UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

KNOWLEDGE AND PRACTICES OF PRIMARY CARE GIVERS REGARDING CARE OF DIABETICS AT HOME

A REASERCH PROPOSAL PRESENTED TO THE FACULTY OF NURSING IN PARTIAL FULFILMEMT OF BACHELORS OF SCIENCE DEGREE IN NURSING

PRESENTED BY MISS WAKHONDERACHI TEMWEKA NYIRENDA

SUPERVISED BY MRS M. PINDANI

(LECTURER IN COMMUNITY NURSING)

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DECLARALATION

I declare that all ideas that are composed in this research proposal on knowledge and practices of primary care givers regarding care of diabetics at home are out of my own initiative. This proposal has not been submitted anywhere else for academic purposes.

Name of candidate: Wakhonderachi Temweka Nyirenda

Signature: D Nyirenda

Date: 28th June 2010

Name of research supervisor: MRS. M. Pindani

Signature: MPindani

Date: 29th June 2010

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May His name be glorified.

ABSTRACT

This study is about knowledge and practices of primary care givers in regards to care of diabetics at home. The objectives of the study are to:

- Assess the level of knowledge of primary care givers on care of diabetic clients at home
- Identify the type of care given by the primary care givers at home
- Explore perceptions of primary care givers on care of diabetics at home and
- Explore challenges faced by primary care when providing care to diabetics.

The study will be qualitative in nature. In depth interviews using an interview guide will be conducted on 15 primary care givers who will escort their diabetes clients at Kamuzu Central Hospital (K. C.H.) diabetes clinic. Before data collection, a pilot study will be conducted at Queen Elizabeth central hospital (Q. E. C .H) diabetes clinic. Data will be analysed manually and category scheme will be used to come up with the main themes from the primary care givers knowledge and practices. Ethical considerations will be adhered to in order to ensure fair treatment of participants and also to avoid any form of harm to the participants.

LIST OF ACRONYMS

ADL: Activities of Daily Living

GDM: Gestational Diabetes Mellitus

IDDM: Insulin Dependent Diabetes Mellitus

KCH: Kamuzu Central Hospital

KCN: Kamuzu College of nursing

NIDDM: Non Insulin Dependent Diabetes Mellitus

PCG: Primary Care Givers

QECH: Queen Elizabeth Central Hospital

RPC: Research and Publications Committee

DEFINITION OF TERMS

Care

Care can be defined as the work of providing treatment for or attending to someone or something (wordnetweb.princeton.edu/perl/webwn)

Diabetes

Diabetes is a condition in which the body either cannot produce insulin or cannot effectively use the insulin it produces, this results to increased levels of glucose in the body (Day, Paul, Williams, Smeltezer & Bare, 2007).

Primary care givers

Primary care givers are friends, family and neighbours that provide significant levels of care to people that need help to live an independent life in their own homes (Melanie, 2001).

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CHAPTER ONE: OVERVIEW OF THE STUDY

1.1 Introduction

Diabetes is a global problem (Editorial, the lancet, May, 2009). Four fifths of all patients with diabetes live in developing countries including Malawi. The country with the highest prevalence is the Micronesian island of Nauru, where 31% of its 14000 inhabitants have diabetes (the USA has a prevalence of 9%) (Editorial, the lancet, May, 2009). Six of ten countries with the highest rates of diabetes are in the eastern Mediterranean and Middle East region (United Arab Emirates, Saudi Arabia, Bahrain, Kuwait, Oman, and Egypt). Across Africa, the Middle East and south and Central America, the prevalence of diabetes is estimated to rise by 80% over the next 15 years (Editorial, the lancet, May, 2009).

Rosalyn carter said it best: "there are only four kinds of people in the world- those who have been caregivers, those who are currently caregivers, those who will be caregivers and those who will need caregivers (Mintz, 2007)." Caregivers are needed for family members of all ages, in particular for diabetic patients. With appropriate information and support, family care givers can help their loved ones across the lifespan (Mintz, 2007).

Family care giving is the act of assisting someone you care about who is chronically ill of disabled and who is no longer able to care for themselves (Mintz, 2007). Interventions in family care giving includes, assisting clients to meet their basic needs and providing direct care such as personal hygiene, meal preparation, medication administration and treatments. Therefore, it is essential to work with the family in the provision of care to an individual client who has diabetes (Stanhope, & Lancaster, 2007).

Caring for diabetic clients at home is a demanding responsibility. A study on the knowledge and practices of primary care givers regarding care of diabetics at home is essential in such a way that it will give information on how the carers go about their day to day management of diabetic clients at home. This will help health care providers develop better strategies on the care at home, so that the care burden is reduced and the care outcomes are improved.

1.2 Background

Diabetes mellitus is defined as a metabolic disorder of multiple aetiology (Alexander, Fawcett, & Runciman, 2006), it is characterized by chronic hyperglycaemia with disturbances of carbohydrate protein and fat metabolism which results from defects in insulin secretion, insulin action or both (world health organization, 1999). The four cardinal signs of diabetes are excessive urination (polyuria), excessive thirst (polydipsia), excessive hunger (polyphagia) and weight loss. There are several different types of diabetes mellitus; they may differ in cause, clinical course and treatment, the major classification of diabetes are as follows:

- Type I: Insulin dependent diabetes mellitus (IDDM).
- Type II: non insulin dependent diabetes mellitus (NIDDM).
- Diabetes mellitus associated with other conditions or syndromes.
- Gestational diabetes mellitus (GDM) (Smeltzer, Bare, Hinkle & Cheever, 2008)

The effects of diabetes can be severe but in general the strict the control over blood glucose, the milder those effects tend to be (Sizer & Whitney, 2008). Diabetes is one of the causes of death among people in developed and developing countries (Smeltzer, Bare, Hinkle, & Cheever, 2008). In US from 1980 through 2002, the number of Americans with diabetes more than doubled. It is estimated that almost 21 million people in the US have diabetes, although almost one third of these cases are undiagnosed (centre for disease control and prevention (CDC) 2005). In 2000, the worldwide estimate of the prevalence of diabetes was 171 million people, and by 2030, this is expected to increase to 366 million (Smeltzer, Bare, Hinkle & Cheever, 2008).

In south Africa, approximately 2 million people have diabetes, this figure is expected to double in the next two decades, this shows that the prevalence of diabetes worldwide is reaching epidemic proportions with more than 150 million people affected (Stellenberg & Bruce, Eds, 2007).

