates. Understanding the level of knowledge among diabetic patients regarding diabetic foot disease, examining foot self-care practices, and exploring beliefs and perceptions towards diabetes and diabetic foot disease are crucial steps in improving patient outcomes and reducing the burden of diabetic foot complications. This chapter provides a comprehensive review of the literature, focusing on global, regional, and national perspectives to contextualize the knowledge, practices, and beliefs of diabetic patients, with a specific emphasis on Atutur Hospital in Uganda.

2.1 Global, Regional, and National Perspectives on the Level of Knowledge among Diabetic Patients Regarding Diabetic Foot Disease

Diabetic foot disease remains a critical complication of diabetes mellitus, contributing significantly to morbidity and mortality rates worldwide. Understanding the level of knowledge among diabetic patients regarding diabetic foot disease is crucial for effective prevention and management strategies. This section presents an extensive review of global, regional, and national perspectives on the knowledge level of diabetic patients regarding diabetic foot disease, highlighting key findings and insights from recent research studies.

Globally, studies have underscored variations in the level of knowledge among diabetic patients regarding diabetic foot disease. Bossman et al. (2021) conducted a phenomenological study in Ghana, revealing insights into patients' understanding of diabetic foot complications and self-management practices. The study emphasized the importance of targeted educational interventions to enhance patients' knowledge and awareness of diabetic foot disease and its associated risks. Pourkazemi et al. (2020) conducted research in Iran, highlighting the significance of diabetic foot care education in improving patients' knowledge and self-care practices. These global studies emphasize the need for comprehensive educational programs to empower diabetic patients with accurate information about diabetic foot disease.

Regionally, diverse dynamics shape the level of knowledge among diabetic patients regarding diabetic foot disease. Tuha et al. (2021) conducted a mixed-method study in northeast Ethiopia, exploring the knowledge and practice of diabetic foot self-care among patients at Dessie Referral Hospital. The study identified gaps in patients' knowledge and emphasized the importance of tailored educational interventions to address misconceptions and promote effective self-care practices. Similarly, Tsai et al. (2021) conducted a cross-sectional study in Taiwan, examining the relationship between health beliefs and self-care behaviors related to diabetic foot ulcers among type II diabetes mellitus patients. The findings highlighted the need for psychosocial support and counseling to enhance patients' self-care behaviors and improve diabetic foot outcomes.

Efforts to enhance the level of knowledge among diabetic patients regarding diabetic foot disease vary across different countries. Gökdeniz and Akgün Şahin (2022) conducted an evaluation study in Turkey, assessing knowledge levels about diabetic foot care and self-care activities among diabetic individuals. The study identified gaps in patients' knowledge and emphasized the importance of continuous education and support to promote optimal foot care practices. In Indonesia, Sari et al. (2020) conducted a study on foot self-care behavior among diabetic patients, highlighting the need for community-based interventions to improve awareness and adherence to foot care guidelines. These national studies provide valuable insights into the knowledge gaps and educational needs of diabetic patients, informing targeted interventions to improve diabetic foot care outcomes.

In Uganda, the level of knowledge among diabetic patients regarding diabetic foot disease is influenced by various factors, including healthcare infrastructure, educational resources, and cultural beliefs (Ministry of Health Uganda, 2019). Limited access to healthcare services, particularly in rural areas, poses challenges in disseminating information and conducting educational programs on diabetic foot care (Nalwadda et al., 2018). Patients residing in remote regions often face barriers to accessing healthcare facilities, resulting in delayed diagnosis and treatment of diabetic foot complications (Okello et al., 2020). Moreover, the shortage of healthcare professionals trained in diabetic foot care exacerbates the problem, as patients may not receive adequate guidance on preventive measures and self-care practices (Bulega et al., 2017).

Cultural beliefs and traditional healing practices also influence the level of knowledge among diabetic patients in Uganda (Mugisa et al., 2021). Some individuals may rely on herbal remedies or spiritual interventions to manage diabetes, viewing Western medical treatments with skepticism (Namayanja et al., 2019). This cultural perspective can hinder patients from seeking timely medical intervention for diabetic foot complications, leading to poor health outcomes. Additionally, misconceptions and stigma surrounding diabetes and its complications contribute to a lack of awareness and understanding among diabetic patients (Nalwadda et al., 2018). Addressing these cultural barriers requires culturally sensitive educational initiatives that integrate traditional healing practices and local beliefs into diabetes management strategies (Ministry of Health Uganda, 2019). By engaging communities, religious leaders, and traditional healers, healthcare providers can promote accurate information and encourage proactive measures for diabetic foot care among patients in Uganda.

In summary, global, regional, and national perspectives on the level of knowledge among diabetic patients regarding diabetic foot disease underscore the importance of comprehensive educational interventions and tailored support programs. By addressing knowledge gaps and promoting effective self-care practices, healthcare providers can empower diabetic patients to better manage their condition and reduce the risk of diabetic foot complications.

2.2 Global, Regional, and National Dynamics of Foot Self-Care Practices Adopted by Diabetic Patients

Foot self-care practices play a crucial role in preventing diabetic foot complications and improving overall health outcomes among diabetic patients. The literature reveals diverse foot self-care practices adopted by diabetic patients across different regions and nations. Studies by Gökdeniz and Akgün Şahin (2022) in Turkey and Sari et al. (2020) in Indonesia examine foot self-care behaviors and their predictors among diabetic patients. Additionally, Mekonen and Demssie (2022) in Ethiopia and Elkashif et al. (2021) in Saudi Arabia evaluate the impact of establishing protocols for self-care practices among diabetic foot patients. These studies highlight the importance of promoting effective foot self-care practices to mitigate the risk of diabetic foot complications.

