

# To Evaluate the Effectiveness of Structured Teaching Programme Regarding Knowledge on Health Promotion Strategies among Elderly Care Giver at Selected Old Age Home of Mysore District

Nandaprakash P<sup>1</sup>, Lingaraju M<sup>2</sup>, B.S. Shakuntala<sup>3</sup>

<sup>1</sup>Professor & HOD Department of Community Health Nursing, Government College of Nursing, Irwin Road, Mysore, <sup>2</sup>Assistant Professor, Department of Community Health Nursing, JSS College of Nursing, Mysore, <sup>3</sup>Dean (Nursing), AECS Maaruti College of Nursing, Bangalore

## ABSTRACT

**Background of the Study:** Care giver has knowledge on health promotion of the elderly, but knowledge level can be increased through structured teaching program.

**Aim:** The main objectives of the study were to determine the level of knowledge on health promotion of the elderly among the care givers and to improve the knowledge level of health promotion of elderly, which will be helpful in their future.

**Method:** One group Pre-test, Post-test designs without a control group with evaluative research approach was used. A study was conducted at “the little sister of the poor. Mysore.” 30 care giver was selected by using Convenient Sampling Technique. The pre-test assessment of knowledge of the caregivers was carried out using a structured knowledge questionnaire followed by structured teaching programme sessions regarding knowledge of health promotion on elderly care. After a lapse of 7 days, post-test was conducted using the same structured knowledge questionnaire. The collected data was analyzed by using descriptive and inferential statistics.

**Results:** The mean percentage of knowledge in the pre-test was 35.52% with mean and SD of 3.98 and 1.838. However, after the administration of structured teaching programme, the mean percentage had increased to 47.06%, with mean and SD of 2.79 and 1.601, respectively. The study findings revealed there was no association between pre-test knowledge score of the caregivers of elderly in family setting and selected demographic variables. The obtained ‘t’ value [43.29, P<0.05] was higher than the table value indicating the effectiveness of structured teaching programme.

**Interpretation and Conclusions:** The study findings revealed that there was deficient knowledge among caregivers. The Structured Teaching Programme was effective in enhancing the knowledge regarding health promotion of elderly care. The study findings implied that teaching program had a vital role in improving the knowledge of the caregivers.

**Keywords:** Health promotion strategies, Structured Teaching Programme, Care Giver, Hold age Home.

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## Corresponding Author:

**Dr, Nandaprakash P.** MSc (N), Ph.D (N)  
Professor & HOD Department of Community Health Nursing, Government College of Nursing, Mysore Medical College and Research Institute, Mysore Irwin Road, Mysore- 570 001

## INTRODUCTION OR BACK GROUND

Ageing is an inescapable reality of the human existence on the planet earth and plays a crucial role in the global demographic transition. Normal ageing changes reduce the functional ability and mobility of senior citizen functional ability includes activity of

daily livings (ADL) instrumental activities of daily living (IADL) ADL refers to daily self-care activities of the individual either in his / her residence or in outdoor environment. ADLS include bathing, dressing, toileting transferring eating and other functions of the body.<sup>1</sup>

Elders are like children with their mood swings, sometimes too quickly not allowing us enough time to grasp. Elders need attention at homes and if they don't get it, they start demanding it. When the elders begin to feel they are neglected, they adopt ways to attract attention from us and one times irritating. Mental agitation, restlessness, Falling sick often, nausea, vomiting and even suicide attempts could be just reactions to this neglect by family members. Older people are, need of vital support that they will keep important aspects of their life-styles intact while identity and in turn it leads to low moral, decreased level of satisfaction, depression and feeling of loneliness and helplessness.<sup>2</sup>

In India the population of older persons (60+) in the total population of India was around 5.5% which increased to nearly 6% in 1971 and above 7.5% in 2001 in absolute terms the magnitude of such population has increased from nearly 2 cores in 1951 and 7.2 cores in 2001 and expected to be 8% in the next decade.<sup>3</sup>

According to recent statistic related to elderly people in India (2001 census) it was observed that as many as 75% of elderly persons were living in rural areas about 48.2% of elderly persons were women out of whom 55% were widows, a total of 73% of elderly persons were illiterate and dependent on physical labor, 1/3<sup>rd</sup> was reported to be living below the poverty line that is 66% of older persons were in a vulnerable situation without adequate food, clothing or shelter.<sup>4</sup>

In the light of the above facts and from the experience of the researcher, it is observed a lot of short comings in the care of elderly. The caregivers grumble to take care of the elderly in their family. Many of the times they fail to understand the feelings of elderly. Hence there is a feeling of worthlessness, loneliness and negligence expressed by elderly. The caregivers find difficult to cope with this situation. Improving the knowledge, skill and attitude of caregivers may help elderly to receive better care. At the same time making caregivers aware about the functional inabilities of their elderly is also very important. With these views the investigators wish to conduct this study.

