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ANXIETY AMONG DIABETIC PATIENTS OF AHMEDABAD

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ABSTRACT

The Purpose of the Present study was investigating the level of Anxiety among Diabetic Patients of Ahmedabad. The total sample consisted of 400 Diabetic Patients of Ahmedabad. In this study Independent Variables are (A) Gender: A1 is Male and B2 is Female; (B) Habitat: B1 is Urban and B2 is Rural; (C) Age: C1 is 41 to 50 Years, C2 is 55 to 65 Years. For this purpose of investigation ADSS – BSPSA developed by Pallavi Bhatanagar, Megha sing (2011) Anxiety, Depression and Stress scale by Pallavi Bhatnagar, Megha Singh, Manoj Pandey, Sandhya and Amitabh (2011) among the participants. Scoring has been done as per manual. After scoring of every test which is filling up by Diabetic patient, Researcher gets raw scores and then by help of raw scores researcher can complete data analysis. After that all the scores which were getting by scoring researcher was used "F" test (ANOVA) method for statistical analysis of the present study. For this study researcher can use 2x2x2 Factorial design.

The result shows that there, (1) Male Diabetic Patients have more Anxiety than Female Diabetic Patients of Ahmedabad. (2) Urban Area's Diabetic Patients have more Anxiety than Rural Area's Diabetic Patients of Ahmedabad. (3) There is no significant difference between 41 to 50 years and 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. (4) There is no interaction effect between Male -Female and Urban – Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety. (5) Urban area's 41 to 50 years aged Diabetic Patients of Ahmedabad have more Anxiety than other group. (6) There is no interaction effect between Male -Female and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. (7) There is no interaction effect among Male –Female, Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.

Key Words: Anxiety, Diabetic Patient, Gender, Habitat, Age

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ANXIETY AMONG DIABETIC PATIENTS OF AHMEDABAD INTRODUCTION:

There are many effective diabetes treatment and self-management strategies that improve patients' short- and long-term outcomes. Nonetheless, recommended diabetes management strategies tend to include a complex set of care requirements. While it may be feasible for healthcare providers and patients to follow many of these recommendations when diabetes is their only consideration, how the presence of other chronic conditions might influence the delivery of recommended diabetes services or a patient's ability to engage in self-care activities is not always taken into account.

DIABETES

Diabetes is a disease that occurs when your blood glucose, also called blood sugar, is too high. Blood glucose is your main source of energy and comes from the food you eat. Insulin, a hormone made by the pancreas, helps glucose from food get into your cells to be used for energy. Diabetes is a condition that impairs the body's ability to process blood glucose, otherwise known as blood sugar" In the United States, the estimated number of people over 18 years of age with diagnosed and undiagnosed diabetes is 30.2 million. The figure represents between 27.9 and 32.7 percent of the population. Diabetic PATIENTS also increasing in India so quickly Without ongoing, careful management, diabetes can lead to a buildup of sugars in the blood, which can increase the risk of dangerous complications, including stroke and heart disease.

ANXIETY

Anxiety is a normal and often healthy emotion. However, when a person regularly feels disproportionate levels of anxiety, it might become a medical disorder. Anxiety disorders form a category of mental health diagnoses that lead to excessive nervousness, fear, apprehension, and worry

WHAT IS ANXIETY?

The American Psychological Association (APA) defines anxiety as "an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure." Knowing the difference between normal feelings of anxiety and an anxiety disorder requiring medical attention can help a person identify and treat the condition. In this article, we look at the differences between anxiety and anxiety disorder, the different types of anxiety, and the available treatment options. When an individual faces potentially harmful or worrying triggers, feelings of anxiety are not only normal but necessary for survival. Since the earliest days of humanity, the approach of predators and incoming danger sets off alarms in the body and allows evasive action. These alarms become noticeable in the form of a raised heartbeat, sweating, and increased sensitivity to surroundings. The danger causes a rush of adrenalin, a hormone and chemical messenger in the brain, which in turn triggers these anxious reactions in a process called the "fight-or-flight' response. This prepares humans to physically confront or flee any potential threats to safety.