Diabetes mellitus is a significant chronic disabling condition (Stanhope, &Lancaster, 2004), as such diabetic clients require home care which is mostly rendered by primary care givers (PCGs).

Diabetes cannot be cured. However it can be controlled if the condition is reported and detected early for intervention. The main goal of diabetes treatment is to normalize insulin activity and blood glucose levels in order to reduce the development of vascular and neuropathy complications (Smeltzer, Bare, Hinkle, & Cheever, 2008)

Diabetes has far reaching and devastating physical, social and economic consequences, including the following:

- Diabetes is the main leading cause of blindness,
- It is responsible for nontraumatic amputations in the United States,
- Twenty five percent of patients on dialysis have diabetes,
- Diabetes is the third leading cause of death by disease, mostly because of the high rate of coronary artery disease among people with diabetes,
- Severe and life threatening complications often contribute to increased rates of hospitalization (Smeltzer, Bare, Hinkle & Cheever, 2008).

Diabetes self management has been estimated to be seen as over 98% the patient's own responsibility (Anderson & Funnel, 2002). This is an enormous demand, not only on the persons with diabetes, but also on the individuals' family. One of the purposes of diabetes education is to impart knowledge and skills that enable the person with diabetes to make informed decisions about how they are going to lead their life with diabetes. However, there are other determinants of behaviours which can influence behavioural choices. These include health beliefs, locus of control, self efficacy, behavioural intentions, quality of life and emotional adjustment (Alexander, Fawcett, & Runciman, 2006).

This is why diabetes management requires a multidisplinary approach. For those patients who are not acutely ill at the time of diagnosis, management may be provided entirely within the community setting (Alexander, Fawcett, & Runciman, 2006). In particular, Malawi as one of the developing countries is faced with many pressing health issues, especially communicable diseases, which mean that non communicable diseases are poorly understood and underpriotised by the government (Editorial, the lancet, 2009). Few diabetes drugs feature on essential drugs list, and those that have access to insulin often store it at a central location, for instance at central hospitals, beyond the reach of the majority (Editorial, the lancet,2009).

This shows that primary care givers have a great role to play in order to control glucose levels of diabetics at home with the few resources available.

1.3 Problem statement

Diabetes is an increasing problem even in tropical, rural areas (Eddleston, Davidson, Brent, & Wilkinson, 2008). The complications of diabetes can be devastating but simple measures, such as lifestyle modification can reduce the complications. In Malawi, health information management system indicates that many people who are on diabetes treatment are not able to control their blood glucose to normal ranges, though on medications. This puts them at a risk of developing complications such as stroke, blindness, renal failure and diabetic foot. Diabetes is a chronic condition and the very nature of diabetes, with its attendant rules and restrictions, may allow the disorder to be used by family members or the patient as a means of manipulation. This may affect the family relationships and also affect the diabetic clients psychologically, hence causing them not to comply with treatment. Family members have a significant role to play in order to support and encourage diabetic clients to comply with diabetes treatment at home.

During my clinical practice as a student nurse at one of the diabetes clinics in Malawi, it showed that primary care givers are much involved in the care of diabetics at home although they showed to have poorly understood the condition of their relatives and how to properly care for them so that their blood glucose levels are always controlled at recommended levels. As such this experience has prompted the researcher to investigate how much knowledge the primary care givers have and what practices they conduct at home as they care for their relatives who are diabetic.

1.4 Significance of the study

The findings of this study will assist health professionals to develop proper strategies on how to address issues of home management of diabetic clients by primary care givers so that diabetic clients comply with the treatment. This will improve the quality of life of diabetic clients and also prevent the development of diabetes complications.

The findings will also help to empower the primary care givers on their role in providing the care so that they take full participation, with proper knowledge and skills, which will ensure that diabetic clients get quality care. To the diabetic clients, the findings will enhance stability because they will be able to enjoy good support from their families, this will make them adopt recommended health maintenance behaviours hence be able to control their blood glucose.

1.5 Objectives of the study

1.5.1 Broad objective

To assess the knowledge and practices of primary care givers regarding care of diabetic clients at home.

1.5.2 Specific objectives

- To assess the level of knowledge of primary care givers on care of diabetic clients at home.
- To identify the type of care given by the primary care givers at home.
- To explore perceptions of primary care givers on care of diabetics at home.
- To explore challenges faced by primary care when providing care to diabetics.

1.6 Conclusion

All in all, this study will aim at exploring the knowledge and practices of primary care givers regarding care of diabetics at home so that health providers together with primary care givers can work together on how best they can render home care to diabetics. The next chapter concerns some literature in relation to the proposal.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Literature review is a summary and critical evaluation of previous research and theory relevant to the problem at hand (Polgar & Thomas, 2000). The review helps to identify gaps in the studies already done in which the current study will focus. It also helps the researcher to gain a broad background or understanding of the information that is available related to the research problem of interest. For this study, the literature will focus on the global prevalence of diabetes, diabetes in sub Saharan Africa, roles of primary care givers regarding care of diabetics at home and studies done elsewhere in relation to knowledge and practices of primary care givers regarding care of diabetics at home.

2.2 Global prevalence of diabetes

According to the world health organization (2006), at least 171 million people worldwide suffered from diabetes by 2006. Its incidence is increasing rapidly and it is estimated that by the year 2030 this number will double (Wild, Roglic, Green, Sicree & King, 2004). The prevalence of diabetes is higher in men than women, but there are more women with diabetes than men. Diabetes occurs throughout the world but is more common (especially type two) in the more developed countries. The greatest increase in prevalence is however expected to occur in Asia and Africa, where most patients will likely be found by 2030 (Stretch, & Whitehouse, 2007). For instance, in the African region, in 2000 there were 7,020,000 diabetes clients and by 2030 it is projected that Africa will have 18,234,000 diabetes clients. In Malawi, in the year 2000 there were 55,000 diabetes clients and by 2030, it is projected that Malawi will have 118,000 diabetes clients. The most important demographic change of diabetes prevalence across the world appears to be the increase in the proportion of people above 65 years of age (Wild, Roglic, Green, Sicree & King, 2004). The increase in the incidence of diabetes in developing countries follows the trend of urbanization and life style changes perhaps most importantly a "western-style" diet (Stretch, & Whitehouse, 2007).

