

## A STUDY TO ASSESS THE KNOWLEDGE REGARDING CARE AND MANAGEMENT OF SELECTED HEALTH PROBLEMS OF ELDERLY WOMEN (50 YEARS AND ABOVE) AMONG CARE GIVERS

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### ABSTRACT:

The common health problem's affecting to the elderly women like Hypertension, osteoporosis, Cataract, Depression, Stroke, diabetes mellitus, dementia, Alzheimer and stress. In this study aim to assess the effectiveness of structured educational programme on knowledge regarding care and management of selected health problems of elderly women among care givers in selected villages of Punjab.

This study was Quantitative research approach is adopted The research design selected for the present study Quasi experimental study to assess the effectiveness of Structured educational programme on knowledge regarding care and management of selected health problems of elderly women among care givers in selected villages of Punjab. The sample of the present study comprised of 200 experimental and 200 control group. Convenient sampling technique was used to select the sample for the study. The tools in the present study were socio demographic profile data, structured knowledge questionnaire to assess knowledge. Conceptual model of this study relies on Modified Conceptual Model based on Ludwig Von Bertalanffy General System Theory 1968. Statistical Analysis Comparing of findings of experimental and control group using descriptive and inferential statistics. The knowledge mean post-test scores of knowledge (33.06) were significantly high in comparison to mean pre-test scores of knowledge (16.32) in experimental group. It reflects that it was significant difference. The mean post-test scores of knowledge (15.83) were significantly high in comparison to mean pre-test scores of knowledge (15.815) in control group. It reflects that it was no significant difference.

It is concluded that structured educational programme relating to care and management of selected health problems of elderly women was effective as a teaching strategy that helped the care givers to enhance their knowledge.

**KEY WORDS:** Knowledge, Structured educational programme, Care givers, Care and management of selected health problems of elderly women.

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**INTRODUCTION**

Aging population is a global issue. One concern is the shortage of beds making it necessary to provide more complex care to the elderly with chronic health conditions while they are living at home. At the same time, an aging population also reduces the availability of family care givers. The most common chronic conditions affecting elderly women are cardio vascular diseases, osteoporosis, dementia and depression. Although most of the elderly women with chronic conditions are able to meet their own needs and only 25% of them may require a special type of care. When the elderly lose their health and independence, they lose control over their own destiny and are at the mercy of others for care.

The World Health Organization (WHO) considers people aged over 60 as older people and assumes three sub-periods such as young-old (60-74 years old), old (75-90 years old), and oldest (> 90 years old). There will be two billion older adults in the world by 2050, with 80 percent of them living in developing countries.

Dementia is common psychiatric morbidity among the elderly. It is estimated that in 2020, 42.3 million people were living with dementia, which is going to increase to 81.1 million in 2040. Hypertension is one of the commonest diseases among the people above 50 years of age. It is mostly called as the “silent killer” as most of the clients does not know the symptoms of the onset. Osteoporosis is the disease characterized by low bone mass and micro-architectural deterioration of bone tissue leading to enhanced bone fragility and a consequent increase at fracture risk.

The loss of vision among elderly is a major health care problem. Blindness is considered as short of relatively loss of life. Reducing eye disease by the age of 60 years, vision impairment is associated with a decreased ability to perform activities of daily living and increased risk for depression. Cataract occurs when the clear lens of the eye becomes cloudy, leading to gradual loss of vision which can ultimately lead to blindness. Diabetes mellitus is a group of metabolic disorders in which a person develops high blood sugar, either due to inadequate insulin production or insensitivity of the cells to insulin. Depression is a major mental health problem. About 322 million people affected with depression worldwide. In India, elderly persons (60 years and above) constitute 8.6% of the total population, which is projected to reach 19% by 2050. Stroke is a heterogeneous, neurological syndrome characterized by gradual or rapid, no convulsive onset of neurological deficits that fit a known vascular territory and that last for 24 hours or more.

Caregivers also need to learn to monitor patients for new signs and symptoms, adverse events, and positive responses to treatment. Community health nurse are play crucial role in providing knowledge to care giver about good patient care and promoting self-care management.

**OBJECTIVES**

1. To assess pre intervention knowledge regarding care and management of selected health problems of elderly among care givers of experimental and control group in selected villages of Punjab.
2. To assess post interventional knowledge regarding care and management of selected health problems of elderly among care givers of experimental and control group in selected villages of Punjab.