TYPES OF ANXIETY

The Diagnostic and Statistical Manual of Mental Health Disorders: Fifth Edition (DSM-V) classifies anxiety disorders into several main types. In previous editions of DSM, anxiety disorders included obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), as well as acute stress disorder. However, the manual now no longer groups these mental health difficulties under anxiety.

Anxiety disorders now include the following diagnoses.

- 1 Generalized anxiety disorder
- 2 Panic disorder
- 3 Specific phobia
- 4 Agoraphobia
- 5 Selective mutism
- 6 Social anxiety disorder, or social phobia
- 7 Separation anxiety disorder

REVIEW OF LITERATURE:

Mounsey, Rebecca; Vandehey, Michael; Diekhoff, George(2013), Research Article on Anxiety, Depression, and Grade Point: Working and Non-Working University Students:, Publication date: June 1, 2013, Volume 47, Number 2, 1 June 2013, pp. 379-389(11), Working and Non-Working University Students: This study explored the differences between 110 working and non-working students in terms of mental health academic achievement, and perceptions about student employment. Anxiety and depression were measured by the Beck Anxiety Inventory and the Beck Depression Inventory-II. Academic achievement was measured by grade point average. Perceptions of student employment were determined using a job questionnaire. Data analyses revealed no significant difference in depression between working and non-working students; however, working students displayed more anxiety than non-working counterparts and reported more stress and fewer buffers. Unlike previous research, there was no difference in the grade point averages of working and non-working students, nor differences perception of the problems and benefits of work.

KolawoleMosaku, FMCPsych (Nig)(2008), Depression, Anxiety and Quality of Life among Diabetic Patients: A Comparative Study, Objective: The aim of this study was to compare psychiatric morbidity among diabetic patients, asthmatics and healthy individuals and also to assess the association of psychiatric morbidity and other variables with quality of life among diabetes patients. Method: For each respondent, the questionnaire on sociodemographic and clinical variables was completed. They also completed the Zung Self- Rating Depression Scale and the State Trait Anxiety Inventory (STAI1). Diabetic patients also completed the Diabetic Well-Being Questionnaire. Results: A total of 180 subjects were used for this study—80 diabetics (males = 37, females = 43) were compared with 50 asthmatics (males = 22, females = 28) and 50 healthy individuals (males = 23, females = 27). Depression was more prevalent among diabetic patients (20%) compared with asthmatics (12%) and healthy individuals (4%), while anxiety was more prevalent among asthmatics (34%) compared with diabetics (20%) and healthy individuals (8%). Predictors of depression include age of the patient, poor glycemic control and duration of diabetes mellitus. Factors that correlated significantly with diabetic general well-being include depression, anxiety and fasting blood glucose level. Depression and the presence of comorbid medical conditions significantly predicted a low quality of life. Conclusion: Psychiatric morbidity has significant effects on diabetic patients' quality of life.

OBJECTIVES OF THE STUDY:

- 1. To study and compare Anxiety between Male and Female Diabetic Patients of Ahmedabad.
- 2. To study and compare Anxiety between Urban and Rural Diabetic Patients of Ahmedabad.
- 3. To study and compare Anxiety between 41 to 50 years and 55 to 65 Years aged Diabetic Patients of Ahmedabad.

- 4. To study interaction effect of Anxiety between Male -Female and Urban Rural Diabetic Patients of Ahmedabad.
- 5. To study interaction effect of Anxiety between Male -Female and 41 to 50 years 55 to 65 years aged Diabetic Patients of Ahmedabad.
- 6. To study interaction effect of Anxiety between Urban Rural and 41 to 50 years 55 to 65 years aged Diabetic Patients of Ahmedabad.
- 7. To study interaction effect of Anxiety among Male –Female, Urban Rural and 41 to 50 years 55 to 65 years aged Diabetic Patients of Ahmedabad.

