International Journal of Community Medicine and Public Health
Nembang A et al. Int J Community Med Public Health. 2026 Nov;13(11):6315-6321
https://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20264050

Original Research Article

Health related quality of life among type 2 diabetes mellitus patients of Nepal: a cross-sectional study

Anshu Nembang[1], Pooja Prakash[1]*, Hritik Raj Paswan[2], Surabhi Sagar[3], Kajal Prakash[4], Barsha Prakash[5]

[1]Department of Nursing, Nepal Medical College, Kathmandu, Nepal
[2]Department of Medicine, B.P. Koirala Institute of Health Sciences, Dharan, Nepal
[3]Department of Dental, Gandaki Medical College, Pokhara, Nepal
[4]Department of Emergency Medicine, Sindhuli Hospital, Nepal
[5]Department of Medicine, R.U. Provincial Hospital, Lahan, Nepal

Received: 10 July 2026
Revised: 25 August 2026
Accepted: 26 August 2026

***Correspondence:**
Pooja Prakash,
E-mail: Prakash.pooja1990@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: To assess HRQOL and its associated factors among patients with T2DM attending Nepal Medical College and Teaching Hospital, Kathmandu.
Methods: A quantitative descriptive cross-sectional study was conducted among 72 T2DM patients selected using convenience sampling. Data were collected through a semi-structured questionnaire and WHOQOL-BREF tool. WHOQOL-BREF questionnaire (a standard tool developed by WHO) consists of 26 items divided into 4 domains i.e. physical health, psychological health, social relationships and environment. Data were analysed using descriptive statistics (frequency, percentage, mean, standard deviation) and Chi-square test for associations.
Results: The mean age of respondents was 52.31±11.15 years. The mean overall WHOQOL-BREF score was 83.54±7.46. Among domains, social relationship had the highest mean score, while environmental domain had the lowest. Most respondents (90.3%) reported excellent quality of life, while 9.7% had moderate quality of life. The age with physical health domain and marital status with social relationships domain have strong significant association at P value 0.035 and 0.003 respectively.
Conclusions: The study found relatively good HRQOL among T2DM patients, though variations existed across domains. Focused interventions targeting physical health, older age groups, and social support systems are recommended to further improve quality of life.

Keywords: Diabetes mellitus, Health-related quality of life, Type 2 diabetes mellitus, WHOQOL-BREF

INTRODUCTION

Despite Diabetes Mellitus is one of leading cause of morbidity and mortality with increased incidence globally, can be managed effectively enhancing the quality of life.[1] World Health Organization (WHO) has explained the Quality of life as an individual's subjective perception towards their well-being, encompassing physical, mental state, social relationship and environmental factors.[2] DM cause serious deterioration in general QOL mainly affecting the Health- related quality of life (HRQOL).[3] Health related quality of life is a multi-dimensional concept assess broad concept of individual's physical, psychological and social health affects their daily functioning, well-being and overall life satisfaction.[4] Most of the previous study have shown that Type-2 Diabetes Mellitus (T2DM) has a major well documented negative impact on HRQOL.[5,6] T2DM

accounts for more than 90% of the total cases of DM, globally.[7] The prevalence of type 2 diabetes mellitus in Asia has increased significantly in recent years, with approximately 107 million adults living with diabetes in South-East Asia in 2024, and the number projected to rise to 185 million by 2050; the majority of cases are type 2 diabetes (International Diabetes Federation, 2023-2024).[8]

In context of Nepal, The International Diabetes Federation reported the national prevalence of DM among people 20-79 years in Nepal to be 4% in 2017, which is expected to rise to 6.1% by 2045. In the same age group, 11.7% of total deaths were attributed to DM in Nepal and reported a 7.7% prevalence in 2024, representing over 1.25 million adults.[8] Individuals with type 2 diabetes mellitus need to perform lifelong self-care to prevent or delay its short- and long-term complications and to improve quality of life. This study on health-related quality of life (HRQOL) among person with type 2 diabetes mellitus is important for understanding how the disease affects patient's physical, psychological and social wellbeing beyond clinical measures. It provides a broader view of the real-life burden of diabetes. The Findings of the study will help healthcare professionals, especially nurses, to identify areas where patients face difficulties and to improve individualized care, education, and counselling for better disease management and self-care practices. The study aims to assess health related quality of life among person with type 2 diabetes mellitus at a tertiary care center in Kathmandu.