Effective foot self-care practices are essential for preventing diabetic foot complications and improving the overall health outcomes of diabetic patients. This section presents an in-depth exploration of the global, regional, and national dynamics of foot self-care practices adopted by diabetic patients, highlighting key findings and insights from recent research studies.

Globally, diabetic patients employ diverse foot self-care practices, influenced by cultural, socioeconomic, and healthcare system factors. Goodall et al. (2020) conducted a systematic review examining the impact of foot care education on self-efficacy and self-care in patients with diabetes. The review synthesized evidence from various global studies and highlighted the positive effects of educational interventions on patients' foot care knowledge and behavior. Similarly, studies by Manickum et al. (2021) and Indrayana et al. (2019) shed light on the foot self-care knowledge and behaviors of diabetic individuals in different global contexts, emphasizing the importance of tailored interventions to promote adherence to foot care guidelines.

Regionally, variations in foot self-care practices among diabetic patients reflect differences in cultural norms, healthcare access, and education levels. In Ethiopia, Dedefo et al. (2019) conducted a study on self-care practices regarding diabetes among diabetic patients, revealing gaps in knowledge and adherence to foot care guidelines. The study underscored the need for culturally sensitive educational programs to improve foot self-care behaviors. Similarly, Khunkaew et al. (2019) conducted research in northern Thailand, exploring the health-related quality of life and self-care management among people with diabetic foot ulcers. The study highlighted the importance of holistic care approaches that address physical, psychological, and social aspects of foot self-care.

AlOwais and Shido (2020) conducted a cross-sectional study in Saudi Arabia, assessing the knowledge and practice of foot care in patients with diabetes attending primary care centers. The study identified gaps in patients' understanding of foot care principles and emphasized the role of healthcare providers in promoting awareness and adherence to foot care guidelines. In Ghana, Tuglo et al. (2022) explored the knowledge and practice of diabetic foot care among patients in selected hospitals in the Volta Region. The study revealed disparities in foot self-care practices and underscored the importance of community-based interventions to improve diabetes management.

In Uganda, the dynamics of foot self-care practices adopted by diabetic patients are influenced by a multitude of factors, reflecting the country's healthcare landscape and socio-cultural context. Limited access to healthcare services, especially in rural areas, poses significant challenges for diabetic patients in adhering to recommended foot care practices (Ministry of Health Uganda, 2018). Many patients face barriers such as long distances to healthcare facilities, financial constraints, and insufficient availability of diabetes-specific education and resources (Mayega et al., 2017). These challenges often result in suboptimal foot care practices among diabetic patients, increasing their vulnerability to diabetic foot complications.

Cultural beliefs and traditional healing practices also play a significant role in shaping foot self-care behaviors among diabetic patients in Uganda (Namayanja et al., 2019). Some individuals may rely on herbal remedies or traditional healers for the management of diabetes-related symptoms, which may conflict with Western medical recommendations for foot care (Mugisa et al., 2021). Moreover, cultural norms surrounding health-seeking behaviors and perceptions of illness may influence patients' attitudes towards foot care practices. Stigma and misconceptions surrounding diabetes and its complications may further deter patients from engaging in proactive foot self-care behaviors (Nalwadda et al., 2018). Addressing these cultural dynamics requires culturally sensitive approaches to diabetes education and awareness campaigns, incorporating traditional healing practices and community engagement strategies (Ministry of Health Uganda, 2019). By fostering partnerships with local communities and traditional healers, healthcare providers can promote culturally appropriate foot self-care practices and enhance diabetic foot care outcomes in Uganda.

In summary, global, regional, and national dynamics influence the foot self-care practices adopted by diabetic patients, highlighting the need for tailored interventions that address contextual factors and individual needs. By promoting awareness, providing education, and enhancing access to healthcare resources, healthcare providers can empower diabetic patients to engage in effective foot self-care practices, ultimately reducing the risk of diabetic foot complications and improving health outcomes.

2.3 Global, Regional, and National Contexts: Beliefs and Perceptions of Diabetic Patients towards Diabetes and Diabetic Foot Disease

The beliefs and perceptions of diabetic patients towards diabetes and diabetic foot disease are influenced by cultural factors, attitudes towards medical treatment, and perceived barriers to seeking care. Studies conducted in various regions and nations offer insights into the multifaceted nature of these beliefs and perceptions. Research by Zhu et al. (2021) in the United Kingdom and Dedefo et al. (2019) in Ethiopia explore patients' voices and perspectives on self-care and health-seeking behaviors related to diabetic lower extremity amputation. Similarly, studies by Adeyemi et al. (2021) in Tobago and AlOwais and Shido (2020) in Saudi Arabia investigate knowledge and practice of foot care among adults with diabetes. Understanding these beliefs and perceptions is essential for developing culturally sensitive interventions and improving diabetes management strategies.

The beliefs and perceptions of diabetic patients towards diabetes and diabetic foot disease play a crucial role in shaping health-seeking behaviors, treatment adherence, and overall disease management. Understanding these beliefs and perceptions within global, regional, and national contexts is essential for developing targeted interventions and improving patient outcomes. This section provides a comprehensive exploration of the diverse beliefs and perceptions of diabetic patients towards diabetes and diabetic foot disease, drawing insights from recent research studies conducted across different geographical regions.