HYPOTHESES OF THE STUDY:

- 1. There will be no significant difference between Male and Female Diabetic Patients of Ahmedabad with regards to Anxiety.
- 2. There will be no significant difference between Urban and Rural Diabetic Patients of Ahmedabad with regards to Anxiety.
- 3. There will be no significant difference between 41 to 50 years and 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.
- 4. There will be no significant interaction effect between Male -Female and Urban Rural Diabetic Patients of Ahmedabad with regards to Anxiety.
- 5. There will be no significant interaction effect between Urban Rural and 41 to 50 years 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. 6. There will be no significant interaction effect between Male -Female and 41 to 50 years 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. 7. There will be no significant interaction effect among Male -Female, Urban Rural and 41 to 50 years 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.

METHODOLOGY

VARIABLES

INDEPENDENT VARIABLES:

Independent Variables are (A) Gender: A1 is Male and B2 is Female; (B) Habitat: B1 is Urban and B2 is Rural; (C) Age: C1 is 41 to 50 Years, C2 is 55 to 65 Years.

SAMPLE

In this present research there are a total of 400 Diabetic Patients from Ahmedabad. Out of which 200 Ma le and female , 200 Urban and rural Diabetic Patients will be selected by purpose random sampling method from different area of from Ahmedabad.

RESEARCH DESIGN

A Total Sample 400 Diabetic Patients of Ahmedabad Distributed between Gender, Area and Age Ahmedabad of Gujarat State. Were Selected for the Research Study after Obtaining their consent. Random Sampling Method was used. Anxiety tests were selected keeping the objectives in mind Rapport was established with the subjects and data collection was done in a quiet place. ANOVA (2x2x2 Factor Factorial Design) was used for Statistical Analysis.

RESEARCH TOOL

ADSS – BSPSA developed by Pallavi Bhatanagar, Megha sing (2011) Anxiety, Depression and Stress scale by Pallavi Bhatnagar, Megha Singh, Manoj Pandey, Sandhya and Amitabh (2011) This scale consists of 48 items divided in to Three Sub Scale—I. Anxiety, II. Depression and III. Stress. This scale was administered on 1177 age group 14 to

PROCEDURE & STATISTICAL ANALYSIS

The Purpose of the Present study was investigating the level of Anxiety among Diabetic Patients of Ahmedabad. The total sample consisted of 400 Diabetic Patients of Ahmedabad. After finalizing the instruments and receiving the consent of the students choose were requested to fill the Anxiety Scale without Omitting and item. Scoring of the obtained data will be done as per scoring keys and the manual of the tests. It will be a factor factorial design, so the analysis of the data will be done using statistical technique of Analysis of Variance (2x2x2) to find out significant differences and significant interaction effects of Anxiety scale. SPSS software will be used for all statistical analysis. Score of the obtaining data will be done as per scoring key of manual of the tests used in this research.

RESULT AND DISCUSSION

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Table Showing results of 'F' Value (ANOVA) of Gender, Area of Resident and Age among Diabetic Patients of Ahmedabad with regards to Anxiety Source of Variance
Sum of Square
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df

(N-1)

MSS =

SS/df F Value Level of Significant

SSA 64.81 1 64.81 12.23 0.01 SSB 296.81 1 296.81 56.01 0.01 SSC 3.43 1 3.43 0.65 NS

SSAB 5.51 1 5.51 1.04 NS SSBC 80.09 1 80.09 15.11 0.01 SSAC 1.81 1 1.81 0.34 NS

SSABC 7.04 1 7.04 1.33 NS SSError 2077.5 392 5.3

SST 5205 399

SSA Gender (Male & Female)

SSB Area (Urban & Rural)

SSC Age groups (41 to 50 Years Age&55 to 65 Years Age)

SSAB Gender x Area

SSBC Area x Age groups

SSAC Gender x Age groups

SSABC Gender x Area x Age groups

df - 1 Table Value 0.05 Level = 3.86

df - 1 Table Value 0.01 Level = 6.70

NS Non-Significant

Ho. 1 There will be no significant difference between Male and Female Diabetic Patients of Ahmedabad with regards to Anxiety.

Table no: 1

Showing Mean Score, 'F' value (ANOVA) of (A) Gender (Male and Female Diabetic Patients of Ahmedabad) with regards to Anxiety.

