Summary

Background: Patients with type 2 diabetes mellitus can play a central role in blood glucose control and optimal care, through diabetes self-care activities. This may require a collaborative therapeutic alliance among the health care team, the patient and the social support available in achieving optimal control. There are limited studies on the role of social support on diabetes self-care activities and glycaemic control, as well as the role of each component of self-care activities on glycaemic control in Nigerian adults with type 2 diabetes mellitus. The ability of the family physician to understand and influence patient’s behaviour that enhances self-care may significantly influence the success of treatment.

Objectives: This study assessed the influence of perceived social support on the self-care activities and blood glucose control of adults with type 2 diabetes attending outpatients’ clinics in UCH, Ibadan. It also determined the relationship between components of self-care activities and glycaemic control in the study sample.

Method: The study used a non-experimental cross sectional design and recruited 240 consenting adult patients, aged between 18 and 64 years, diagnosed with type 2 diabetes mellitus. The patients who were attending the Endocrine and General outpatients’ clinics of UCH, Ibadan for at least one year, were recruited between March and June 2014. Interviewer administered questionnaire were used to obtain data on socio-demographic characteristics, self-care activities, perceived social support, knowledge of diabetes self-care, diabetes self-efficacy and depression of the participants. Revised Summary of Diabetes Self-Care Activities and Social support scale for self-care in middle-aged patients with type 2 diabetes mellitus were used to assess self-care activities and perceived social support respectively. Glycaemic control was assessed with HbA$_{1c}$, using the Clover A1c$_{TM}$ analyser. Significance level of analysis was set at $p \leq 0.05$. 
Results: Majority of the participants (79.6%) were in the 50-64 age group and were females (79.2%). The mean HbA1c was 7.6 ± 2%, and 50.4% of the participants had good glycaemic control (HbA1c <7%). Medication use was the most practised self-care activity, done on an average of 6.35 days per week. Dietary, physical activity, foot and self-blood glucose monitoring self-care were performed on 5.4, 3.7, 2.98, and 1.78 days per week respectively. Overall, 19.2% of the participants perceived good support for diabetes self-care, with females perceiving significantly less support for dietary (p=0.000) and physical activity (p=0.041) self-care compared to male participants. In a linear regression model, perceived social support was a significant predictor of overall self-care activities (β=0.005, p=0.000), as well as for each components of self-care. Initial significant univariate association found between perceived social support and glycaemic control was no longer found in the regression model for glycaemic control. Performance of physical activity and self-blood glucose monitoring were the only components of self-care that significantly predicted glycaemic control in the regression model (β=-0.036, p=0.021, and β=-0.031, p=0.021). Other factors such as diabetes self-efficacy, income level, at least a secondary level of education, use of insulin and membership of diabetes association were found to also predict glycaemic control.

Conclusion: Perceived social support was a significant predictor of self-care activity, but not of glycaemic control. Physical activity and self-blood glucose monitoring components of selfcare activity were the significant predictors of glycaemic control. It appeared that while perceived social support had a direct influence on self-care activities, it rather had an indirect influence on glycaemic control, through self-care activity among the study participants. Family physicians should therefore explore the available social network of the patient to optimize diabetes care