2.3 Diabetes in sub Saharan Africa

The increasing numbers of people with type 2 diabetes is a worldwide concern. It presents an added challenge in Sub Saharan Africa, where diabetes must compete for resources with communicable diseases. A scarcity of financial resources and appropriate staff mean that many people with type2 diabetes have complications and that those with type 1 diabetes have an extremely short life expectancy whether or not they have been diagnosed with the disorder (Beran & Yudkin, 2006)

2.4 Role of primary care givers of diabetes patients at home

Primary care givers refer to the family member who spends the most time caring for the parent or ill relative (Stephens, Townsend, & Martire, 2001).

The family plays an important role in the delivery of home care. The term family refers to a caregiver responsible for the clients well being (Stanhope, & Lancaster, 2008). The family plays an important role in both the development and management of disease or condition (Stanhope, & Lancaster, 2008).

Several illnesses have a family component that can be accounted for by either genetics or lifestyle patterns. These factors contribute to the biological risk for certain conditions. Patterns of cardiovascular disease, for example, can often be traced through several generations of a family. Such families are said to be at risk for cardiovascular disease. How or whether cardiovascular disease is found in a family is often influenced by the lifestyle of the family. Consistent research evidence supports the positive effects of diet, exercise and stress management on preventing or delaying cardiovascular disease. The development of hypertetion can be managed by following a low sodium diet, maintaining a normal weight, exercising regularly and employing effective stress management techniques such as meditation. Diabetes mellitus is another disease with a strong genetic pattern, and the family plays a major role in the management of the condition (Stanhope, & Lancaster, 2008).

2.5 Studies done in relation to diabetes home care

In a study on how much do diabetes patients know about diabetes mellitus and its complications done in the year 2002 by Tham, Ong, Tan & How in Singapore, reported that there were 95 diabetics and 91 non- diabetics surveyed, with no difference in the mean age or the proportion of men. There was no difference between the diabetics mean score of 29.2/43 (68.1%) and the non diabetics 28.3/43 (65.9%). The younger diabetics tended to score higher with those less than 54.99 years obtaining the highest score of 34.2/43 (79.5%) in the study.

More than 50% of diabetics practiced what they knew of self care but 25% were ignorant of key aspects like need for home glucose monitoring and regular ophthalmic reviews. Only 21.2% diabetics performed home glucose monitoring though another 42.1% knew they should but were not doing it. The researchers concluded that knowledge of diabetes mellitus was similar between diabetics and non diabetics even though younger diabetics obtained higher scores. Diabetes education resulted in better informed diabetics and changed practices but 25% were ignorant of some key aspects. Among the informed diabetics, various issues need to be addressed to close the gaps between knowledge and practice (Tham, Ong, Tan & How, 2004).

This study will help the researcher understand the impact of diabetes education on the care practices of primary care givers of diabetics in Malawi.

In another study on the care of older persons with diabetes mellitus: families and primary care physicians done in USA by unknown author in 1996, it was found that 357 family members enrolled were older (mean age = 66.3yrs) were mostly women (76.2%) and were usually the spouses of diabetic clients 71.3%, between 22% and 50% of family members reported helping with various aspects of diabetes care; 35.6% of family members participated regularly in their diabetic clients medical encounters.

A multiple linear regression model relating family assistance with diabetes-related care to clients and family member characteristics included four variables: patients' physical function, and the family relationship to the patient, assistance with basic activities of daily living (ADLs) and understanding of diabetes management issues.

A multiple logistic regression model relating family member participation in the medical encounter to patient and family member characteristics also included four variables: patient age and physical function, and family member assistance with instrumental activities of daily living and with diabetes related care relationship.

The conclusion was that the family members studied frequently assisted older diabetics with diabetes specific care; more than one third were regular participants in older diabetics' medical encounters. Family member involvement in the day to day management of diabetes and in medical encounters more likely when patients were functionally disabled. Health care systems and physicians need to educate their older patients and involved family members when patients are frail, about diabetes – related care issues and support them in the management of diabetes as well as other chronic illnesses (Journal of American Geriatric Society, 1996).

This study will assist the researcher to explore how much the primary care givers of diabetics are involved in home care of diabetics and how they support them in the management of diabetes.

2.6 Conclusion

From the literature review, it is clear that although the physical, psychological, emotional and social consequences of care giving and its economic benefit to society are well recognised. In Malawi, care givers needs are often given low priority in the management of diabetics at home. However, with appropriate information and support, family care givers can help their loved ones across the lifespan. In the next chapter, the conceptual framework that will guide this study will be explained.

CHAPTER THREE: CONCEPTUAL FRAMEWORK

3.1 Introduction

In this study, the researcher will use the health care systems model by Betty Neuman to guide implementation of the study.

3.2 Neuman's health care systems model

A systems perspective supports recognition of complex whole while valuing the importance of the parts (George, 2002). The relationships between the parts and the interactions of the parts or the whole within the environment provide a mechanism for viewing the system-environment exchanges, which support the dynamic and constantly changing nature of the system (George, 2002).The Neumans systems models two major components are stress and the reaction to stress (George, 2002). The client in the Neuman's systems model is viewed as an open system in which repeated cycles of input, process, output and feedback constitute a dynamic organizational pattern. Using the systems perspective, the client may be an individual, a group, a family, a community, or any aggregate (George, 2002). In their development toward growth and survival, open systems continuously become more differentiated and elaborate or complex. As they become more complex, the internal conditions of regulation become more complex (George, 2002). Exchanges with the environment are reciprocal; both the client and the environment may be affected either positively or negatively by the other. The system may adjust to the environment or adjust the environment itself (George, 2002).Each system is greater than the sum of its parts, and wellness exists when the parts of the system interact in harmony with each other and with the systems environment (Allender, Spradley, 2005).