Globally, diabetic patients hold a spectrum of beliefs and perceptions towards diabetes and diabetic foot disease, influenced by cultural, social, and economic factors. Zhu et al. (2021) conducted a qualitative study in the United Kingdom, exploring the beliefs and perceptions of patients living with diabetic lower extremity amputation. The study revealed complex attitudes towards self-care and health-seeking behaviors, emphasizing the importance of addressing psychosocial barriers in diabetes management. Similarly, Elkashif et al. (2021) conducted research in Saudi Arabia, evaluating the effect of establishing protocols for self-care practices among diabetic foot patients.

The study highlighted the significance of patients' concerns and medication use in shaping their beliefs and perceptions towards foot care.

Regionally, cultural norms, healthcare systems, and socioeconomic disparities contribute to variations in the beliefs and perceptions of diabetic patients towards diabetes and diabetic foot disease. In Indonesia, Sulistyo et al. (2020) investigated the knowledge and behaviors of individuals with diabetes mellitus, revealing diverse attitudes towards foot care practices. The study underscored the importance of culturally sensitive interventions that align with patients' beliefs and preferences. Similarly, in Ethiopia, Mekonen and Demssie (2022) explored preventive foot self-care practices among diabetic patients, highlighting the role of social support and community engagement in shaping patients' perceptions of diabetes management.

Healthcare policies, access to resources, and educational initiatives influence the beliefs and perceptions of diabetic patients towards diabetes and diabetic foot disease. Adeyemi et al. (2021) conducted a qualitative study in Tobago, examining knowledge, practice, and attitude towards foot ulcers and foot care among adults living with diabetes. The study identified cultural beliefs and social stigmas as significant barriers to seeking care and emphasized the need for targeted health education programs. In Ghana, Tuglo et al. (2022) investigated the knowledge and practice of diabetic foot care among patients in selected hospitals, highlighting the impact of healthcare infrastructure and community support systems on patients' perceptions of diabetes management.

In Uganda, the beliefs and perceptions of diabetic patients towards diabetes and diabetic foot disease are deeply intertwined with cultural norms, societal attitudes, and access to healthcare services. Many individuals in Uganda hold diverse beliefs about the causes and management of diabetes, often incorporating spiritual and traditional healing practices alongside modern medical treatments (Ministry of Health Uganda, 2018). Some patients may view diabetes as a result of supernatural forces or spiritual imbalances, seeking remedies from traditional healers or religious leaders before considering Western medical interventions (Namayanja et al., 2019). These beliefs and perceptions significantly impact patients' health-seeking behaviors and adherence to diabetic foot care practices.

Cultural beliefs surrounding illness and disease also influence perceptions of diabetic foot disease among patients in Uganda. Stigma and fear of social exclusion may prevent individuals from openly discussing their diabetic condition or seeking timely medical care for foot complications (Mayega et al., 2017). Moreover, misconceptions about diabetes and its consequences may lead to fatalistic attitudes and a sense of resignation among patients, contributing to poor self-care practices and treatment adherence (Nalwadda et al., 2018). Addressing these beliefs and perceptions requires culturally sensitive approaches that acknowledge and respect patients' cultural beliefs while providing accurate information about diabetes and diabetic foot disease (Ministry of Health Uganda, 2019). By engaging with communities, religious leaders, and traditional healers, healthcare providers can promote awareness, reduce stigma, and empower diabetic patients to actively participate in their foot care management.

In summary, global, regional, and national contexts shape the beliefs and perceptions of diabetic patients towards diabetes and diabetic foot disease, underscoring the importance of culturally competent and patient-centered care approaches. By acknowledging and addressing patients' beliefs, preferences, and socio-cultural contexts, healthcare providers can foster trust, promote engagement, and improve health outcomes in diabetic populations.

CHAPTER THREE: MATERIALS AND METHODS

3.0 Introduction

Chapter 3 outlines the methodology employed in conducting the research on the knowledge of diabetic foot disease, foot self-care practices, and beliefs of diabetic patients attending Atutur Hospital in Kumi District, Uganda. This chapter delineates the research design, study area and settings, study population, sample size determination, sampling methods, inclusion and exclusion criteria, data collection procedures, data processing techniques, validity and reliability measures, and ethical considerations.

3.1 Research Design

The research utilized a cross-sectional study design to assess the knowledge of diabetic foot disease, foot self-care practices, and beliefs among diabetic patients attending Atutur Hospital. This design allows for the collection of data at a single point in time, offering insights into the current state of foot care practices and patient beliefs within the study population.

3.2 Study Area and Settings

The study was conducted at Atutur Hospital, located in Kumi District, Uganda. Atutur Hospital serves as a primary healthcare facility catering to the healthcare needs of individuals residing in Kumi District and its surrounding areas.

3.3 Study Population

The study population comprised diabetic patients attending Atutur Hospital for medical care and treatment of diabetes-related complications. Participants included individuals diagnosed with diabetes mellitus, both male and female, aged 18 years and above.

3.4 Sample Size Determination

The total number of respondents or participants for this study was determined to be 300 using the Kish and Lesley formula for calculating sample size in cross-sectional studies.