A1 A2 F Value Level of Sig. Mean 10.4 9.6 12.23 0.01 N 200 200 A1 = Male

A2 = Female

In the Table no 1 showing mean, 'F' ANOVA statistical analyses were used to know the (A) Gender Male and Female Diabetic Patients of Ahmedabad with regards to Anxiety. The mean score of Male Diabetic Patients (A1) is 10.4 and Female Diabetic Patients (A2) is 9.6.

The 'F' value is 12.23 more than the 'F' table value is 3.86 at 0.01 level and 6.70 at 0.05 levels, which is significant at 0.01. Therefore Ho1 "There will be no significant difference between Male and Female Diabetic Patients of Ahmedabad with regards to Anxiety." is rejected. It means that there is significant difference between ((A) Gender Male and Female Diabetic Patients of Ahmedabad. (It can be seen in graph 1). Therefore, it can be said that There is significant difference between Male and Female Diabetic Patients of Ahmedabad with regards to Anxiety. Male Diabetic Patients have more Anxiety than Female Diabetic Patients of Ahmedabad.

Ho. 2 There will be no significant difference between Urban and Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety.

Table no: 2

Showing Mean Score, 'F' value (ANOVA) of (B) Area of Residence (Urban and Rural area's Diabetic Patients of Ahmedabad) with regards to Anxiety.

B1 B2 F Value Level of Sig. Mean 12.72 7.28 56.01 0.01

N 200 200

B1 = Urban

 $B_2 = Rural$

In the Table no 2 showing mean, 'F' ANOVA statistical analyses were used to know the (B) Area of Resident Urban and Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety. The mean score of Urban Area's Diabetic Patients (B1) is 12.72 and Rural Area's Diabetic Patients (B2) is 7.28. The 'F' value is 56.01 more than the 'F' table value is 3.86 at 0.01 level and 6.70 at 0.05 levels, which is significant at 0.01. Therefore Ho2 "There will be no significant difference between Urban and Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety" is rejected. It means that there is significant difference between (B) Area of Residence Urban and Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety. (It can be seen in graph 2). Therefore, it can be said that There is significant difference between Urban and Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety. Urban Area's Diabetic Patients have more Anxiety than Rural Area's Diabetic Patients of Ahmedabad.

Ho. 3 There will be no significant difference between 41 to 50 years and 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.

Table no: 3

Showing Mean Score, 'F' value (ANOVA) of (C) Age (41 to 50 years and 55 to 65 years aged Diabetic Patients of Ahmedabad) with regards to Anxiety.

C1 C2 F Value Level of Sig.

Mean 10.09 9.91 0.65 NS

N 200 200

C1 = 41 to 50 Years Age

C2 = 55 to 65 Years Age

In the Table no 3 showing mean, 'F' ANOVA statistical analyses were used to know the (C) Age 41 to 50 years and 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. The mean score of 41 to 50 years aged Diabetic Patients (C1) is 10.09 and 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety (C2) is 9.91. The 'F' value is 0.65 less than the 'F' table value is 3.86 at 0.01 level and 6.70 at 0.05 levels, which is not significant. Therefore Ho3 "There will be no significant difference between 41 to 50 years and 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety" is accepted. It means that there is no significant difference between (c) Age 41 to 50 years and 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to

Anxiety. (It can be seen in graph 3).

Therefore, it can be said that There is no significant difference between 41 to 50 years and 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. Ho. 4 There will be no interaction effect between Male -Female and Urban – Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety.

Table no: 4

Showing Mean Score, 'F' value (ANOVA) of (AxB) Gender and Area (Male -Female and Urban – Rural area's Diabetic Patients of Ahmedabad) with regards to Anxiety. A1 A2 F Value Level of Sig.

B1 Mean 13.24 12.2 N 100 100 1.04 NS B2 Mean 7.56 6.99 N 100 100

 $A_1 = Male A_2 = Female$ $B_1 = Urban B_2 = Rural$

In the table no 4 showing Mean, 'F' ANOVA statistical analyses were used to know the (AXB) Male -Female and Urban – Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety. F ratio for A x Bss (Gender x Area) is 1.04, which is not significant. It means significant difference is not existed between (AXB) Male -Female and Urban – Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety.