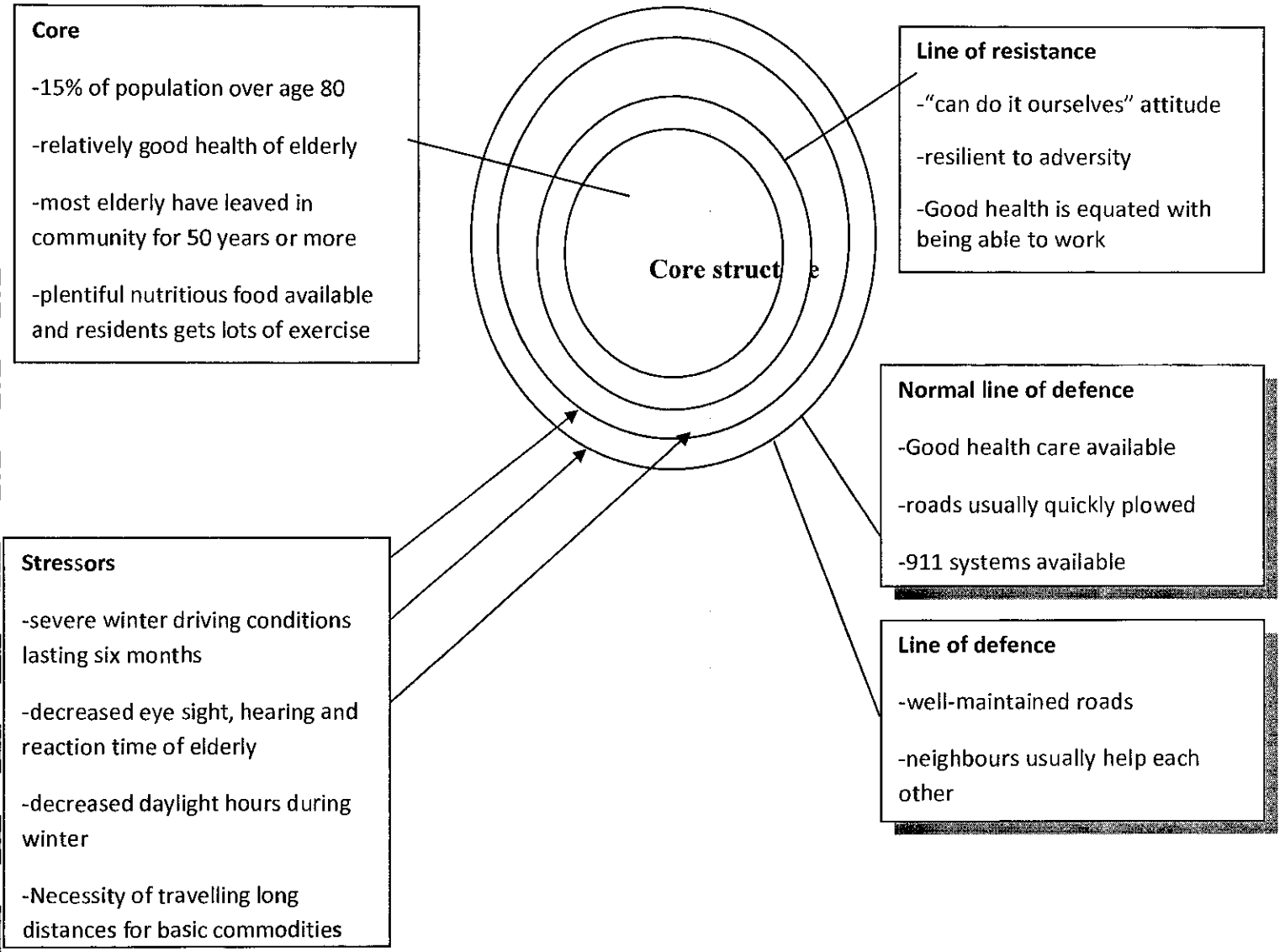

Fig 1 Neuman's health care systems model adapted in Allender and Spradley, 2005

3.2.0 Clients' variables

Four sets of variables, or influences, make up each systems "whole," these are physiologic, psychological, Sociolcultural, and developmental variables. Given these variables, each system has a unique response to stressors and to those tension producing stimuli that may cause disequilibrium or illness (Allender, Spradley, 2005). In Neuman's model, stressors can originate from the internal environment or the external environment. Examples of internal stressors include a high proportion of low income residents or family members, or an inadequate system of water purification. External stressors might include natural disasters, war or a downturn in global economy (Allender, Spradley, 2005). Each of the variables should be considered when assessing system reaction to stressors for each of the concentric circles in the model diagram.

3.2.1 Lines of resistance

The lines of resistance protect the basic structure and become activated when the normal line of defence is invaded by environmental stressors. An example of a response involving lines of resistance is the activation of the immune system mechanisms. If the lines of resistance are effective in their response, the system can reconstitute; if the lines of resistance are not effective, the resulting energy depletion may lead to death (George, 2002).

3.2.2 Normal line of defence

In terms of systems stability, the normal line of defence represents stability over time (George, 2002). It is considered to be the usual level of stability for the system or the normal wellness state and is used as the baseline for determining deviation from wellness for the client system. For the system, the normal line of defence changes over time as a result of coping with a variety of stressors (George, 2002).

3.2.3 Flexible line of defence

The flexible line of defence is represented in the model diagram as the outer boundary and initial response, or protection, of the system to stressors (George, 2002). The flexible line of defence serves as a cushion and is described as accordion like as it expands away from or contracts closer to the normal line of defence.

It protects the normal line of defence and acts as a buffer for the client systems usual stable state, ideally, the flexible line of defence prevents stressors from invading the system. As the distance between the flexible and normal lines of defence increases, so does the degree of protection available to the system (George, 2002).

3.2.4 Environment

Neuman defines environment as all the internal and external factors or influences that surround the client or clients system (George, 2002). The influence of the client on the environment and the environment on the client may be positive or negative at any time. Variation in both the client system and the environment can affect the direction of the reaction (George, 2002).

3.2.5 Stressors

Neuman defines stressors as stimuli that produce tensions and have the potential for causing systems instability (George, 2002). The system may need to deal with one or more stressors at any given time. It is important to identify the type, nature, and intensity of the stressor; the time of the systems encounter with the stressor; and the nature of the systems reaction to that encounter, including the amount of energy needed (George, 2002). The reaction may occur in one or more subsystems of the system. A reaction in one subsystem may, in turn affect the original stressor. Outcome may be positive with the potential for beneficial system changes that may be temporary or permanent. Stressors are present both within and outside of the system (George, 2002).

3.2.6 Health

Neuman define health as optimal system stability, or the optimal state of wellness at a given time (George, 2002). Health is seen as a continuum from wellness to illness. Health is also described as dynamic, with changing levels occurring within a normal range for the client system over time (George, 2002).

3.2.7 Prevention

Primary, secondary, and tertiary prevention as interventions are used to retain, attain, and maintain system balance (George, 2002). More than one prevention mode may be used simultaneously (George, 2002).

