IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 27, Issue 6, Series 5 (June. 2022) 55-59
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

Happiness and Self-Efficacy among Diabetic Patients In Middle Adulthood

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Abstract
The present study is carried out to investigate the Happiness and self-efficacy among diabetic patients in middle adulthood. The study includes only type 2 diabetic patients within the age range of 40 to 60 years. The sample was drawn using the purposive sampling technique. Survey research design was used as the research design. Happiness Questionnaire by Dr. Steve Wright, General self-efficacy scale by Schwarzer & Jerusalem (1995), and a personal data sschedule were used as the assessment tools in the present study. For analysing data, statistical test such as Frequency Analysis, Kruskal Wallis test, Mann Whitney U test and Spearman's rank su Correlation were used. The result revealed that there is relationship between happiness and self- efficacy among diabetic patients in middle adulthood.
Key terms: Happiness, Self – efficacy

Date of Submission: 08-06-2022 Date of Acceptance: 24-06-2022

I. INTRODUCTION

Physical health and mental health are of paramount importance to anybody. Middle age is considered as the most stressful period of one's life span. Middles hood is characterized by lot of physical and psychological demands. It is the time of extreme stress and struggle. Generally chronic diseases like diabetes, arthritis, heart disease occurs at this point of time, particularly within Kerala. Consequently, they are more prone to physical as well as psychological problems.

Diabetes is a chronic disease that occurs when the pancreas does not produce enough insulin (a hormone that regulates blood sugar) or alternatively, when the body cannot effectively use the insulin it produces. The overall risk of dying among people with diabetes is at least double the risk of their peers without diabetes. Prediabetes is when the amount of glucose in your blood is above normal yet not high enough to be called diabetes. With prediabetes, chances of getting type 2 diabetes, heart disease, and stroke are higher. With some weight loss and moderate physical activity, can delay or prevent type 2 diabetes. Can even return to normal glucose levels, possibly without taking any medicines. There are mainly two type diabetes. They are type 1 and type 2. Gestational diabetes is another one. Type 1 diabetes is characterized by a lack of insulin production. Without daily administration of insulin, type 1 diabetes is rapidly fatal. Type 1 diabetes develops if the body is unable to produce any insulin. This type of diabetes usually appears before the age of 40. The only treatment is by insulin injections. A healthy diet and regular exercise is recommended. Type 1 diabetes develops usually over a few weeks because the insulin-producing cells in the pancreas have been destroyed. Nobody knows for sure why these cells have been damaged but the most likely cause is an abnormal reaction of the body to the cells. This may be triggered by a viral or other infection. This type of diabetes generally affects younger people, and both sexes are affected equally. Type 2 diabetes results from the body's ineffective use of insulin. It is largely the result of excess body weight and physical inactivity. Risk factors for Type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity. Background Gestational diabetes (GDM) is a temporary condition that occurs in pregnancy and carries long term risk of type 2 diabetes. The condition is present when blood glucose values are above normal. Women with gestational diabetes are at increased risk of some complications during pregnancy and delivery, as are their infants. Gestational diabetes is diagnosed through prenatal screening, rather than reported symptoms.

The present study is to identify the level of happiness and self- efficacy among diabetic patients. Diabetes affects much more than blood sugar. It can lead to sudden mood changes that may place an emotional strain on relationships and personal life. The physical effects of diabetes may also lead to nervousness, anxiety,

and confusion. The symptoms of low blood sugar levels that might contribute to mood swings include: confusion, hunger, co-ordination and decision-making difficulties, aggression and irritability, personality or behaviour changes and concentration difficulties. Health implications are elevated blood sugar is a common effect of uncontrolled diabetes, and over time can damage the heart, blood vessels, eyes, kidneys, and nerves. Some health complications from diabetes include: Diabetic retinopathy is a significant cause of blindness, and occurs as a result of long- term accumulated damage to the small blood vessels in the retina. Common symptoms are tingling, pain, numbness, or weakness in the feet and hands. The Economic Implications are Diabetes and its complications impose significant economic consequences on individuals, families, health systems and countries.

