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age had a statistically significant negative effect on glycohemoglobin levels by age,  $p < 0.05$ . BMI had no statistically significant impact on glycohemoglobin levels. Age had a statistically significant ( $P < 0.05$ ) positive effect on creatinine levels, while BMI had an insignificant ( $p > 0.05$ ) impact on creatinine levels. Age had a statistically significant negative effect on hemoglobin levels and low-density lipoprotein,  $p < 0.05$ . BMI had an insignificant effect on hemoglobin levels and low-density lipoprotein,  $p > 0.05$ .

## Discussion

We deliberated multidimensional and distinct studies to exhaust different dimensions taken by diabetes in the Saudi Arabia community. These studies extensively aimed at elucidating gender-status connection, net

autumn in which the disease is more likely to invade most people, the Asian community is undoubtedly predisposed to the disorder's environmental factor. According to Alanazi et al. (2., 2018), there is low awareness of the metabolic disorder, alongside its risk factors among the Saudi population. the study established that medical students and other health workers are not conversant with insulin injection, one of the most profound management frameworks for the disorder. Public awareness, coupled with awareness among the medical fraternity, is an essential prophylactic strategy. Successive generations of the study group are likely to learn from their predecessor's unhealthy lifestyle practices. Consequently, they would avoid such habits and consider healthy lifestyle behaviors. On the other hand, the medical fraternity will learn the art of appreciating insulin injection, an approach that will enhance patients' recovery. erefore, the creation of awareness of management practices and DM's risk factors enhances the prophylaxis and management of the disorder in the country. Findings from another study corroborated the same by indicating that Western cultures' adoption has predisposed the Saudi Arabian population, alongside other Asian communities, to DM. Socio-economic factors have been cited as the major contributing factor as many Asian communities embrace unhealthy western lifestyle habits. Awareness factor can be tied to both gender issues related to the disorder. Table 1 shows treatment traits-patient demographics relationships, and females seemingly outdo males in both walk-in and follow up medical activities. With few men considering and making decisions to seek medical assistance and observing medical follow-up for their condition, females are more likely to reprieve from medical aid. Males succumb to the disorder more than females. Descriptive retrospective research established that DM is a severe illness that affects pregnant women and unborn children. e disorder impedes the comprehensive and mature development of children's lungs, impairs renal arteries, and is an agent to dystocia. A better part of diabetic women was infertile as a small section of a ected women successfully conceived and maintained pregnancy. ey presented with many health complications during pregnancy, and many other factors have been linked with the disorder among pregnant women. 30-year-old women are more a ected than their younger counterparts, a phenomenon indicated and asserted statistically. Over half of 134 pregnant women a ected by the metabolic disorder were over 30 years. e other portion presented with DM-related illnesses like hypertension, depression, and stress, alongside poor dietary practices; the latter supports the argument that T2DM can be attributed to multiple demographical features, particularly age, in this case. Unlike males, females are more likely to suffer from the disease. Likewise, unborn children might suffer more from the disorder than male adults because of the disease's etiological aspects among pregnant women. e latter spells the epidemiological profile of the condition based on both gender and age [8]. Study established that 15% of the entire diabetic population controlled their sugar levels; with males and low-income individuals at the top of the list of individuals who hardly observed self-care activities, the study informs the variance in practicing DM management and prophylaxis. Poor execution of self-care practices is a profound contributor to the disorder's exacerbation in the given population. Females are likely to deploy self-care medical practices than their male counterparts, indicating that males are not as safe as females. e study established the landscape of T1DM in the Saudi population. Sa con rmed that 15.88% prevalence of the disease