3.2.8 Reconstitution

Reconstitution begins at any point following initiation of treatment for invasion of stressors. Neuman defines reconstitution as the increase in energy that occurs in relation to the degree of the reaction to the stressor (George, 2002). Reconstitution may expand the normal line of defence beyond its previous level, stabilize the system at a lower level, or return it to the level that existed before the illness (George, 2002).

3.2.9 Nursing

Neuman also discusses nursing as part of the model (George, 2002). The major concern of nursing is to help the client system attain, maintain, or retain system stability. In supporting systems stability, the nurse provides the linkage between the client system, the environment, health, and nursing (George, 2002).

3.3 Application of this model

It is essential to work with the family in the provision of care to an individual diabetic client. Family care giving includes assisting clients to meet their needs and providing direct care such as personal hygiene, meal preparation, medication administration and treatments (Stanhope, & Lancaster, 2008).

3.3.0 Physiological variable

The physiological variable refers to the structure and functions of the body (George, 2002). The effect of diabetes can be severe, but in general, the strict the control over blood glucose, the milder those effects level to be (Stanhope, & Lancaster, 2008). Primary care givers may tire with rendering care to their diabetic clients because they are always making sure that their relatives are following the treatment regimen at all times.

3.3.1 Psychological variable

Mental processes and relationships of primary care givers are affected (George, 2002). If the family was previously stable, diabetes is unlikely to have an adverse effect on the family relationship (Alexander, Fawcett, & Runcimann, 2006). Indeed patients who enjoy support from their families show enhanced stability and are more likely to adapt to recommended health maintenance behaviours (Alexander, Fawcett, & Runcimann, 2006). Primary caregivers may be stressed due to the ill status of their relative and the financial constraints that are incurred when accessesing diabetes treatment.

3.3.2 Sociolcultural variable

These are functions that relate to social and cultural expectations and activities (George, 2002). Due to the burden posed by diabetes home management in most families can be rendered dysfunctional, as such it is important to assist such families in remaining stable within their environment of caring for the diabetic clients at home (Stanhope & Lancaster, 2008). Interaction with other people is impaired, support from other relations may be impaired as well, and sometimes the treatment may not be allowed culturally, their spiritual life may also be affected because primary care givers may not have enough time to interact with others.

3.3.3 Developmental variable

These are related to those processes related to development over the lifespan (George, 2002). Primary care givers may not be able to generate adequate financial and material resources for the development of their lives.

3.3.4 Economic variable

Economy is affected because a lot of money is used for medication, transport and food for special diet for their diabetes client. These costs may be nonreimbursible and are often invisible, but they are very real to families struggling to provide care on a fixed income (Allender, Spradley, 2005).

3.4 Conclusion

Neumans system model is a wellness oriented model in which the nurse uses strength and resources to keep the system stable while adjusting to stress reactions that lead to health change and wellness. In other words it focuses on family wellness in the face of change (Stanhope & Lancaster, 2007).

It is therefore important to remember that families as systems are made up of many parts and are influenced by many variables (Allender, Spradley, 2005). This study will help to design nursing actions that will encourage family members develop coping mechanisms and help them use collective abilities in adapting to challenges they encounter when caring for diabetics at home. The next chapter is about the study methodology.

CHAPTER FOUR: METHODOLOGY

4.1 Introduction

Methodology describes the overall approach taken in a piece of research (Sim & Wright, 2000). In particular, it refers to the general principles of investigation that guide a study (Sim & Wright, 2000). This chapter includes the research design, setting, sample and population, sampling method, data collection method, pilot study, data analysis methods, ethical considerations, dissemination of findings and the limitation of the study.

4.2 Research design

This study will be a non experimental descriptive qualitative research design in nature. Qualitative research is a systematic, interactive, subjective approach used to describe life experiences and give them meaning (Burns, & Grove, 2005). Qualitative design is an emergent design – a design that emerges as researchers make ongoing decisions reflecting what has already been learned (Polit & Beck, 2006). According to Polit and Beck (2006), some of the characteristics of qualitative study are:

- Is flexible and elastic, capable of adjusting to what is being learned during the course of data collection;
- It requires researchers to become intensely involved, often remaining in the field for lengthy periods of time;
- It requires researchers to become the research instruments;
- Requires ongoing analysis of the data to formulate subsequent strategies and to determine when field work is done.

Researchers using qualitative methods immerse themselves in a culture or group by observing its people and their interactions, often participating in activities, interviewing key people, taking life histories, constructing case studies, and analyzing existing documents or other cultural artefacts (Ulin, Robinson, & Tolley, 2005). Qualitative researchers seek patterns of association as a way of illuminating the underlying meaning and dimensionality of phenomena of interest, patterns of interconnected themes and processes are identified as a means of understanding the whole (Polit & Beck, 2006).

The qualitative researchers' goal is to attain an insider's view of the group under study. An insider's view tells us how people perceive and react to a given health problem and what interventions are most likely to be successful documenting (Ulin, Robinson, & Tolley, 2005).

This study design will help the researcher to understand how and why underlying behaviours, attitudes, perceptions and culture of primary care givers influence the care rendered to diabetics at home. It will also help me understand facilitators and barriers to the implementation of care to diabetics at home by the primary care give

4.3 Setting

According to Burns, & Grove, 2005, a setting is the location for conducting a study, such as a natural, partially controlled, or highly controlled setting. This study will be conducted in the central region of Malawi at Kamuzu Central Hospital-diabetic clinic which is in the city of Lilongwe. Kamuzu Central Hospital (KCH) is a referral hospital as such it serves both rural and urban individuals who come for diabetes treatment at this clinic. K.C.H. has been chosen because many diabetic clients from Lilongwe and other surrounding districts come to this hospital for diabetes treatment; therefore it will be easier to find the recommended sample.

4.4 Population and Sample

According to Polit and Beck, (2006) a population is all the individuals or the objects with common, defining characteristics. The target population in this study will be primary care givers whether family members, friends or significant others, of all ages, both male and female from Lilongwe district. A sample is a subset of the population that is selected for a study (Burns, & Grove, 2005). In this study, the sample will complies of a total number of 15 primary care givers who will escort diabetic clients at K.C.H. diabetic clinic.