By the same point of view Table 4 show the mean score of Urban area's Male Diabetic Patients of Ahmedabad (A1B1) is 13.24, Rural area's Male Diabetic Patients of Ahmedabad (A1B2) is 7.56, Urban area's Female Diabetic Patients of Ahmedabad (A2B1) is 12.02, Rural area's Female Diabetic Patients of Ahmedabad (A2B2) is 6.99 on Anxity. F ratio for A x Bss (Gender x Area) is 1.04, which is not significant. It means significant difference is not existed between (AXB) Male -Female and Urban – Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety. Therefore Ho. 4 "There will be no interaction effect between Male -Female and Urban – Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety" is accepted. It is clearly said that interaction effect is not existed between (AxB) Male -Female and Urban – Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety. There is no interaction effect between Male -Female and Urban – Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety. There is no interaction effect between Male -Female and Urban – Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety.

Ho. 5 There will be no interaction effect between Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.

Table no: 5

Showing Mean Score, 'F' value (ANOVA) of (BxC) Area and Age (Urban -Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad) with regards to Anxiety.

B1 B2 F Value Level of Sig.

 $\begin{array}{c} C_1 Mean \ 13.26 \ 6.92 \\ N \ 100 \ 100 \ 15.11 \ 0.01 \\ C_2 Mean \ 12.18 \ 7.63 \\ N \ 100 \ 100 \\ B1 = Urban \ B2 = Rural \end{array}$

 $C_1 = 41$ to 50 Years Age $C_2 = 55$ to 65 Years Age

In the table no 5 showing Mean, 'F' ANOVA statistical analyses were used to know the (BXC) Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of

Ahmedabad with regards to Anxiety. F ratio for A x Bss (Area X Age) is 15.11, which is significant at 0.01. It means significant difference is existed between (BXC) Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.

By the same point of view Table 5 show the mean score of urban area's 41 to 50 years aged Diabetic Patients of Ahmedabad (B1C1) is 13.26, urban area's 55 to 65 years aged Diabetic Patients of Ahmedabad (B1C2) is 12.18, Rural area's 41 to 50 years aged Diabetic Patients of Ahmedabad (B2C1) is 6.92, Rural area's 55 to 65 years aged Diabetic Patients of Ahmedabad (B2C2) is 7.63 on Anxiety. F ratio for A x Bss (Gender x Area) is 15.11, which is significant at 0.01. It means interaction is existed between (BXC) Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. Therefore Ho. 5 "There will be no interaction effect between Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety" is rejected. It is clearly said that interaction effect is existed between (BxC) Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. There is interaction effect between Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. Urban area's 41 to 50 years aged Diabetic Patients of Ahmedabad have more Anxiety than other group. Ho. 6 There will be no interaction effect between Male -Female and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.

Table no: 6

Showing Mean Score, 'F' value (ANOVA) of (AxC) Gender and Age (Male -Female and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad) with regards to Anxiety.

A1 A2 _{F Value}Level of Sig. C₁Mean 10.56 9.62 N 100 100 0.34 NS C₂Mean 10.24 9.57 N 100 100

 $A_1 = Male A_2 = Female$

C1 = 41 to 50 Years Age C2 = 55 to 65 Years Age

In the table no 6 showing Mean, 'F' ANOVA statistical analyses were used to know the (AXC) Male -Female and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. F ratio for A x Bss (Area X Age) is 0.34, which is not significant. It means significant difference is not existed between (AXC) Male -Female and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.

By the same point of view Table 6 show the mean score of 41 to 50 years aged Male Diabetic Patients of Ahmedabad (A1C1) is 10.56, 55 to 65 years aged Male Diabetic Patients of Ahmedabad (A1C2) is 10.24, 41 to 50 years aged Female Diabetic Patients of Ahmedabad (A2C1) is 9.62, 55 to 65 years aged Female Diabetic Patients of Ahmedabad (A2C2) is 9.57 on Anxiety. F ratio for A x Bss (Gender x Area) is 0.34, which is not significant. It means interaction is not existed between (AXC) 41 to 50 years aged Female Diabetic Patients of Ahmedabad. Therefore Ho. 6 "There will be no interaction effect between Male -Female and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety" is accepted. It is clearly said that interaction effect is not existed between (AxC) Male -Female and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. There is not interaction effect between Male -Female and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with

regards to Anxiety.