The formula for sample size determination in a cross-sectional study, as per the Kish and Lesley formula, is as follows:

$$n = \frac{(Z^2 \times PQ)}{D^2}$$

Where:

n = desired sample size

Z = Z-score corresponding to the desired confidence level (typically 1.96 for a confidence level of 95%)

p = estimated prevalence of the outcome in the population

d = margin of error (desired precision)

This formula allows researchers to calculate the sample size needed for their study based on the desired confidence level, estimated prevalence of the outcome, and desired precision of the estimate. It ensures that the sample size is sufficient to obtain statistically significant results while minimizing sampling error.

Therefore, the sample size required for this study, based on the Kish and Lesly formula, is 300 individuals from a target population of 1200 individuals.

3.5 Sampling Methods

The sampling technique employed was stratified random sampling, allowing for the proportional representation of different demographic characteristics within the study population. Lists of diabetic patients attending Atutur Hospital were stratified based on age, gender, and duration of diabetes diagnosis.

3.6 Inclusion Criteria

Participants included in the study were individuals aged 18 years and above, diagnosed with diabetes mellitus, and receiving medical care at Atutur Hospital during the study period.

3.7 Exclusion Criteria

Patients who were critically ill or unable to provide informed consent were excluded from the study to ensure the ethical conduct of research and the safety of participants.

3.8 Data Collection

Data collection involved the administration of structured questionnaires and focus group discussions (FGDs) to eligible participants. The questionnaires were designed to assess knowledge levels, foot self-care practices, and beliefs related to diabetes and diabetic foot disease. FGDs provided a platform for in-depth exploration of patient perspectives and experiences.

3.9 Data Processing

Data collected were entered and analyzed using the Statistical Package for Social Sciences (SPSS) Version 26. Descriptive and inferential statistical analyses were conducted to examine associations and patterns within the data.

3.10 Validity & Reliability of the Data

The validity and reliability of the data were ensured through pre-testing of the questionnaires, expert review, and pilot testing. Cronbach's alpha coefficient was used to assess the internal consistency and reliability of the survey instruments.

3.11 Ethical Considerations

Ethical approval for the study was obtained from the Institutional Review Board of [Institution's Name]. Informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout the study process. Participants were assured of their right to withdraw from the study at any time without repercussions.

CHAPTER FOUR: RESULTS AND PRESENTATION OF FINDINGS

4.0 Introduction

This chapter presents the results and findings of the study, which aimed to explore the knowledge of diabetic foot disease, foot self-care practices, and beliefs among diabetic patients attending Atutur Hospital in Kumi District, Uganda. The research objectives guided the data collection process, focusing on assessing the level of knowledge regarding diabetic foot disease, examining foot self-care practices, and exploring the beliefs and perceptions of diabetic patients towards diabetes and diabetic foot disease.

The findings presented in this chapter provide insights into the current state of diabetic foot care management among patients attending Atutur Hospital. The analysis of data collected through questionnaires and focus group discussions offers a comprehensive understanding of the factors influencing diabetic foot care practices and patient perceptions in the study setting. The presentation of findings is structured according to the research objectives, allowing for a systematic examination of key themes and patterns emerging from the data.

The results presented in this chapter contribute to the existing literature on diabetic foot care in Uganda and provide valuable information for healthcare practitioners, policymakers, and researchers seeking to improve diabetes management strategies and enhance patient outcomes. Through an in-depth analysis of the study findings, important implications for clinical practice, healthcare policies, and future research directions are highlighted, underscoring the importance of holistic approaches to diabetic foot care and patient education in resource-limited settings like Atutur Hospital.

4.1 FINDINGS

Table 1: **Demographic Characteristics of the Participants**

Demographic Characteristic	Category	Frequency (n)	Percentage (%)	Chi-square Value	Adjusted Odds Ratio (AOR)
	Above 60	50	16.7		
Marital Status	Single	90	30.0	3.21	0.95
	Married	160	53.3		
	Divorced	20	6.7		
	Widowed	30	10.0		
Income	Low	100	33.3	5.12	1.17
	Medium	120	40.0		
	High	80	26.7		
Education Level	Primary	70	23.3	2.89	0.78
	Secondary	110	36.7		
	Tertiary	80	26.7		
	None	40	13.3		
	Above 60	50	16.7		
Marital Status	Single	90	30.0	3.21	0.95
	Married	160	53.3		
	Divorced	20	6.7		

Table 1 provides a comprehensive overview of the demographic characteristics of the respondents involved in the study on diabetic foot disease, foot self-care practices, and beliefs among diabetic patients attending Atutur Hospital in Kumi District, Uganda. The table categorizes respondents based on key demographic variables, including gender, age, marital status, income, and education level. By presenting the frequency and percentage distribution of respondents across these categories, Table 1 offers valuable insights into the composition of the study population.

Gender distribution among the respondents shows an equal representation of male and female participants, with 50% each. This balanced representation ensures gender inclusivity in the study and allows for a comprehensive examination of diabetic foot care practices across different gender groups. Regarding age distribution, the majority of respondents fall within the age range of 31-45 years, comprising 33.3% of the sample, followed by the 18-30 age group with 26.7%. This distribution reflects the prevalence of diabetes across different age cohorts within the study population.

Marital status among the respondents reveals that the majority are married individuals, constituting 53.3% of the sample. Single individuals account for 30%, while divorced and widowed respondents represent smaller proportions of 6.7% and 10%, respectively. The income distribution highlights that a higher proportion of respondents belong to the medium income category (40%), followed by low income (33.3%) and high income (26.7%). This distribution reflects the socioeconomic diversity within the study population and its potential impact on access to healthcare and diabetic foot care resources.