Sampling is the process of selecting a group of people, events, behaviours, or other elements that are representative of the population being studied and includes probability and nonprobability methods (Burns, & Grove, 2005). Purposive sampling will be used as a sampling method. This is a nonprobability method of sampling which uses a strategy in which researchers hand pick the cases or types of cases that will best contribute to the information needs of the study (Polit & Beck, 2006).

That is, regardless of how initial participants are selected, qualitative researchers often strive to select sample members purposefully based on the information needs emerging from the early findings. Who to sample next depends on who has been sampled already (Polit & Beck, 2006). Purposive sampling will provide me with an opportunity of getting the most variable data from participants who will illustrate and highlight what is typical or average information.

4.5 Data collection method

Semi- structured in depth interviews will be used to collect data. According to Polit and Beck (2006), these are used when researchers have a list of topics or broad questions that must be addressed in an interview. Interviewers' use written topic guides (or interview guides) to ensure that all question areas are covered (Polit &Beck, 2006). The topic guide or outline helps a researcher focus the interview or group discussion without prestructuring the questions (Ulin, Robinson, & Tolley, 2005). The researcher decides in advance the areas she or he wants to explore but not the questions' wording or sequence (Ulin, Robinson, & Tolley, 2005). The interviewers function is to encourage participants to talk freely about all the topics on the guide (Polit & Beck, 2006). The interviews will help the interviewer produce additional information through observation of respondents living situation, level of understanding, and degree of cooperativeness, all of which will be useful in interpreting responses. The interview guide will help the interviewer to collect data in a systematic way and it will also allow the researcher to be flexible to adapt questions to participants and circumstances.

4.6 Pilot study

This is a smaller version of a proposed study conducted to develop or refine the methodology, such as the treatment, instrument, or data collection process (Burns, & Grove, 2005). This will be conducted at Queen Elizabeth Central Hospital- diabetic clinic so that I should identify problems in the interview guide on the flow of questions, or on the procedure for recording responses.

4.7 Data analysis methods

This is conducted to reduce, organize, and give meaning to data (Burns, & Grove, 2005). Some of the techniques include, coding, reflective remarks, marginal remarks, memoing, and developing propositions (Burns, & Grove, 2005). Manual data analysis method will be used in this study. This approach involves creating a physical file for each category, and then cutting out and inserting into the file all of the materials relating to that category (Polit & Beck, 2006). Researchers can then retrieve all of the content on a particular topic by reviewing the applicable file folder (Polit & Beck, 2006). A category scheme will be developed and then data will be coded according to the categories. The category scheme will be developed based on the scrutiny of actual data. In order to develop coding categories, the researcher will independently read through a sample of interview transcripts, taking note on major topics discussed in the interview, and then I will revise the categories to determine final coding categories.

4.8 Ethical considerations

Before conducting this study, permission will be sought from the Kamuzu College of Nursing Research and Publications Committee and Kamuzu Central Hospital Administration. The reason for seeking this approval is to safeguard the rights of prospective participants of the study.

Ethical principles will highly be viewed as basic protections for the research participants. Participants will always be protected from any forms of harm, whether physical or psychological in nature. Identified benefits from participation in the research study, and any costs and risks will be clearly enumerated so that participants can more easily determine the cost and benefit ratio. No names will be needed during data collection. Participants will also be told that they can withdraw from the study at any time without any penalty attached. Consent forms will include full disclosure of the nature of the study, the time of the study and the commitment required of participants, the researchers contact information and a pledge of confidentiality or assurance of privacy will be included. Special care will be taken to ensure protection of vulnerable subjects; these include children, mentally or emotionally disabled people, physically disabled people, and institutionalized people like prisoners and the terminally ill.

Once the approval has been granted, I will then begin data collection.

4.9 Dissemination of findings

The findings of this study will be disseminated to Kamuzu College of Nursing library and Kamuzu Central Hospital diabetic clinic for reference.

4.10 Limitation of the study

The study will only be conducted at Kamuzu Central Hospital diabetic clinic due to time, financial constraints, and resources. As such the findings cannot be generalized since the study is not covering the whole country.

4.11 Conclusion

In a nut shell, this study will be qualitative in nature. It will take place at K. C. H. Diabetes clinic on primary care givers who escort their diabetes clients to the clinic. A total of 15 participants will be selected using purposive sampling method. Data collected will be analysed manually and the finding will be disseminated to the K.C.N. library and K. C. H. Administration for reference.

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APPENDIX 1: INTERVIEW GUIDE

SECTION A: DEMOGRAPHIC DATA

1. Age of the carer (tick)

A. 11-20

B. 21-30

B. 30-40

D. 40 and above

2. Sex of the carer (tick)

A. Male

B. Female

3. What is your religion? (tick)

A. Christian

B. Muslim

C. pagan

D. other (specify).....

4. Relationship of the patient (tick)

A. Mother

B. Father

C. Brother

D. Sister

E. Other (specify).....

5. Marital status of the carer (tick)

A. Single

B. Married

C. Divorced

D. Widowed

E. other (specify).....

6. What is your tribe (tick)

A. Chewa

B. Tumbuka

C. Lomwe

D. Other (specify).....

7. How old is your patient?

A. 1 - 5 years

B. 6 - 12 years

C. 12 - 25 years

D. 25 -40 years

E. 40 years and above

8. Sex of the patient (tick)

A. Male

B. Female

General education

9. How far did you go with your education? (tick)

A. Did not go to school

B. Primary school

C. Secondary school

D. University level

10. How far did your patient go with education? (tick)

A. Did not go to school

D. Primary school

C. Secondary school

D. University level

Occupation

11. Are you working? (tick)

A. Yes

B. No

12. If yes, what type of work?

A. Farmer

B. Business

C. Other (specify).....

SECTION B: KNOWLEDGE AND PRACTICES

- How would you describe the type of illness your relative is suffering from?
- How do you help caring for your patient?
- Where did you get that information?

- What role do you play in the care of your patient?
- Can you explain your personal feelings, thoughts and perception regarding your caring role?
- What are your cultural beliefs about diabetes?
- What problems do you face in your life as you care for your patient?
- How do you deal with such problems (if any)?
- What assistance do you get from health workers in relation to the management of your patient at home?
- In what way is the community in which you live in, being supportive in care of your patient?
- What do you think the health workers should do in order to improve the management of diabetics at home?