METHODS

A descriptive cross-sectional design was used to assess health related quality of life among persons with Type 2 Diabetes Mellitus at medicine OPD of NMCTH, Kathmandu. The prospective study was conducted from 26th December, 2025 to 27th June 2026. Patients were included with the criteria; diagnosed with Type 2 Diabetes Mellitus since > 6 months, willing to participate in the study, can communicate in Nepali and English. Non-probability, Convenience sampling technique was used with Daniel's formula for determining the sample size.

$$n0 = \frac{z^2pq}{d^2}$$

HRQOL of participants was assessed by using WHOQOL-BREF Questionnaire. All the questions were translated into Nepali language. The WHO-QOL BREF Questionnaire consists of four domain scores and 26 items. Each item is rated on a 5-point Likert scale, and domain scores are calculated and transformed into a 0-100 scale according to WHO guidelines. Higher score indicates better quality of life. Physical health (items 3, 4, 10, 15, 16, 17, 18): Assess energy levels, pain, sleep quality, mobility, ability to perform daily activities, dependence on medical treatments and capacity for work. Psychological health (items 5, 6,7,11, 19, 26): Evaluates positive feelings, thinking and concentration abilities, self-esteem, body image, negative emotions, and sense of meaning in life. Social relationships (items 20, 21, 22): Measures satisfaction with personal relationships, social support from friends and family and sexual life. Environment (items 8, 9, 12, 13, 14, 23, 24, 25): Examines physical safety, home conditions, financial resources, access to health services and information, leisure opportunities, physical environment quality and transport availability. The obtained score was converted to percentile and determine the three level of HRQOL. Face to face interview technique was used to collect the data. Pre testing was done on 10% of the sample size. The WHOQOL-BREEF has demonstrated strong cross-sectional validity. The reliability of instruments was obtained using internal consistency method with Cronbach alpha formula (0.939). The SPSS (Statistical Package for Social Science) software version 20 used for data analysis. Ethical approval was obtained from the Institutional Review Committee of NMCTH.

RESULTS

The respondents were 72 with the mean age 52.31±11.15 years. Less than half of respondents i.e. 37.5% had been diagnosed with type 2 diabetes mellitus for 1-5 years, followed by the majority of respondents (72.2%) taking oral hypoglycemic drugs (Table 1).

Table 1: Socio-demographic characteristics of respondents.

Variables	Frequency (n=72)	Percentage (%)
Age (years)		Mean±SD= 52.31±11.15
30-39	10	13.9
40-49	20	27.8
50-59	21	29.2
60-69	16	22.2
>70	5	6.9
Sex		
Male	27	37.5
Female	45	62.5
Marital status		
Single	5	6.9

Continued.

Variables	Frequency (n=72)	Percentage (%)
Married	61	84.7
Divorced	3	4.2
Widow	3	4.2
Educational level		
Informal education	28	38.9
Primary level	23	31.9
Secondary level	12	16.7
Higher secondary level	5	6.9
Graduate and above	4	5.6
Occupation		
Unemployed	43	59.7
Student	1	1.4
Retired	7	9.7
Employed	17	23.6
Self employed	4	5.6
Comorbid conditions		
Hypertension	29	40.3
Dyslipidemia	3	4.2
Thyroid disorder	9	12.5
Others	11	15.3
None	20	27.8

Table 2: Physical health of respondents (n=72).

