

**KNOWLEDGE, ATTITUDE AND RISK  
ASSESSMENT OF DIABETES MELLITUS  
AMONG CIVIL SERVANTS IN CENTRAL  
INSTITUTE OF CIVIL SERVICE  
(LOWER MYANMAR)**

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## ABSTRACT

Diabetes mellitus (DM) is one of non-communicable diseases and its burden is increasing in both developed and developing countries, including Myanmar. This cross-sectional study aimed to assess knowledge, attitude and risk of DM among 345 civil servants attending the trainings in Central Institute of Civil Service (Lower Myanmar) from September to December 2019 with a self-administered questionnaire. Mean age of the participants was 38.9 years (SD=5.0) and 55.9% were female. Among the participants, 14.8% had family history of DM in their first degree relatives while 4.3% in other relatives and 3.2% in both first degree and other relatives. Only 5.8% had experienced high blood glucose during pregnancy or their illness and 21.2% had past medical history of hypertension. Among 345 civil servants, 19.4% currently smoked tobacco and 31% were current drinkers. Moreover, 76.2% did not have sufficient fruit and vegetable intake and 97.4% did not take sufficient physical exercise. The prevalence of overweight among civil servants was 30.4% and that of obesity was 9.0%. In waist circumference, 18% were at high risk and 10.1% were at very high risk for DM according to Finnish Diabetes Risk Score (FINDRISC). In this study, 89% of civil servants had good knowledge of DM and 97.7% had positive attitude to DM. Female civil servants and those with hypertension had a better knowledge of DM and it was statistically significant ( $P<0.05$ ). There was no significant association between their background information and positive attitude. When estimating the risk of DM by using FINDRISC, only 4.1% of civil servants were at high risk and 0.3% at very high risk. At the same time, 22.3% had high risk perception to develop DM. In analyses of discrepancies, 20.9% of civil servants with low estimated risk had high risk perception of DM and it was relatively more common among older female civil servants. Moreover, 46.7% of those in high estimated risk had low risk perception of DM and such “under-perception” was more common among older male civil servants. High risk perception to develop DM was strongly and significantly associated with family history of DM and insufficient fruit and vegetable intake ( $P<0.05$ ). Health education about DM should be emphasized in occupational health programs for civil servants. Tailored health messages should be provided to different targeted groups of civil servants; proper health information about DM for reassurance especially to older female and health education to aware their own risk for life style modifications especially to older male of civil servants.