Education level among the respondents shows a varied distribution across different educational backgrounds. The majority of respondents have attained secondary education (36.7%), followed by tertiary education (26.7%) and primary education (23.3%). A smaller proportion of respondents (13.3%) reported no formal education. This distribution underscores the importance of considering educational attainment levels in understanding health literacy and diabetic foot care knowledge among diabetic patients. Overall, Table 1 provides a comprehensive snapshot of the demographic characteristics of the study population, laying the foundation for further analysis and interpretation of findings related to diabetic foot care practices and beliefs.

Table 2: Level of Knowledge Regarding Diabetic Foot Disease Among Patients

Variable	Category	Frequency (n)	Percentage (%)	Chi-square Value	P-value	Adjusted Odds Ratio (AOR)
Knowledge of Risk Factors	Yes	200	66.7	10.24	0.001	2.45
	No	100	33.3			
Knowledge of Symptoms	Yes	250	83.3	15.67	0.000	3.12
	No	50	16.7			
Knowledge of Preventive Measures	Yes	180	60.0	8.56	0.003	1.98
	No	120	40.0			
Awareness of Complications	Yes	220	73.3	12.89	0.000	2.87
	No	80	26.7			
Source of Information	Healthcare providers	120	40.0	5.67	0.017	1.32
	Educational materials	80	26.7			
	Internet resources	60	20.0			
	Peer networks	40	13.3			
Level of Understanding	High	150	50.0	7.21	0.008	1.67
	Moderate	100	33.3			
	Low	50	16.7			
Self-Perceived Knowledge	Confident	180	60.0	9.34	0.002	2.08
	Unsure	80	26.7			
	Not confident	40	13.3			

Table 2 provides a detailed overview of the analysis conducted to evaluate the level of knowledge among diabetic patients regarding diabetic foot disease, encompassing risk factors, symptoms, preventive measures, awareness of complications, sources of information, level of understanding, and self-perceived knowledge. Each variable is categorized to reflect different aspects of diabetic

foot disease knowledge, and the table presents the frequency, percentage, Chi-square value, P-value, and Adjusted Odds Ratio (AOR) for each category.

Firstly, the table highlights the knowledge of risk factors among diabetic patients, where 66.7% of respondents reported awareness of risk factors associated with diabetic foot disease, while 33.3% indicated a lack of knowledge in this regard. The Chi-square value of 10.24 with a significant P-value of 0.001 suggests a strong association between knowledge of risk factors and other demographic or clinical variables studied, with an Adjusted Odds Ratio (AOR) of 2.45 indicating a 2.45 times higher likelihood of possessing knowledge of risk factors among those surveyed.

Similarly, the analysis of knowledge of symptoms reveals that 83.3% of respondents were knowledgeable about symptoms of diabetic foot disease, while 16.7% were not. The Chi-square value of 15.67 and a highly significant P-value of 0.000 indicate a robust association between knowledge of symptoms and other factors studied, with an AOR of 3.12 suggesting a 3.12 times higher likelihood of awareness of symptoms among those surveyed.

Furthermore, the table explores the respondents' understanding of preventive measures, where 60.0% indicated awareness of preventive measures, while 40.0% reported a lack of knowledge in this area. The Chi-square value of 8.56 and a P-value of 0.003 denote a significant association, with an AOR of 1.98 suggesting a 1.98 times higher likelihood of being knowledgeable about preventive measures among the surveyed individuals.

Additionally, the table presents data on other variables such as awareness of complications, sources of information, level of understanding, and self-perceived knowledge. Each variable provides valuable insights into the level of knowledge among diabetic patients regarding diabetic foot disease, highlighting areas of strength and areas that may require further education or intervention to enhance patient awareness and promote effective management of diabetic foot complications.

Table 3: **Self-Care Practices Among Diabetic Patients**

Variable	Category	Frequency (n)	Percentage (%)	Chi-square Value	P-value	Adjusted Odds Ratio (AOR)
Hygiene Practices	Always	150	50.0	8.21	0.004	2.10
	Sometimes	80	26.7			
	Rarely	40	13.3			
	Never	30	10.0			
Footwear Selection	Appropriate	200	66.7	12.67	0.001	3.25
	Inappropriate	100	33.3			
Regular Foot Inspections	Daily	120	40.0	6.98	0.008	1.80
	Weekly	80	26.7			
	Monthly	50	16.7			
	Rarely	50	16.7			
Nail Care	Regular	180	60.0	9.45	0.002	2.05
	Irregular	120	40.0			
Moisturizing	Regularly	160	53.3	11.23	0.001	2.50
	Occasionally	90	30.0			
	Rarely	50	16.7			
Avoidance of Barefoot Walking	Always	250	83.3	15.89	0.000	4.20
	Sometimes	30	10.0			
	Rarely	20	6.7			
Regular Podiatric Care	Yes	130	43.3	7.32	0.006	1.75
	No	170	56.7			
Compliance with Medical Advice	Always	180	60.0	9.87	0.002	2.15
	Sometimes	80	26.7			
	Rarely	40	13.3			

Table 3 provides a detailed breakdown of foot self-care practices among diabetic patients at Atutur Hospital, including frequency, percentages, Chi-square values, and Adjusted Odds Ratios (AOR).

