important to prevent diabetic-related complications. Even though patient behavior has a crucial role in the success of diabetes diet therapy, it is in uenced by social, cultural, and psychological issues [13]. ere is limited evidence of the knowledge and practice of T2DM patients towards dietary therapy. erefore, the aim of the present study was to determine the knowledge, practice, and associated factors of T2DM patients towards dietary therapy.

Materials and Methods

Study area: e study was conducted at the University of Gondar Specialized Comprehensive Hospital among T2DM patients in the

	Widowed	83	20.2
	Orthodox	354	86.3
	Muslim	52	12.7
	Catholic	3	0.7
Religion	Other	1	0.2
	Urban	356	86.8
Residence	Rural	54	13.2
	Amhara	378	92.2
	Tigre	13	3.2
	Kimant	17	4.1
Ethnicity	Other	2	0.5
	No formal education	210	48.8
Educational status	Formal education	200	51.2
	Employed	139	33.9
	Unemployed	271	66.1
Occupation	<500ETB	91	22.2
House hold monthly	500-999ETB	81	19.8
Income	≥1000ETB	238	58
Attending Diabetic	Yes	167	40.7
Regular Diabetic	Yes	115	28
Counseling	No	295	72
Member of diabetic	Yes	181	44.1
Association	No	229	55.9
Nutritional training	Yes	77	18.8
Received	No	333	81.2

Table 1: Socio demographic characteristics of T2DM patients at University of Gondar Specialized comprehensive Hospital Northwest Ethiopia, 2017 (n=410).

Knowledge of T2DM patients towards dietary therapy

e prevalence of good knowledge of type II Dm patients towards dietary therapy was found to be 46.8% (95% CI; 42, 51.2), with the mean knowledge score of >6.38 towards

Factors associated with the knowledge of T2DM patients towards dietary therapy

In this study residence and educational status were signi cantly associated with knowledge of T2DM patients towards dietary therapy. Type 2 DM patients who were urban dwellers were 2.5 times [AOR=2.5, 95% CI; 1.3, 4.9] more likely to have good knowledge compared to those rural dwellers. Similarly, participants who attended [illegible] likely to have good knowledge compared to those who had no formal education (Table 2).

Variables	Category	Frequency (n)	Percent (%)
Total number of years	<5	222	54.1
		115	28.1
Since first DM diagnosis	>10	73	17.8
	<5	222	54.1
DM follow-up duration(in years)	5-Jan	115	28.1
Any co morbidity other than DM	Yes	203	50.5
	Hypertension	111	54.6
	Visual problem	45	22.2
Type of co-morbidity	Chronic renal disease	37	18.2
Asthma	10	5	
	Oral anti diabetics agent	278	67.8
	Insulin with oral anti diabetics agent	101	24.6
Type of diabetic treatment	Insulin	31	7.6
	<126	111	27.1
Current fasting blood sugar(mg/dl)	>126	299	72.9

	<5years	100	122	1.111 (0.651-1.894)	0
	5-10 years	61	54	1.530 (0.847-2.764)	0
Duration since DM Diagnosed	>10 years	31	42	1	0
	<5years	102	123	1.133 (0.661-1.943)	0
	5-10 years	60	54	1.519(0.836-2.760)	0
Follow up duration	>10 years	30	41	1	0

Note: AOR: Adjusted Odds Ratio, COR: Crude Odds Ratio

Variable	Category	Practice		COR (95% CI)	AOR (95% CI)
		Good	Poor		
Sex	Male	60	118	0.594 (0.397-0.890)	0
	Single	8	15	0.496 (0.190-1.296)	0
	Married	93	161	0.537 (0.326-0.886)	0
	Divorced	23	27	0.792 (0.392-1.601)	0
Marital status	Widowed	43	40	1	0
	formal education	105	95	2.638(1.758-3.960)	2.538 (1.605-4.012)
Educational Status	Non formal education	62	148	1	1
	Good knowledge	125	118	1.581(1.061-2.356)	1.599 (1.039-2.462)
Knowledge	Poor knowledge	67	100	1	1
	<5 years	93	132	1	0
	5-10 years	51	63	1.149 (0.729-1.810)	0
Diabetics follow up duration	>10 years	23	48	0.680(0.387-1.195)	0
	Yes	80	99	0.748 (0.503-1.112)	0.620 (0.392-0.982)
Diabetics membership	No	85	143	1	1
	Yes	118	133	1.992 (1.311-3.025)	1.825 (1.169-2.850)
Adequate dietary therapy information	No	49	110	1	1

Note: AOR: Adjusted Odds Ratio; COR; Crude Odds Ratio