**MATERIALS AND METHODS**

A quasi-experimental research design under nonrandomized control group design which include experimental group and control group was used to conduct the study. In this study sample were care givers. The sample size was 400 including 200 experimental and 200 control group and convenient sampling technique was used to select the sample for the study.

**TOOLS**

Tools consist of two sections:

**Section A: Socio demographic profile data sheet**

Socio Demographic Profile: Socio demographic variables under the study are- Age (in years), Gender, Marital status, Religion, Educational status, Type of family, Relationship with elderly women, Duration of care giving, Source of information.

**Section B: Structured Knowledge Questionnaire**

It consists 48 self-structured questionnaire to assess the effectiveness of structured educational programme on Knowledge regarding care and management of selected health problems of elderly (50 years and above) among care givers in selected villages of Punjab.

## RESULTS

Table No. 1 Pre-test and post-test level of knowledge of experimental and control group N=400

Level of knowledge	Level of score	Experimental group (n=200)		Control group (n=200)	
		Pre-test	Post-test	Pre-test	Post-test
Adequate knowledge	(33-48)	2(1%)	112(56%)	0(0%)	1(0.5%)
Moderate knowledge	(17-32)	89(44.5%)	87(43.5%)	93(46.5%)	100(50%)
Inadequate knowledge	(0-16)	109(54.5%)	1(0.5%)	107(53.5%)	99(49.5%)

Table shows that 200 care giver in experimental group, 2(1%) had adequate knowledge score followed by 89(44.5%) had moderate knowledge score followed by 109(54.5%) had inadequate knowledge score in pre test knowledge score and after the administration of structured educational programme, shows that 200 care giver 112(56%) had adequate knowledge score followed by 87(43.5%) had moderate knowledge score and 1(0.5%) had inadequate knowledge score in post test knowledge score. It reveals that after 7 days of administration of structured educational programme had significantly improved the knowledge score in experimental group. On the other hand, shows that 200 care giver in control group, 0(0%) had adequate knowledge score followed by 93(46.5%) had moderate knowledge score followed by 107(53.5%) had inadequate knowledge score in pre test score and without administration of structured teaching educational, shows that 200 care giver 1(0.5%) had good knowledge score followed by 100(50%) had average knowledge score and 99(49.5%) had poor knowledge score and in post test knowledge score. It reveals that after 7 days of without administration of structured educational programme had not significantly improved the knowledge score in control group.

## CONCLUSION

It is concluded that structured educational programme relating to care and management of selected health problems of elderly women was effective as a teaching strategy that helped the care givers to enhance their knowledge.

## REFERENCES

1. Hong tao and susan Mc roy caring for and elderly at their home chinease nursing research, 2015:31-34.
2. G. vijayalakshmi1, Sahana1, Saral Knowledge of Elderly Patients and their Caregivers in the Management of Selected Health Problems of Elderly. Journal of Clinical and Biomedical Sciences 2015; 5(2):64-67.
3. Beard JR, Bloom DE. Towards a comprehensive public health response to population ageing. Lancet 2015; 385(9968): 658-61.
4. Mehrabian F, Aminian M, Heidarzadeh A. Study of age at onset and causes of disability of elderly people in hospice (nursing home) of disabled and elderly people of Rasht. 2017;26(101): 46-57.
5. Faronbi JO, Adebowale O, Faronbi GO, Musa OO, Ayamolowo SJ. Perception knowledge and attitude of nursing students towards the care of older patients. Int J Afr Nurs Sci 2017; 7: 37-42.
6. Simon Krutter and Dagmar Schaffler-Schaden Comparing perspectives of family caregivers and healthcare professionals regarding caregiver burden in dementia care: results of a mixed methods study in a rural setting Age and Ageing 2020;49:199–207.
7. Das SK, Pal S, Ghosal MK. Dementia: Indian scenario. Neurol India 2012; 60: 618–624.
8. Mr.Freddy Micheal.V and Ms. Gowsalya.S et al. 2015 A Descriptive Study to Assess the Level of Knowledge Regarding Hypertension and its Management Among the Hypertensive Elderly in A Selected Rural Community, Kanchipuram District,9(2):118-11.
9. Rajan J. and Sakthibalan M et al. (2019) "Knowledge, attitude and practice of hypertension among hypertensive patients in a tertiary care teaching hospital". International Journal of Basic & Clinical Pharmacology,8(5):1013-8.
10. Kearney PM, Whelton M, Reynolds K, Muntner P, Whelton PK, He J. Global burden of hypertension: analysis of worldwide data. Lancet. 2005; 365:217–223.