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BACKGROUND

Diabetes is a global epidemic. In 2019, over 450 million adults were living with type 2 diabetes mellitus (T2D), and this number is predicted to exceed 700 million by 2045. India’s population accounts for nearly 20% of this population, of which over 50% is undiagnosed.

FORMATIVE RESEARCH (2022)

- 20 in-depth interviews with young adults aged 18–35 in Mysore district, Karnataka, India living with T2D

- Key Takeaways
  1) Lack of biological understanding of T2D
  2) Significant interpersonal and internalized stigma for having T2D at a young age
  3) Depressive symptoms and lower quality of life

OBJECTIVES

- Improve quality of life and glycemic control among young adults with T2D
- Increase knowledge about T2D
- Decrease diabetes distress, depression severity, and diabetes stigma

PARTICIPANTS

KANASINA GULABI (MY DREAM ROSE)

- Informational Support
  - Identifying & Addressing Knowledge Gaps
  - Monitoring Current Practices
  - Developing Action Plans
  - Problem Solving

- Emotional Support
  - Vision and Values
  - Confidence Building
  - Deep Breathing & Mindfulness Practice
  - Shared Experience

- Increased Knowledge
  - Diabetes Knowledge Questionnaire

- Improved Glycemic Control
  - Glyated Hemoglobin (HbA1c)

- Increased Optimism
  - Life Orientation Test

- Reduced Diabetes Distress
  - Type 2 Diabetes Distress Assessment System

- Reduced Depression Severity
  - Patient Health Questionnaire

- Reduced Experiences of Stigma
  - Type 2 Diabetes Stigma Assessment Scale

- Rose
  - Future Vision

- Thorns
  - Barriers to Achieving Future Vision

- Roots
  - Core Values

INITIAL EFFECTIVENESS (MEAN/SE)

Acceptability
- 93% liked Kanasina Gulabi a lot
- 86% were highly satisfied

Adoption
- 93% used the skills they learned
- 93% would refer others to join

Appropriateness
- 100% thought the program helped with their problems

Feasibility
- 64% were able to attend the sessions without difficulty

CONSORT FLOW DIAGRAM

- Enrollment
- Assessed for Eligibility (n = 74)
- Excluded (n = 40)
  - Declined to participate (n = 35)
  - Not meeting inclusion criteria (n = 2)
  - Phone numbers disconnected (n = 11)
- Non-Randomized Allocation
- Intervention Group (n = 14)
- Control Group (n = 14)
- Intervention
- Follow-Up
  - 5-Week Endline (n = 14)
  - 5-Week Endline (n = 14)
  - 12-Week Endline (n = 14)
  - 12-Week Endline (n = 7)
- Control
- Analysis
  - Analyzed (n = 14)
  - Analyzed (n = 7)

DISCUSSION

In this pilot study, Kanasina Gulabi was found to be highly acceptable, adoptable, appropriate, and feasible for young adults with T2D in Mysore district. At the Week 5 and 12 checkpoints, participants demonstrated an increase in diabetes knowledge and decrease in diabetes distress, depression severity, and diabetes stigma. Further analysis is needed to understand the trends of the control group.

NEXT STEPS

- Complete Week 12 Endline data collection
- In-depth analysis of differences over time by demographic factors and exposure to the intervention
- Explore impact of Kanasina Gulabi on the peer navigators delivering the intervention

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