Ho. 7 There will be no interaction effect among Male –Female, Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.

Table no: 7

Showing Mean Score, 'F' value (ANOVA) of (ABxC) Gender, Area and Age (Male – Female, Urban -Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad) with regards to Anxiety.

A1 A²_{F Value}Level of B1 B2 B1 B2 Sig.

C₁Mean 13.98 7.14 12.54 6.7

N 50 50 50 50 1.33 NS

C₂Mean 12.5 7.98 11.86 7.28

N 50 50 50 50

A1 = Male A2 = Female

 $B_1 = Urban B_2 = Rural$

C1 = 41 to 50 Years Age C2 = 55 to 65 Years Age

In the table no 7 showing Mean, 'F' ANOVA statistical analyses were used to know the (AxBxC) Male –Female, Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. F ratio for ABCss (Gender X Area X Age) is 1.33, which is not significant.

By the same point of view Table 7 show the mean score of Male from Urban Area 41 to 50 Years age Diabetic Patients of Ahmedabad (A1B1C1) is 13.98, Male from Rural Area 41 to 50 Years age Diabetic Patients of Ahmedabad (A1B2C1) is 7.14, Female from Urban Area 41 to 50 Years age Diabetic Patients of Ahmedabad (A2B1C1) is 12.54, Female from Rural Area 41 to 50 Years age Diabetic Patients of Ahmedabad (A2B2C1) is 6.7, Male from Urban Area 55 to 65 Years age Diabetic Patients of Ahmedabad (A1B1C2) is 12.5, Male from Rural Area 55 to 65 Years age Diabetic Patients of Ahmedabad (A1B2C2) is 7.98, Female from Urban Area 55 to 65 Years age Diabetic Patients of Ahmedabad (A2B1C2) is 11.86, Female from Rural Area 41 to 50 Years age Diabetic Patients of Ahmedabad (A2B2C2) is 7.28 on Anxiety. F ratio for ABCss (Gender X Area X Age) is 1.33, which is not significant. It means interaction is not existed between Gender, Area and Age on Anxiety. It is clearly said that interaction effect is not existed between AxBxC Gender, Area and Age on Anxiety. So, the result is that Ho7 "There will be no interaction effect among Male -Female, Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety"; is accepted. It can be seen in figure 7. There is no interaction effect among Male –Female, Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. There is difference is not existed between Gender, Area and Age on Anxiety. Therefore, There is no interaction effect among Male -Female, Urban - Rural and 41 to 50 years - 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.

SUMMARY OF FINDING

- 1. There is significant difference between Male and Female Diabetic Patients of Ahmedabad with regards to Anxiety. Male Diabetic Patients have more Anxiety than Female Diabetic Patients of Ahmedabad.
- 2. There is significant difference between Urban and Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety. Urban Area's Diabetic Patients have more Anxiety than Rural Area's Diabetic Patients of Ahmedabad.
- 3. There is no significant difference between 41 to 50 years and 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.

- 4. There is no interaction effect between Male -Female and Urban Rural area's Diabetic Patients of Ahmedabad with regards to Anxiety.
- 5. There is interaction effect between Urban Rural and 41 to 50 years 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety. Urban area's 41 to 50 years aged Diabetic Patients of Ahmedabad have more Anxiety than other group.
- 6. There is not interaction effect between Male -Female and 41 to 50 years 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.
- 7. There is no interaction effect among Male –Female, Urban Rural and 41 to 50 years 55 to 65 years aged Diabetic Patients of Ahmedabad with regards to Anxiety.

LIMITATION OF THE STUDY.

The study was conducted in only Ahmedabad (Gujarat State) one of the most limitations of this study is small sample size of 400 Diabetic Patient. The finding made in the study may be biased participants in sample selection for this research random method was used. The present research is only a part of the study; thus generalization should not be consummated, and the scientific is not approached in the selection of sample. The conclusion of present research is partially significant.

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