Items	Not at all, N (%)	Little, N (%)	Moderate amount, N (%)	Very much, N (%)	Extreme amount, N (%)	Mean±SD
Pain and discomfort	-	14 (19.4)	17 (23.6)	23 (31.9)	18 (25.0)	3.63±1.067
Dependence on medical treatment	7 (9.7)	21 (29.2)	27 (37.5)	12 (16.7)	5 (6.9)	2.82±1.053
Items	**Not at all, N (%)**	**Little, N (%)**	**Moderately, N (%)**	**Mostly, N (%)**	**Completely, N (%)**	**Mean±SD**
Energy for daily life	4 (5.6)	12 (16.7)	27 (37.5)	22 (30.6)	7 (9.7)	3.22±1.028
Items	**Very poor, N (%)**	**Poor, N (%)**	**Neither, N (%)**	**Good, N (%)**	**Very good, N (%)**	**Mean±SD**
Mobility	1 (1.4)	7 (9.7)	35 (48.6)	24 (33.3)	5 (6.9)	3.35±0.808
Items	**Very dissatisfied, N (%)**	**Dissatisfied, N (%)**	**Neither, N (%)**	**Satisfied, N (%)**	**Very satisfied, N (%)**	**Mean±SD**
Sleep and rest	-	10 (13.9)	19 (26.4)	33 (45.8)	10 (13.9)	3.60±0.899
Activities of daily living	1 (1.4)	2 (2.8)	37 (51.4)	24 (33.3)	8 (11.1)	3.50±0.787
Satisfaction with work capacity	-	5 (6.9)	29 (40.3)	34 (47.2)	4 (5.6)	3.51±0.712

The findings of the study (Table 2) revealed an overall moderate to good quality of life in the physical domain among persons with type 2 diabetes mellitus. Notably, the highest mean score was observed for pain and discomfort (3.63±1.067), indicating a greater level of physical discomfort among respondents, while the lowest mean score was found for dependence on medical treatment (2.82±1.053), indicating comparatively lower dependence on treatment.

The findings revealed an overall moderate to good quality of life in the psychological domain among persons with type 2 diabetes mellitus (Table 3). Notably, the highest mean score was observed for satisfaction with self (3.76±0.796), indicating a more positive self-perception among respondents, while the lowest mean score was found for meaningfulness of life (3.32±0.747), indicating comparatively lower perception of life meaning. The findings revealed an overall satisfactory environmental quality of life among persons with type 2 diabetes mellitus. Notably, the highest mean score was observed for satisfaction with transport (3.68±0.819), indicating better satisfaction with transport services, while the lowest mean score was found for enough money for needs

(3.11±0.723), indicating comparatively lower financial satisfaction among respondents. The highest mean score was observed for satisfaction with sex life (4.03±0.736), indicating higher satisfaction in this aspect, while the lowest mean score was found for satisfaction with personal relationships (3.43±0.917). Table no 8 shows that the mean score of the WHOQOL-BREF domains among persons with type 2 diabetes mellitus was highest in the social relationship domain (28.17±4.45). The overall quality of life total score ranged from 63 to 109 with a mean score of 83.54±7.46, indicating a moderate level of quality of life among the respondents.

Table 2: Physical health of respondents (n=72).