The exact causes of type 1 diabetes are unknown. It is generally agreed that type 1 diabetes is the result of a complex interaction between genes and environmental factors, though no specific environmental risk factors have been shown to cause a significant number of cases. The majority of type 1 diabetes occurs in children and adolescents. The risk of type 2 diabetes is determined by an inter play of genetic and metabolic factors. Overweight and obesity, together with physical inactivity, are estimated to cause a large proportion of the global diabetes burden. Higher waist circumference and higher body mass index (BMI) are associated with increased risk of type 2 diabetes, though the relationship may vary in different populations. Risk factors and risk markers for GDM include age (the older a woman of reproductive age is, the higher her risk of GDM); overweight or obesity; excessive weight gain during pregnancy; a family history of diabetes; GDM during a previous pregnancy; a history of stillbirth or giving birth to an infant with congenital abnormality; and excess glucose in urine during pregnancy. Diabetes in pregnancy and GDM increase the risk of future obesity and type2 diabetes in offspring.

Happiness as "the experience of joy, contentment, or positive well-being, combined with a sense that one's life is good, meaningful, and worthwhile" (Sonja Lyubomirsky, 2008). The word 'happiness' is used in various ways. In the widest sense it is an umbrella term for all that is good. In this meaning it is often used interchangeably with terms like 'wellbeing' or 'quality of life' and denotes both individual and social welfare. This use of words suggests that there is one ultimate good and disguises differences in interest between individuals and society. Here the word happiness is used in the more limited sense of subjective satisfaction with life. Overall happiness is the degree to which an individual judges the overall quality of his/her own life-as-a-whole favourably.

Self – efficacy refers to an individual's belief in his or her capacity to execute behaviours necessary to produce specific performance attainments (Bandura, 1977). The concept of self-efficacy originates from 'Social Learning Theory' and is defined as people's beliefs in their capability to organize and execute the course of action required to deal with prospective situations. This description shows that people's self-efficacy is not of a general nature, but related to specific situations and tasks, which is not the case of related concepts like self-esteem, self-confidence and locus of control. Being highly self-efficacious is a key factor in successful chronic disease self-management. Self-efficacy, or the belief that one can self-manage one's own health, is an important goal of health care providers, particularly in chronic illness.

STATEMENT OF THE PROBLEM

The problem of the present study has been entitled as "Happiness and self- efficacy among diabetic patients in middle adulthood".

OBJECTIVES OF THE STUDY

- To identify whether there exists significant difference in study variables based on exercise habits.
- To understand the relationship between the study variables.

HYPOTHESES OF THE STUDY

- There exists significant difference in self-efficacy and happiness based on exercise habits.
- There will be significant the relationship between self-efficacy and happiness.

II. METHOD

Participants

In the present study the researcher included diabetic patients (N= 60) from Trivandrum district in Kerala within the range of 40 to 60 years. Purposive sampling technique was used to collect sample from the population.

Instruments

1. **Personal data schedule:** Basic details such as Name, age, educational qualification, occupation, place of residence, gender, religion, marital status such details are collected through personal data schedule.
2. **General Self-efficacy scale (By Schwarzer and Jerusalem, 1995):** The tool used to assess self-efficacy was General self – efficacy scale. It was developed by Schwarzer and Jerusalem in 1995.General self-

efficacy scale is a self-report scale designed to measure the self-efficacy of the participants. It has 10 items in total and each item has 4 responses ranging from Not at all true to exactly true. The Internal reliability for GSE scale is Cronbach's alphas between .76 and .90. The Validity of the General Self-Efficacy Scale is correlated to emotion, optimism, work satisfaction. Negative coefficients were found for depression, stress, health complaints, burnout, and anxiety.

3. **Happiness Questionnaire (By, Dr. Steve Wright):** This inventory is a self-reported scale designed to measure the happiness of the participants. It has 29 items in total and each item has 6 responses ranging from strongly disagree to strongly agree. In this scale 12 questions are reversely scored. The sub factors of this inventory are Life satisfaction, Joy, Self-esteem, Calm, Control and Efficacy respectively. In a study conducted by Liaghatdar, Jafari, Abedi and Samiee to study the reliability and validity of the Oxford Happiness Inventory were completed by a sample of 727 Iranian university students. Eigen values for the six-factor ranged from .94 to 9.17. These six factors explained 33.93%of the variance. Concurrent validity was established based on the correlation (r = .73) of the Happiness Inventory in sample of students (n = 727). Internal reliability using Cronbach's alpha in sample of student (n = 727) was .92.

