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Is the Health Belief Model as an Appropriate Predictor of the Self-Care Behaviors in Type II Diabetic Patients?

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ABSTRACT

Type 2 diabetes mellitus is a disease with long-term cardiovascular, renal, eye and neural complications. It is prevalent all around the world including Iran its prevalence is increasing. The aim of this study is to determine factors related to self-care behavior based on health belief model among sample of Iranian type 2 diabetes mellitus patients. This cross-sectional study was conducted among 301 type 2 diabetics patient in Gachsaran, Iran. Data collection was based on an interview and were analyzed by SPSS version 20 using ANOVA, t-tests, Pearson correlation, and linear regression statistical tests at 95% significant level. Linear regression analyses showed that the health belief model variables accounted for 29% of the variation in self-care behavior; and perceived severity and perceived self-efficacy, more influential predictor on self-care behavior.

Key words: Diabetic Patients, Self-Care, Health Belief Model

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1. INTRODUCTION

The prevalence of type 2 diabetes mellitus (T2DM) has seen a fivefold increase worldwide over the last 20 years (1, 2). Estimates of global diabetes prevalence and most recent projections for the future indicate that diabetes now affects 246 million people worldwide and is expected to affect some 380 million by 2025 (3). In Iran, according to the latest reports, approximately 4 million adult people with diabetes are diagnosed which would triple every 15 years (4). This condition is now regarded as the most common metabolic disorder worldwide, and is increasing among adults (5). T2DM is a serious condition that can lead to complications such as heart disease, stroke, renal failure, amputation and blindness (6, 7). The greater incidence and prevalence of overt clinical complications in a vastly expanding diabetes population will impose an enormous burden on our healthcare system and on the quality of life of the T2DM patient (8, 9). Control of diabetes requires the normalization of carbohydrate, protein, and

fat metabolism; patient lifestyle and health behavior changes, and patient self-management in agreement with professional treatment guidance, are cornerstones of diabetes (10). According to the facts that stated above to explain and describe factors affecting in self-care behavior we can use of the models and theories that they are guidelines for activities in health education and health promotion and they can answered to planners questions about; why people lack intended favorable behavior, how should change behaviors and what factors should be considered in program evaluation; behavioral theory has increasingly been used to guide researcher to improve intervention efficacy (11). One such theoretical framework that has been applied is the health belief model (HBM); some researchers also mentioned the beneficiary of applying this model in different health education programs; the HBM was developed in the 1950s to explain health behavior associated with the failure of people to participate in programs that would reduce disease risk; the HBM implies that health behaviors are determined by health beliefs and readiness to take ac-