Items	Not at all, N (%)	Little, N (%)	Moderate amount, N (%)	Very much, N (%)	Extreme amount, N (%)	Mean±SD
Enjoyment of life	1 (1.4)	8 (11.1)	27 (37.5)	27 (37.5)	9 (12.5)	3.49±0.904
Meaningfulness of life	-	6 (8.3)	43 (59.7)	17 (23.6)	6 (8.3)	3.32±0.747
Items	**Not at all, N (%)**	**Little, N (%)**	**Moderate amount, N (%)**	**Very much, N (%)**	**Extremely, N (%)**	**Mean±SD**
Ability to concentrate	1 (1.4)	7 (9.7)	32 (44.4)	29 (40.3)	3 (4.2)	3.36±0.775
	Not at all, N (%)	**Little, N (%)**	**Moderately, N (%)**	**Mostly, N (%)**	**Completely, N (%)**	**Mean±SD**
Satisfaction with body appearance	1 (1.4)	6 (8.3)	31 (43.1)	27 (37.5)	7 (9.7)	3.46±0.838
Items	**Very dissatisfied, N (%)**	**Dissatisfied, N (%)**	**Neither, N (%)**	**Satisfied, N (%)**	**Very satisfied, N (%)**	**Mean±SD**
Satisfaction with self	-	3 (4.2)	24 (33.3)	32 (44.4)	13 (18.1)	3.76±0.796
Frequency of negative feelings	-	8 (11.1)	14 (19.4)	50 (69.4)	0 (0)	3.58±0.687
Satisfaction with self	-	3 (4.2)	24 (33.3)	32 (44.4)	13 (18.1)	3.76±0.796

Table 4: Environment of respondents (n=72).

Items	Not at all, N (%)	Little, N (%)	Moderate amount, N (%)	Very much, N (%)	Extremely, N (%)	Mean±SD
Feeling of safety	-	4 (5.6)	32 (44.4)	32 (44.4)	4 (5.6)	3.50±0.692
Healthy physical environment	-	3 (4.2)	30 (41.7)	34 (47.2)	5 (6.9)	3.57±0.688
Items	**Not at all, N (%)**	**Little, N (%)**	**Moderate, N (%)**	**Mostly, N (%)**	**Completely, N (%)**	**Mean±SD**
Enough money for needs	1 (1.4)	9 (12.5)	46 (63.9)	13 (18.1)	3 (4.2)	3.11±0.723
Availability of information	-	14 (19.4)	26 (36.1)	25 (34.7)	7 (9.7)	3.35±0.906
Opportunity for leisure activities	-	11 (15.3)	35 (48.6)	20 (27.8)	6 (8.3)	3.29±0.830
Items	**Very dissatisfied, N (%)**	**Dissatisfied, N (%)**	**Neither, N (%)**	**Satisfied, N (%)**	**Very satisfied, N (%)**	**Mean±SD**
Satisfaction with living place	-	4 (5.6)	27 (37.5)	32 (44.4)	9 (12.5)	3.64±0.775
Satisfaction with health services	-	4 (5.6)	27 (37.5)	32 (44.4)	9 (12.5)	3.61±0.701
Satisfaction with transport	-	4 (5.6)	27 (37.5)	29 (40.3)	12 (16.7)	3.68±0.819

There was significant association between age and physical health (p=0.035) and marital status with social relationships (p=0.003). Overall, both good and poor quality of life were almost equally distributed across most socio-demographic categories, indicating no strong relationship between these variables and overall quality of life.

Table 5: Social relationships of respondents (n=72).

Items	Very dissatisfied, N (%)	Dissatisfied, N (%)	Neither, N (%)	Satisfied, N (%)	Very satisfied, N %)	Mean±SD
Satisfaction with personal relationship	-	3 (4.2)	18 (25.0)	45 (62.5)	6 (8.3)	3.43±0.917
Satisfaction with sex life	-	13 (18.1)	23 (31.9)	28 (38.9)	8 (11.1)	4.03±0.736
Satisfaction with support from friends	-	5 (6.9)	29 (40.3)	28 (38.9)	10 (13.9)	3.64±0.775

Table 6: Quality of life of respondents (n=72).

Quality of life	Frequency	Percentage
Moderate	7	9.7
Excellent	65	90.3

Table 7: Association between selected socio-demographic variables and domains of WHOQOL-BREF (n=72).