STATISTICAL TECHNIQUES USED

In order to analyze the data collected from the participants the researcher made use of:

- Mann Whitney U-test
- Spearman's rank-order correlation coefficient

PROCEDURE

The researcher obtained the permission from the diabetic patients and the researcher explained the need and significant of the study to the participants. In the beginning rapport was established, then the questionnaire was administered with proper instructions. The questionnaires distributed to the participants were collected back for analysis.

III. RESULTS AND DISCUSSION

Hypothesis 1: There exists significant difference in self-efficacy and happiness based on exercise habits.

Table 1: Results of Mann Whitney U-test on study variables based on exercise habits.

Variables	Exercise	N (60)	Mean rank	Sum of rank	U Value	Asymp sig
Self-efficacy	Yes	37	28.41	1051.00		
	No	23	33.87	779.00	348.000	.237
Happiness	Yes	37	33.96	1256.50		
	No	23	24.93	573.50	297.500	.051

The table 1 shows that there is no significant difference between those who exercise and do not exercise with regard self-efficacy and happiness. U-value for self- efficacy is calculated to be 348.000 and the significance value is found to be .237. U-value for happiness is calculated to be 297.500and the significance value is found to be .051. Thus, hypothesis is rejected. This means that people who do exercise and who don't do exercise are similar in their happiness and self-efficacy.

The study was conducted by Cohlberg, Sigal &Braun in the year of 2010, the study showed that exercise play a major role in the prevention and control of insulin resistance, prediabetes, GDM, type 2 diabetes and diabetes related health complication. Both aerobic and resistance training improve insulin action, at least acutely, and can assist with the management of BG levels, lipids, BP, CV risk, mortality, and QOL, but exercise must be undertaken regularly to have continued benefits and likely include regular training of varying training types. Most persons with type 2 diabetes can perform exercise safely as long as certain precautions are taken. The inclusion of an exercise program or other means of increasing overall PA is critical for optimal health in individuals with type2 diabetes.

Hypothesis 2: There will be significant the relationship between the self-efficacy and happiness among diabetic patients.

. Table 2: Results of correlation

Variables	Self-efficacy	Happiness
Self-efficacy	()	
Happiness	.380**	()

Table 2 shows that there is positive correlation between happiness and self-efficacy. Hence hypothesis is accepted. This result show that self-efficacy and happiness of diabetic patients positively correlated. According to Bandura's theory perceived self-efficacy influences what coping behaviour is initiated when an individual is met with stress and challenges, along with determining how much effort will be expended to reach one's goals and for how long those goals will be pursued. According to Sigmund Freud (1930) people: 'strive after happiness; they want to become happy and to remain so. This endeavour has two sides, a positive and a negative aim. It aims, on the one hand, at an absence of pain and displeasure, and, on the other, at the experiencing of strong feelings of pleasure'.

MAJOR FINDINGS

- There is no significant difference between the diabetic patients those who exercise and do not exercise with regard to self-efficacy and happiness. The self- efficacy of diabetic patients who do not doing exercise is higher than that of who does exercise. The happiness of diabetic patients who doing exercise is higher than do not doing exercise. But the differences between the groups are negligible and not significant at all.
- There is positive correlation between happiness and self-efficacy.

LIMITATIONS OF THE STUDY

Although the research was carefully prepared it was difficult to get type 2 diabetic patients. The most of the sample took from Trivandrum area. It may limit the ecological validity of the result. The sample size relatively small and only took type 2 diabetes.

IV. CONCLUSION

The present study has aimed to analyses the happiness and self-efficacy among diabetic patients in middle adulthood. The study shows that there is a correlation between happiness and self-efficacy among diabetic patients in middle adulthood. According to Bandura's theory perceived self-efficacy influences what coping behaviour is initiated when an individual is met with stress and challenges, along with determining how much effort will be expended to reach one's goals and for how long those goals will be pursued. According to Sigmund Freud (1930) people: 'strive after happiness; they want to become happy and to remain so. This endeavour has two sides, a positive and a negative aim. It aims, on the one hand, at an absence of pain and displeasure, and, on the other, at the experiencing of strong feelings of pleasure'.

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Dr. Leena, S T, et. al. "Happiness and Self-Efficacy among Diabetic Patients In Middle Adulthood." *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 27(06), 2022, pp. 55-59.