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

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ABSTRACT

Despite many common experiences, caregivers' roles are highly variable across the course of caregiving. Family caregiving is more intensive, complex, and long lasting, caregivers rarely receive adequate preparation for their role. Quantitative research approach is adopted in this research. The research design selected for the present study Quasi experimental study to assess the effectiveness of Structured teaching program on attitude 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 data revealed that in experimental group standard deviation of pre test is 16.674 and the standard deviation of post test is 12.697. The DF is 29 and T test value is 31.257 and the table value is 2.05. So, it was significant at 0.05 level of significance. In control group the standard deviation of pre test is 7.486 and the standard deviation of post test is 8.786. The DF is 29 and T test value is 1.522 and the table value is 2.05. So, it was not significant at 0.05 level of significance.

KEY WORDS: Attitude, 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 plan and implement Structured educational programme regarding care and management of selected health problems of elderly among care givers of experimental group in selected villages of Punjab.
2. To compare pre and post interventional attitude 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: Likert scale

It consists 30 Likert scale to assess the effectiveness of structured educational programme on attitude 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 compare level of attitude of experimental and control group.

ATTITUDE SCORE							
Experimental group(n=200)							
	Mean	**Mean difference**	**SD**	**DF**	**T test**	**Table value**	**Results**
Pre-Interventional	62.51	29.55	16.674	29	31.257	2.05	*Significant at 0.05
Post Interventional	106.74		12.697				
Control group(n=200)							
	Mean	**Mean Difference**	**SD**	**DF**	**T test**	**Table Value**	**Results**
Pre-Interventional	60.690	30.35	7.486	29	1.522	2.05	*Non-Significant at 0.05
Post Interventional	61.34		8.786				

Table shows that the data revealed that in experimental group the mean of pretest level of attitude score is 62.51 and the mean post test level of attitude score is 106.74. The mean difference of level of attitude score is 44.23. The standard deviation of pre test is 16.674 and the standard deviation of post test is 12.697. The DF is 29 and T test value is 31.257 and the table value is 2.05. So, it was significant at 0.05 level of significance. While comparing the pre test and post test attitude score with the pretest attitude score in experimental group, the data shows that there was significant difference between pre and post test attitude scores among experimental group. The result shows that after administration of structured educational programme was effective to enhance the attitude score of care givers have improved significantly. Hence Hypothesis H_1 is accepted.

On other hand shows that in control group the mean of pretest level of attitude score is 60.690 and the mean post test level of attitude score is 61.34. The mean difference of level of attitude score is 0.65. The standard deviation of pre test is 7.486 and the standard deviation of post test is 8.786. The DF is 29 and T test value is 1.522 and the table value is 2.05. So, it was not significant at 0.05 level of significance. While comparing the pretest attitude score with the post test attitude score in control group, the data shows that there was no significant difference between pre and post test attitude scores among control group. The result shows that without administration of structured educational programme the knowledge remains same of care givers have not improved significantly. Hence Hypothesis H_2 is rejected.

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 improve their attitude.

REFERENCES

1. Hong Tao and Susan Mc Roy caring for and elderly at their home Chinese 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. 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 2015, 9(2):118-11.
9. Rajan J. and Sakthibalan M et al., "Knowledge, attitude and practice of hypertension among hypertensive patients in a tertiary care teaching hospital". International Journal of Basic & Clinical Pharmacology, 2019, 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.