Variables	QOL scores of WHOQOL-BREF domains							
	Physical health		Psychological health		Environment		Social relationships	
	Good, N (%)	Poor, N (%)	Good, N (%)	Poor, N (%)	Good, N (%)	Poor, N (%)	Good, N (%)	Poor, N (%)
Age in years								
<50	19 (63.3)	11 (36.7)	5 (16.7)	25 (83)	13 (43.3)	17 (56.5)	16 (53.3)	14 (46.7)
>50	16 (38.1)	26 (61.9)	9 (21.4)	33 (78.6)	17 (40.5)	25 (59.5)	26 (61.9)	16 (38.1)
χ^2	4.465		0.253		0.059		0.529	
P value	0.035*		0.615		0.808		0.467	
Marital status								
Single	3 (27.3)	8 (72.7)	1 (10)	10 (90.9)	6 (54.5)	5 (45.5)	2 (18.2)	9 (81.8)
Married	32 (52.5)	29 (47.5)	13 (21.3)	4 8(78.7)	24 (39.3)	31 (54.4)	40 (65.6)	21(34.4)
χ^2	2.367		0.889		0.886		6.772	
P value	0.124		0.346		0.347		0.003*	
Diabetic age								
<10 years	26 (47.3)	29 (527)	11 (19.3)	46 (80.7)	25 (45.6)	31 (54.4)	34 (59.6)	23 (40.4)
>10 years	9 (64.3)	5 (35.7)	3 (20.0)	12 (80.0)	4 (26.7)	11 (73.3)	8 (53.3)	7 (46.7)
χ^2	1.292		0.014		1.754		0.195	
P value	0.256		0.951		0.185		0.659	
Comorbid condition								
Yes	22 (42.3)	30 (57.7)	11 (21.2)	41 (78.8)	20 (38.5)	32 (61.5)	27 (51.9)	25 (48.1)
No	13 (65.0)	7 (35.0)	3 (15.0)	17 (85.0)	10 (50.0)	10 (50.0)	15 (75.0)	5 (25.0)
χ^2	2.978		0.394		0.791		3.165	
P value	0.085		0.555		0.374		0.075	

*P value significant at <0.05

Table 8: Association between selected socio-demographic variables and overall WHOQOL-BREF.

Variables	Good, N (%)	Poor, N (%)	χ^2 (df)	P value
Age in years				
<50	16 (53.3)	14 (46.7)	4.462 (1)	0.085
≥50	24 (57.1)	18 (42.9)		
Sex				
Female	21 (46.7)	24 (53.3)	0.015 (1)	0.903
Male	13 (48.1)	14 (51.9)		
Marital status				
Single	4 (36.4)	7 (63.6)	0.614 (1)	0.433
Married	30 (49.2)	31 (50.8)		

Continued.

Variables	Good, N (%)	Poor, N (%)	χ^2 (df)	P value
Educational level				
Literate	20 (45.5)	24 (54.4)	0.142 (1)	0.706
Illiterate	14 (50.0)	14 (50.0)		
Occupation				
Unemployed	24 (47.1)	27 (52.9)	0.002 (1)	0.965
Employed	10 (47.6)	11 (52.8)		
Diabetic age				
10 years	9 (60.0)	6 (40.0)		
Type of treatment				
Non-insulin	28 (50.9)	27 (49.1)	1.270 (1)	0.260
Insulin-based	6 (35.3)	11 (64.7)		
Comorbid conditions				
Yes	22 (42.3)	30 (57.7)	1.814 (1)	0.178
No	12 (60.0)	8 (40.0)		

*P value significant at <0.05

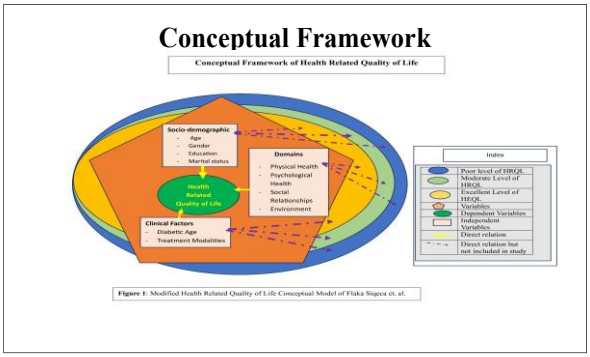


Figure 1: Modified conceptual Framework.