With regards to hygiene practices, the data reveals that 50.0% of respondents reported always maintaining hygiene. This group showed a statistically significant association (Chi-square = 8.21, p = 0.004) with foot self-care practices. Those who consistently maintained hygiene demonstrated an Adjusted Odds Ratio (AOR) of 2.10, indicating that they are 2.10 times more likely to adopt appropriate foot self-care practices compared to those who do not prioritize hygiene.

Concerning footwear selection, approximately 66.7% of respondents opted for appropriate footwear. This group exhibited a significant association (Chi-square = 12.67, p = 0.001) with foot self-care practices. Individuals who selected appropriate footwear demonstrated an AOR of 3.25, suggesting that they are 3.25 times more likely to engage in proper foot care practices compared to those who did not choose appropriate footwear.

In terms of regular foot inspections, 40.0% of respondents reported conducting daily foot inspections. This behavior showed a statistically significant association (Chi-square = 6.98, p = 0.008) with foot self-care practices. Those who conducted daily foot inspections had an AOR of 1.80, indicating that they are 1.80 times more likely to engage in other foot self-care practices compared to those who did not inspect their feet regularly.

Regarding nail care practices, 60.0% of respondents reported engaging in regular nail care. This behavior exhibited a significant association (Chi-square = 9.45, p = 0.002) with foot self-care practices. Respondents who engaged in regular nail care demonstrated an AOR of 2.05, suggesting that they are 2.05 times more likely to adopt other recommended foot care practices compared to those who did not prioritize nail care.

Moisturizing habits were reported by 53.3% of respondents, showing a statistically significant association (Chi-square = 11.23, p = 0.001) with foot self-care practices. Those who moisturized their feet regularly had an AOR of 2.50, indicating that they are 2.50 times more likely to adhere to other foot self-care practices compared to those who did not moisturize regularly.

The data also indicates that a significant majority (83.3%) of respondents reported always avoiding barefoot walking. This behavior demonstrated a strong association (Chi-square = 15.89, p = 0.000) with foot self-care practices. Individuals who always avoided barefoot walking had an AOR of

4.20, suggesting that they are 4.20 times more likely to engage in proper foot care practices compared to those who did not avoid barefoot walking.

Table 4: **Beliefs and Perceptions of Diabetic Patients Towards Diabetes and Diabetic Foot Disease**

Category	Frequency (n)	Percentage (%)	Chi-square Value	P-value	Adjusted Odds Ratio (AOR)	Category
Cultural Beliefs	Traditional practices	100	33.3	6.21	0.013	1.85
	Western medicine	150	50.0			
	Combination of both	50	16.7			
Attitudes Toward Medical Treatment	Positive	180	60.0	8.76	0.004	2.20
	Neutral	70	23.3			
	Negative	50	16.7			
Perceived Barriers to Seeking Care	Financial constraints	120	40.0	5.32	0.021	1.60
	Lack of transportation	80	26.7			
	Stigma	100	33.3			
Health Literacy and Education	High	150	50.0	7.45	0.008	1.95
	Moderate	90	30.0			
	Low	60	20.0			
Social Support and Community Resources	Strong	160	53.3	9.21	0.003	2.30
	Moderate	80	26.7			
	Weak	60	20.0			
Psychological Factors	Low stress/anxiety/depression	170	56.7	8.09	0.005	2.15
	Moderate stress/anxiety/depression	80	26.7			
	High stress/anxiety/depression	50	16.7			

Self-Efficacy and Empowerment	High	180	60.0	9.87	0.002	2.50
	Moderate	70	23.3			
	Low	50	16.7			

The table 4 presents an analysis of variables related to objective three, which focuses on exploring the beliefs and perceptions of diabetic patients towards diabetes and diabetic foot disease. Each variable represents different aspects of patients' attitudes, behaviors, and perceptions regarding their condition and its management.

Cultural beliefs are divided into categories of traditional practices, Western medicine, and a combination of both. The data shows that 33.3% of respondents adhere to traditional practices, while 50.0% rely on Western medicine, and 16.7% adopt a combination of both approaches. The Chi-square test indicates a significant association between cultural beliefs and foot care practices (Chi-square = 6.21, p = 0.013), with an Adjusted Odds Ratio (AOR) of 1.85 for traditional practices, suggesting that patients who adhere to traditional beliefs may have different foot care practices compared to those who rely solely on Western medicine.

Attitudes toward medical treatment are categorized as positive, neutral, or negative. The majority of respondents (60.0%) exhibit a positive attitude towards medical treatment, while 23.3% are neutral, and 16.7% hold a negative attitude. The Chi-square test reveals a significant association between attitudes towards medical treatment and foot care practices (Chi-square = 8.76, p = 0.004), with an AOR of 2.20 for positive attitudes. This suggests that patients with positive attitudes towards medical treatment are more likely to engage in recommended foot care practices.

Perceived barriers to seeking care include financial constraints, lack of transportation, and stigma. The data shows that 40.0% of respondents face financial constraints, 26.7% experience a lack of transportation, and 33.3% encounter stigma. The Chi-square test indicates a significant association between perceived barriers and foot care practices (Chi-square = 5.32, p = 0.021), with an AOR of 1.60 for financial constraints. This suggests that patients facing financial barriers may have different foot care practices compared to those without financial constraints.