APPENDIX 2: CHICHEWA VERSION

GAWO A: DEMOGRAPHIC DATA

1. Muli ndi zaka zingati?

A. Pakati pa 10- 20

B. Pakati pa 21-30

C. Pakati pa 31-40

D. Kupyola 40

2. Chibadwidwe cha osamalira?

A. Mmuna

B. Mkazi

3. Ndinu a chipembedzo chanji?

A. Chikhristu

B. Chisilamu

C. Simupemphera

D. Zina (tchulani)

4. Odwalayo ndindani wanu?

A. Amayi

B. Abambo

C. Achimwene

D. Achemwali

E. Zina (tchulani)

5. Za banja.

A. Simunakwatirepo/kwatiwepo

B. Mulipabanja

C. Banjalinatha

D. Munapatukana

E. Anamwalira

6. Ndinu mtundu wanji wa anthu?

A. Chewa

B. Tumbuka

C. Lomwe

D. Zina (tchulani)

7. Odwala wanu ali ndi zaka zingati?

A. Pakati pa 10- 20

B. Pakati pa 21-30

C. Pakati pa 31-40

D. Kupyola 40

8. Odwala wanu ndi wa chibadwidwe chanji?

A. Mmuna

B. Mkazi

Maphunziro

9. Sukulu munalekezela pati?

A. Sindinapiteko ku sukulu

B. Pulayimale

C. Sekondare

D. Koleji

10. Odwala wanu sukulu analekezela pati?

A. Sindinapiteko ku sukulu

B. Pulayimale

C. Sekondare

D. Koleji

Ntchito

11. Mumagwira ntchito?

A. Eya

B. Ayi

Ngati eya pitani kunfunso (12)

12. Mumagwira ntchito yanji?

A. Ulimi

B. Bizinesi

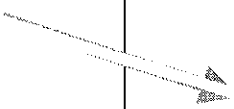
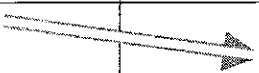
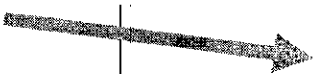
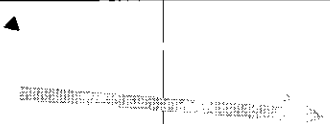
C. Zina (tchulani)

SECTION C: CHIDZIWITSO NDI MACHITIDWE

- Mukudziwapo chani za matenda a suga?
- Ndichithandizo chotani chomwe mumapereka kwa abale anu amene akudwala matendawa?
- Chidziwitso chakasamalidweka mumachipeza kuti?

- Ndiudindo wanji umene muli nawo pakasamalidwe ka odwala wanu?
- Kodi mungafotokoze bwanji za momwe mumamvera, mumaonera, komanso malingaliro anu pankhani yaudindo osamalira odwala wanu?
- Kodi ndi zikhulupililo zotani m'chikhalidwe chanu zomwe zimakhudzana ndi matenda a suga?
- Ndizovuta zanji zomwe mumakumana nazo m'moyo wanu pamene mukusamalira odwala wanu?
- Nanga mumatani kuti muthane ndi zovutazo. (Ngati zilipo)?
- Ndi chithandizo chotani chomwe mumalandira kuchokera kwa a zaumoyo pakasamalidwe ka odwala wanu kunyumba?
- Kodi anthu a m'dera lanu amakuthandizani bwanji pakasamalidwe ka odwala wanu?
- Kodi mukuganiza kuti a zaumoyo angatani kuti apititse patsogolo moyo wathanzi wa odwala wanu pamene akusamalidwa kunyumba?

APPENDIX 3: TIME TABLE FOR THE RESEARCH PROJECT

ACTIVITY	MAY 2010	JUNE 2010	JULY 2010	AUGUST 2010	SEPTEMBER 2010	OCTOBER 2010	NOVEMBER 2010
Proposal writing							
Getting hospital clearance							
Pilot study							
Collecting data							
Analyzing data							
Report writing							
Binding & submitting project							

APPENDIX 4: BUDGET FOR THE RESEARCH PROJECT

ITEM	QUANTITY	COST IN KWACHA	AMOUNT
Flash disk	1 (2GB)	K 4500.00	K 4500
Ream	2	K 800.00	K 1200.00
Envelopes	8	K 30.00	K 240.00
Pens	5	K 30.00	K 150.00
Printing	200 pages	K 10.00/ page	K 2000.00
Photocopying	20 pages	K 10.00	K 200.00
Binding proposal and dissertation	2	K 600.00	K 1600.00
Transport			K 5000.00
Allowance			K2000.00
Total			K 16890.00

APPENDIX 5: JUSTIFICATION OF THE BUDGET

Stationary will be required for proposal development and dissertation. Plain papers will be needed for printing, photocopying and gathering information. Flash disk will be needed for storage and transferring of information and envelops will be needed for posting clearance letters.

Transport funds will be needed for travelling from Blantyre to Lilongwe during pre testing and data collection.

Secretarial services funds will be needed for photocopying, printing and binding of the research proposal and dissertation.

Allowance funds will be needed for the upkeep of the researcher, such as food and accommodation during pre testing and data collection.

APPENNDIX 6: INFORMATION LETTER TO THE PARTICIPANT

Dear sir/madam,

I am Wakhonderachi Nyirenda, a fourth year student at Kamuzu College of nursing, pursuing a Bachelors of Science Degree in Nursing. In order to complete my Bachelors of Science Degree in Nursing, there is a requirement to carry out a research project. As such I am doing a study on **knowledge and practices of primary care givers regarding care of diabetics at home**. The study will be done from the month of August to September in 2010. The main objective of this study is to assess the knowledge and practices of primary care givers in regards to the care they render to diabetics at home. The specific objectives of this study are:

- To assess the level of knowledge of primary care givers on care of diabetic clients at home.
- To identify the type of care given by the primary care givers at home.
- To explore perceptions of primary care givers on care of diabetics at home.
- To explore challenges faced by primary care when providing care to diabetics.

You are one of the primary care givers who have been selected to answer some of the questions in the study. However participation is voluntary, that is you are not forced to take part in this study, you are free to withdraw at any point if you feel like doing so, and there is no any penalty attached. There are no risks or direct benefits that you will attain as you are participating in the study. The results of the study will help the health providers to develop proper strategies on how primary care givers should render their care to diabetics at home. The interviews will last for about 20 minutes. No names will be used to ensure confidentiality. Should you need more information in regards to this study, feel free to ask.