DISCUSSION

The present study showed that the physical domain of health-related quality of life among type 2 diabetes mellitus patients was moderately affected, with higher mean scores for pain and discomfort (3.53±0.94) and lower scores for energy and fatigue (2.56±0.94). In contrast, a study conducted in Western India reported greater impairment in dependence on medical treatment (4.37±0.64), along with pain, fatigue, and functional limitations.[9] The psychological mean score was for satisfaction with self (3.76±0.796). and the finding is in consistent with studies conducted in Bangladesh, where diabetic patients also reported relatively higher self-satisfaction despite the psychological burden of the disease, possibly due to adaptation and coping with long-term illness. In contrast a study conducted in Western India reported greater impairment in negative feelings (3.4±0.95).[9] Regarding the environmental domain, the mean scores were observed in satisfaction with health services and satisfaction with living place 3.64±0.774. Similarly, a study conducted in Western India reported relatively higher scores in living place 3.56±0.65 and health service access 3.47±0.63.[9] The findings of both studies indicate comparatively better satisfaction with environmental conditions, particularly in terms of living environment and access to health services, which may be influenced by availability of healthcare facilities and living conditions in the study areas. In social relationships score have shown satisfaction level with sex life (4.03±0.736), indicating relatively higher satisfaction in this aspect of social relationships. Similarly, a study conducted in western India reported the highest mean score for support from friends (3.14±0.44).[9]

Regarding the overall quality of life across four domains, the present study showed a total mean score of 83.54. This finding is higher than studies conducted in Nepal (63.8) and Telangana, India (49.95), but comparable to another study conducted in India (76.65±8.29).[10,11] The observed variation may be due to differences in study populations, disease characteristics, and healthcare access across the study setting. The social domain had the highest mean score among all domains (28.17±4.47), indicating relatively better social functioning compared to other domains. In contrast, a study conducted in Telangana reported a higher mean score in the social domain (56.10±20.7), while a study from Western India reported a comparatively lower score (38.38±13.23).[12,10] The variation may be due to differences in scoring patterns, sociocultural factors, social support systems, and study population characteristics.

In the present study, 90.3% of respondents had excellent quality of life and 9.7% had moderate quality of life, with no poor cases, indicating an overall high level of health-related quality of life among patients with type 2 diabetes mellitus. This finding is in contrast with Bangladesh[9] where most participants reported average quality of life and 22.2% had poor quality of life. Similarly, Nepal and India reported moderate to lower quality of life among diabetic patients.[13,10] Strongly significant association is observed in age with physical domain p=0.035 and Marital status with social relationships 0.003. The present study showed a statistically significant association between age and the physical health domain (p=0.035), with respondents aged below 50 years having better physical health scores compared to those above 50 years. This finding is consistent with studies conducted in

Pokhara and Iran, which also reported a significant association between age and physical health ($p<0.001$).[14] In contrast, a study conducted in Nepal did not find a significant association between age and physical health ($p=0.180$).[10] The variation may be due to differences in sample characteristics, disease duration, and health status of the study populations. In the current study, marital status showed a statistically significant association with the social relationship domain ($p=0.003$). This finding is consistent with studies conducted in Iran ($p<0.001$) and Nepal ($p=0.001$), which also reported a significant association.[14,10] However, a study conducted in Pokhara reported no significant association ($p=0.070$).[14] The variation may be due to differences in social support systems, cultural practices, and sample characteristics across study settings.