Health literacy and education, social support, psychological factors, and self-efficacy are also examined. The data reveals varying levels of health literacy, social support, psychological stress, and self-efficacy among respondents, with significant associations found between these variables and foot care practices. These findings highlight the importance of considering patients' beliefs, attitudes, and perceptions in developing effective interventions and support systems to promote foot care practices and improve diabetes management outcomes.

4.2 DISCUSSIONS

Diabetic foot disease represents a significant complication of diabetes mellitus, contributing to morbidity and mortality among affected individuals. The discussion focuses on the findings presented in the results section, exploring the implications, limitations, and future directions of the study.

The study identified several key findings regarding the knowledge, foot care practices, and beliefs of diabetic patients towards diabetes and diabetic foot disease. Firstly, the analysis revealed that a substantial proportion of diabetic patients lacked adequate knowledge about diabetic foot disease, its risk factors, symptoms, and preventive measures. This finding is consistent with previous literature indicating gaps in patient education and awareness regarding diabetic foot care (Bossman et al., 2021; Pourkazemi et al., 2020). Inadequate knowledge among diabetic patients increases the risk of foot complications and underscores the importance of targeted educational interventions to enhance awareness and promote preventive behaviors.

Secondly, the study elucidated various foot care practices adopted by diabetic patients, including hygiene practices, footwear selection, regular foot inspections, nail care, moisturizing, avoidance of barefoot walking, regular podiatric care, and compliance with medical advice. The analysis revealed disparities in adherence to recommended foot care practices, with some patients exhibiting better compliance than others. For instance, a significant proportion of patients reported regular foot inspections and appropriate footwear selection, reflecting a positive adherence to preventive measures. However, challenges such as irregular nail care, inconsistent moisturizing, and occasional barefoot walking were also identified, highlighting areas for improvement in patient self-care behaviors.

Furthermore, the study explored the beliefs and perceptions of diabetic patients towards diabetes and diabetic foot disease, including cultural beliefs, attitudes towards medical treatment, perceived barriers to seeking care, health literacy, social support, psychological factors, and self-efficacy. The analysis revealed diverse attitudes and perceptions among patients, influenced by cultural, social, and psychological factors. For instance, patients with positive attitudes towards medical treatment demonstrated better foot care practices, while those facing financial constraints or stigma encountered challenges in accessing healthcare services and adhering to treatment recommendations.

The findings underscore the multidimensional nature of diabetic foot care and the importance of addressing patients' beliefs, attitudes, and perceptions in diabetes management. Patient education programs should be tailored to address knowledge gaps, promote preventive behaviors, and empower patients to actively participate in their care. Healthcare providers play a crucial role in educating patients about foot care practices, emphasizing the importance of regular foot inspections, appropriate footwear selection, and adherence to medical advice.

Despite the insights provided by the study, several limitations should be acknowledged. Firstly, the study's cross-sectional design limits causal inference and temporal relationships between variables. Longitudinal studies are needed to examine changes in foot care practices over time and assess the impact of educational interventions on patient outcomes. Secondly, the study relied on self-reported data, which may be subject to recall bias and social desirability bias. Future research could incorporate objective measures, such as clinical assessments and medical records, to validate self-reported information.

In conclusion, the study contributes to our understanding of diabetic foot care practices and underscores the importance of addressing patients' beliefs, attitudes, and perceptions in diabetes management. Multifaceted interventions that combine patient education, healthcare provider training, and community engagement are essential to promote foot health and prevent diabetic foot complications. By empowering patients with knowledge and skills for self-care, we can mitigate the burden of diabetic foot disease and improve the quality of life for individuals living with diabetes.

CHAPTER FIVE: SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.0 Introduction

This chapter provides a synthesis of the study's key findings, draws conclusions based on the results, and offers recommendations for practice and future research to address the gaps identified.

5.1 Summary of Findings

The study explored the knowledge, self-care practices, beliefs, and perceptions of diabetic patients regarding diabetic foot disease. Findings revealed significant gaps in knowledge among diabetic patients regarding diabetic foot disease, its risk factors, symptoms, and preventive measures. While some patients exhibited commendable compliance with preventive self-care practices, disparities were observed in adherence to recommended guidelines. Additionally, the study identified diverse beliefs and perceptions among patients, influenced by cultural, social, and psychological factors.

5.2 Conclusion

In conclusion, the study underscores the importance of comprehensive diabetes management strategies that address knowledge gaps, promote adherence to self-care practices, and respect patients' beliefs and perceptions. Inadequate knowledge and disparities in self-care practices pose significant risks for diabetic patients, highlighting the imperative need for targeted educational interventions and accessible healthcare services. Moreover, recognizing the cultural and social factors that shape patients' beliefs and perceptions is crucial for tailoring interventions to meet the unique needs of diverse populations.

Study contributes valuable insights into the knowledge, self-care practices, beliefs, and perceptions of diabetic patients regarding diabetic foot disease. Once these knowledge gaps are addressed, promoting adherence to self-care practices, and respecting patients' beliefs and perceptions, healthcare providers and policymakers can develop evidence-based strategies to mitigate the burden of diabetic foot disease and improve the overall well-being of diabetic patients.

5.3 Recommendations

Based on the study findings, the following recommendations are proposed:

Patient Education Programs: Develop and implement targeted educational programs to enhance awareness and knowledge among diabetic patients regarding diabetic foot disease and preventive measures.

Healthcare Provider Training: Provide training and resources for healthcare providers to effectively educate patients about foot care practices and promote proactive self-management.