If you are willing to take part in the study, please sign the form on the next page.

Thank you.

Wakhonderachi Nyirenda

Researcher.

Cell: 0995591321

APPENDIX 7: UTHENGA KWA OTENGA MBALI

Ine ndine Wakhonderachi Nyirenda, ophunzira za unamwino ku kamuzu koleji. Ndikuchita kafukufuku yemwe cholinga chake ndikufuna kudziwa chidziwitso komanso machitidwe omwe abale osamalira odwala matenda a suga amasamalira abale awo kunyumba. Zolinga zina za kafukufukuyu ndikufuna kudziwa chidziwitso chomwe abale osamalira odwala matenda a suga alinacho,kufuna kudziwa machitachita a abale osamalira odwalawa kunyumba,kufuna kudziwa malingaliro awo pa kasamalidwe ka odwalawa komanso kufuna kudziwa kuti ndizovuta zotani zomwe abale asamalira odwalawa amakumana nawo.

Inu ndi mmodzi mwa anthu omwe asankhidwa kutenganawo mbali pakuyankha mafunso okhudzana ndi kafukufukuyu. Simukukakamizidwa kutenga nawo mbali ndipo muli ndi ufulu osiya kutenga nawo mbali nthawi ina iliyonse. Palibe vuto lililonse lomwe mungapeze potenga nawo mbali pa kafukufukuyu ndipo phindu lake silionekela nthawi yomweyo koma zomwe tipeze zidzathandiza anthu kuti azipeleka chithandizo choyambilira choyenera panthawi mwana wapsa.

Dzina lanu silidzalembedwa pa kalata ya mafunso ndipo mayankho anu adzagwiritsidwa ntchito ndi ine ndiomwe akukhudzidwa ndi kafukufukuyu. Muli ololedwa kufunsa mafunso pamene simunamvetse.

Ngati mukuvomereza kutenga nawo mbali mukafukufukuyu, sayinilani pa tsamba lotsatira.

Zikomo,

WAKHONDERACHI NYIRENDA

Wofufuza.

Cell: 0995591321

APPENDIX 8: INFORMED CONSENT

I am willing to participate in the study after being fully informed about what the research is all about. I do understand that my participation in the study shall have no impact on the treatment my client is receiving.

.....

(Signature/thumbprint)

....

Participant Date

.....

(Signature/thumbprint)

....

Researcher Date

Cell: 0995591321

APPENDIX 9: CHILOLEZO CHA OTENGA MBALI

Ine ndafuna kutengapo mbali mukafukufukuyu, nditamvetsa bwino cholinga chake. Ndamvetsa kuti kutenga mbali kwanga kapena kulephera kutero, sikusokoneza chithandizo chomwe odwala wanga amalandira kuno ku chipatala.

.....

(Chizindikiro)

....

Wotenga mbali mukafukufukuyu tsiku

.....

(Chizindikiro)

....

Wofufuza tsiku

Cell: 0995591321

APPENDIX 10: CLEARANCE LETTER TO HOSPITAL DIRECTOR (QECH)

Kamuzu College of Nursing

Private bag 1

Lilongwe

30th June, 2010

The Hospital Director,

Queen Elizabeth Central Hospital

P.O Box

Blantyre.

Dear sir or madam

PERMISSION TO CARRYOUT A PRE-TESTING RESEARCH STUDY ON KNOWLEDGE AND PRACTICES OF PRIMARY CARE GIVERS FOR DIABETICS AT HOME AT YOUR DIABETIC CLINIC

I am Wakhonderachi Nyirenda, a fourth year student, pursuing a bachelors of science in nursing at Kamuzu College of nursing. In partial fulfilment of my study, i am required to do a research project. The study is aimed at describing the knowledge and practices of primary care givers regarding care of diabetics at home. Participants will be guardians who will escort diabetics to the diabetes clinic at KCH.

The purpose of this letter is to ask for permission to carry out pre-testing study at diabetic clinic. The pre-testing study will assist in checking if the questions on the interview guide will be easy and clear for participants to understand. The pre-testing will also be done to ensure validity and reliability of the interview guide and also to estimate the approximate time the whole questionnaire will take to be answered. The pre-testing will be done on five relatives of diabetics who will escort them to the clinic.

Your acceptance will be greatly appreciated,

Yours faithfully

WAKHONDERACHI NYIRENDA

APPENDIX 11: CLEARANCE LETTER TO RPC- KCN

Kamuzu College of nursing

Private bag 1

Lilongwe

30th June, 2010

KCN Research and Publications Committee

Attention: The chairperson

Dear sir or madam

REQUEST FOR CLEARANCE TO CONDUCT A RESEARCH STUDY

I am a fourth year student, pursuing a bachelors of science in nursing at Kamuzu College of nursing. In partial fulfilment of my study, i am required to do a research project. The project will start from the month of August to the month of September. The study will be done on primary care givers of diabetic clients who escort their clients to the diabetic clinic at Kamuzu Central Hospital.

I therefore write to ask for permission to conduct a research in Lilongwe district. The title of the study is: knowledge and practices of primary care givers on care of diabetics at home.

The results of the study will help in the development of proper strategies for the home management of diabetics by primary care givers at home.

I look forward to hearing from you.

Yours faithfully

WAKHONDERACHI NYIRENDA.

Cell: 0995591321

APPENDIX 12: CLEARANCE LETTER TO THE HOSPITAL DIRECTOR (KCH)

Kamuzu College of nursing

Private bag 1

Lilongwe

30th June, 2010

The Hospital Director

Kamuzu central hospital

P. O Box 149

Lilongwe

Cc. The director of health services

Dear sir or madam

REQUEST TO USE KAMUZU CENTRAL HOSPITAL DIABETIC CLINIC AS A SITE FOR RESEARCH STUDY

I am a student at Kamuzu College of nursing, in fourth year of bachelors of Science degree in nursing. I am required conduct a study in partial fulfilment of the programme. The study is aimed at exploring and describing the knowledge and practices of primary care givers on care of diabetics at home. Participants will be guardians who will escort diabetics to the diabetes clinic at KCH. Data will be collected using interview guides through semi structured in depth interviews. Responses from the participants will be handled with the utmost confidentiality.

Therefore, i write to request for your permission to conduct this study at kamuzu central hospital from

Your response will be greatly appreciated.

Yours faithfully

WAKHONDERACHI NYIRENDA