CONCLUSION

The present study concluded that patients with type 2 diabetes mellitus had a relatively high overall quality of life, with most respondents reporting excellent quality of life (90.3%) and a mean total score of 83.54. The social relationship domain showed the highest mean score among all WHOQOL-BREF domains. Significant associations were observed between age and the physical health domain, marital status and the social relationship domain. Overall, the study indicates that quality of life varies across domains and is influenced by certain socio-demographic factors in specific areas, highlighting the importance of targeted interventions to improve physical health and social well-being in diabetic patients.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee (N Std Prop-15-82/83, Dated May 03 2026)

REFERENCES

1. Martínez-Castelao A, Górriz JL, Fernández-Fernández B, Soler MJ, Navarro-González JF. Diabetes mellitus and chronic kidney disease: the future is being surpassed. J Clin Med. 2025;14(23):8326.
2. World Health Organization. WHOQOL: Measuring quality of life, 2012. Available at: https://www.who.int/tools/whoqol. Assessed 26 April 2026.
3. Trikkalinou A, Papazafiropoulou AK, Melidonis A. Type 2 diabetes and quality of life. World J Diabetes. 2017;8(4):120-9.
4. Johns Hopkins Arthritis Center. What is health-related quality of life?. Available at: https://www.hopkinsarthritis.org/arthritis-research/patient-centered-outcomes-research/what-is-health-related-quality-of-life/. Accessed 29 Apr 2026.
5. World Health Organization. Non-communicable disease risk factor survey, Bangladesh. 2010. Available at: https://www.who.int. Accessed 29 April 2026.
6. Islam SM, Purnat TD, Phuong NT, Mwingira U, Schacht K, Fröschl G. Non-Communicable Diseases (NCDs) in developing countries: a symposium report. Globalization Health. 2014;10(1):81.
7. World Health Organization. WHO Diabetes, 2024. Available at: https://www.who.int/news-room/fact-sheets/detail/diabetes. Accessed 03 June 2026.
8. International Diabetes Federation. IDF Diabetes Atlas. 11th ed. Brussels, Belgium: International Diabetes Federation; 2023-2025
9. Saleh F, Khan AKA, Ara F, Kabir IA. Assessment of health-related quality of life of Bangladeshi type 2 diabetic patients. J Diabet Mell. 2022;12(4):245-56.
10. Esubalew H, Belachew A, Seid Y, Wondmagegn H, Temesgen K, Ayele T. Health-related quality of Life among type 2 diabetes mellitus patients using the 36-Item Short Form Health Survey (SF-36) in Central Ethiopia: A Multicenter Study. Diabetes Metab Syndr Obes. 2024;17:1039-49.
11. Gholami A, Azini M, Borji A, Shirazi F, Sharafi Z, Zarei E. Quality of life in patients with type 2 diabetes: application of WHOQOL-BREF scale. Shiraz E-Med J. 2013;14(3):162-71.
12. KC T. Factors associated with health-related quality of life among Nepalese patients with type 2 diabetes mellitus: a cross-sectional study. J Inst Med. 2017;39(1):75-81
13. Magar KR, Sharma S, Adhikari S, Gurung B, Poudel K, Poudel A. Health related quality of life in diabetic patients in Pokhara Metropolitan City. Med J Pokhara Acad Health Sci. 2021;4(2):397-403.
14. Monica G, Moulika K, Kumar NS, Anusha M. Study to assess health related quality of life in type II diabetes mellitus patients in rural Medchal Mandal, Ranga Reddy District, Telangana State. Eur J Cardiovasc Med. 2024;14 (4):1121-6.
15. Gupta J, Kapoor D, Sood V. Quality of life and its determinants in patients with diabetes mellitus from two health institutions of sub-Himalayan region of India. Indian J Endocrinol Metab. 2021;25(3):211-9.

Cite this article as: Nembang A, Prakash P, Paswan HR, Sagar S, Prakash K, Prakash B. Health related quality of life among type 2 diabetes mellitus patients of Nepal: a cross-sectional study. Int J Community Med Public Health 2026;13:6315-21.