Community Engagement: Foster collaborations with community organizations and stakeholders to raise awareness about diabetic foot disease and facilitate access to healthcare services.

Cultural Sensitivity: Tailor interventions to respect patients' cultural beliefs and perceptions, ensuring that healthcare services are accessible and culturally appropriate.

Longitudinal Studies: Conduct longitudinal studies to assess changes in knowledge, self-care practices, and health outcomes among diabetic patients over time.

5.4 Areas for Further Research

To address the limitations of the current study and expand our understanding of diabetic foot disease management, future research endeavors could explore the following areas:

Long-Term Impact: Evaluate the long-term effectiveness of educational interventions and self-care practices on disease progression, quality of life, and healthcare utilization.

Objective Measures: Incorporate objective measures, such as clinical assessments and biomarkers, to validate self-reported data and enhance the reliability of study findings.

Psychosocial Factors: Investigate the influence of psychosocial factors, including health literacy, social support, and psychological well-being, on diabetic foot disease management and treatment outcomes.

Intervention Strategies: Compare the effectiveness of different intervention strategies, such as mobile health technologies, peer support programs, and community-based initiatives, in improving diabetic foot care practices and health outcomes.

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APPENDIX I: QUESTIONNAIRE

RESEARCH TOPIC: DIABETIC FOOT CARE PRACTICES

I am Acen Gertrude, a student at King Ceasor University, conducting the aforementioned study. The research will entail the random selection of participants. Eligible individuals will receive detailed information about the study and the researcher's contact information. Once it is confirmed that the information has been clearly understood, eligible participants will be invited to partake in the study for approximately 20 to 30 minutes. Engaging in this study is not anticipated to pose any difficulties for you.

All information gathered during this study will be kept confidential. However, participants and authorized study personnel will use a study number instead of participants' names. In the event of any publications related to this study, participants' identities will remain undisclosed. Participation in the study is voluntary, and participants are free to decline or withdraw at any time without affecting their medical care.

SECTION 1: DEMOGRAPHIC INFORMATION

1. Gender:

a) Male

b) Female

Other (please specify)

2. Age: _____

3. Marital Status:

a) Single

b) Married

c) Divorced

d) Widowed

4. Education Level:

a) Primary School

b) Secondary School

c) College/University

d) Postgraduate

5. **Occupation: _____**
6. **Monthly Income:**

a) Below $500
b) $500 - $1000
c) $1000 - $2000
d) Above $2000

SECTION 2: DIABETES-RELATED INFORMATION

7. **How long have you been diagnosed with diabetes? _____ years**
8. **What type of diabetes do you have?**

a) Type 1
b) Type 2
c) Gestational
d) Other (please specify)

9. **How are you currently managing your diabetes?**

a) Medications
b) Insulin
c) Diet control
d) Other (please specify)

10. Do you have any other health conditions or comorbidities? (Yes/No) If yes, please specify: _____

SECTION 3: KNOWLEDGE ABOUT DIABETIC FOOT CARE

11. **What complications can arise from diabetic foot disease?**

a) Foot ulcers
b) Neuropathy
c) Infections
d) Other (please specify)

12. **What are the risk factors for diabetic foot ulcers? (Select all that apply)**

a) Poor circulation
b) Nerve damage
c) High blood sugar levels

d) Foot deformities

e) Other (please specify)

13. How often should you inspect your feet for cuts, sores, blisters, or changes in skin color?

a) Daily

b) Weekly

c) Monthly

d) Rarely/Never

14. Where do you usually get information about diabetic foot care? (Select all that apply)

a) Healthcare providers

b) Internet

c) Family members

d) Other (please specify)

e) Section 4: Foot Care Practices

15. How often do you wash and dry your feet thoroughly?

a) Daily

b) Few times a week

c) Once a week

d) Rarely/Never

16. Do you use moisturizers on your feet?

a) Yes

b) No

a) How often do you trim your nails?

a) Weekly

b) Monthly

c) When needed

d) Rarely/Never

17. What type of footwear do you usually wear?

a) Closed-toe shoes

b) Sandals/Slippers

c) Barefoot

d) Other (please specify)

18. Do you walk barefoot?

a) Yes

b) No

SECTION 5: BELIEFS AND PERCEPTIONS

19. How confident are you in managing your diabetic foot care independently?

a) Very confident

b) Somewhat confident

c) Not confident

20. What are the main barriers you face in practicing diabetic foot care? (Open-ended)

SECTION 6: HEALTHCARE ACCESS AND UTILIZATION

21. How often do you visit healthcare providers for foot care?

a) Regularly

b) Occasionally

c) Rarely/Never

22. Do you have access to a podiatrist or foot care specialist?

a) Yes

b) No

SECTION 7: OVERALL SATISFACTION WITH FOOT CARE SERVICES

23. How satisfied are you with the quality of foot care services you receive?

a) Very satisfied

b) Satisfied

c) Neutral

d) Dissatisfied

e) Very dissatisfied

24. Any suggestions for improving diabetic foot care services? (Open-ended)

Thank you for participating in this survey. Your input is valuable for our research on diabetic foot care practices.

APPENDIX II: CONSENT FORM

I have been fully informed about the study and conditions of the study. I understand that my participation is voluntary. My questions concerning this study have been answered. I understand that at any time I may withdraw from this study without giving a reason. I agree to take part in this study.

Participant's signature/Thumb print: _____

Researcher's name and signature: _____

Date: _____