## MATERIAL AND METHOD

### STATEMENT OF THE PROBLEM

“To Evaluate the Effectiveness of Structured Teaching Programme Regarding Knowledge on Health Promotion Strategies among Elderly Care Givers at Selected Old Age Home of Mysore District”

**Aim:** To Improve Knowledge of elderly care givers regarding health promotion strategies.

### OBJECTIVES OF THE STUDY

1. To assess the Knowledge on Health Promotion among Elderly Care Givers at selected Old Age Home.
2. To evaluate the effectiveness of structured teaching programme on Knowledge on Health Promotion among Elderly Care Givers at selected Old Age Home.
3. To find the association between pre-test Knowledge scores on Health Promotion among Elderly Care Givers and selected demographic variables.

### HYPOTHESES

H<sub>1</sub>: The mean post-test knowledge score regarding health promotion strategies will be significantly higher than the mean pre-test knowledge scores.

H<sub>2</sub>: There will be significant association between mean pre-test knowledge score regarding health promotion strategies among caregivers in old age home and selected demographic variables.

### RESEARCH APPROACH:

Evaluative quasi-experimental approach was adopted.

### RESEARCH DESIGN:

Quasi-experimental with one group pre-test and post-test design, in which pre-test is conducted followed by structured teaching programme and then conducting post-test for the same group after 7 days on 40 subjects.

Pre Test	Treatment	Post Test
Assessment of Knowledge	Structured Teaching Programme	Assessment of Knowledge
O <sub>1</sub>	X	O <sub>2</sub>

O<sub>1</sub> Pre-test the Knowledge regarding health Promotion strategies.

X Structured Teaching Programme regarding Health Promotion Strategies.

O<sub>2</sub> Post-test Knowledge regarding Health Promotion Strategies.

**SETTING:** This study was conducted in the Little Sisters old age Home, Mysore

**TARGET POPULATION:** Target population in the present study was elderly care.

**SAMPLING TECHNIQUE:** convenient sampling technique was adapted to select sample for the study.

**SAMPLE AND SAMPLE SIZE:** The sample of this study comprised of 40 elderly care givers

#### CRITERIA FOR SELECTION OF SAMPLE

Care givers of elderly people.

Who are present during the time of data collection .

Those willing to participate

#### b) Exclusion Criteria:

Not willing to participate

Not available during data collection

Development of the Structured Teaching Programme

Structured teaching plan was developed based on Objectives, Review of Literature and consulting with experts. The steps adopted in the development of structured teaching programme were:

#### Preparation of First Draft

Structured teaching plan was prepared on the basis of review of literature, which was pertaining to the development of structured teaching programme on knowledge regarding health promotion strategies.

Development of Criteria Checklist to evaluate the structured teaching programme

Identification and Stating of Objectives in Behavioural Terms

#### Selection of the Content

The content of health promotion strategies was selected through literature search and in consultation with the guides.

#### CONTENT VALIDITY OF THE STRUCTURED TEACHING PROGRAMME.

The initial draft of structured teaching plan was given to 10 experts in the field along with the tool. The necessary modifications were incorporated in the structured teaching plan based on suggestions of experts.

**Reliability of the tool:** Reliability of the tool: The reliability co-efficient of knowledge questionnaire found to be 0.97, it revealing the tool is feasible for administration for the main study. Since the knowledge co-efficient for the scale  $r > 0.70$ , the tool was found to be reliable and feasible. ( $r=2r/1+r$ ) Brown's prophecy formula is used.

#### DATA COLLECTION AND PROCEDURE

**(a) Permission from the Concerned Authority:** Formal administrative permission was obtained from concerned authority, Little Sister Old Age Home, Mysore.

**(b) Period of Data collection:** The main study was conducted for a period of 4 weeks between 11-10-2018 to 08-11-2018 at Little Sister Old Age Home, Mysore.

**(c) Pre-test (O<sub>1</sub>):** The investigator collected data from 40 care givers at Little Sister Old Age Home, Mysore.

#### (d) Administration of Structured Teaching Programme

After pre-testing, the structured teaching programme was administered on the same day.

**(e) Post-test (O<sub>2</sub>):** Post test was conducted on 8<sup>th</sup> day to find out the effectiveness of structure teaching programme in terms of increase in their knowledge. All the participants co-operated well with the investigator in both pre-test and post-test.

**DESCRIPTION OF DEMOGRAPHIC VARIABLES****Table 1: Frequency and percentage distribution of demographic variables**

Sl. No.	Demographic variables	Frequency (f)	Percentage (%)
1.	<b>Age in years</b> a. 6-12 b. 13-18 c. 19-26 d. 27 and above	22 9 7 2	55.0 22.5 17.5 5.0
2.	<b>Religion</b> a. Hindu b. Christian c. Muslim	23 7 10	57.5 17.5 25.0
3.	<b>Caregivers Qualification</b> a. Primary b. Secondary c. Higher Secondary d. Degree	24 3 11 2	60.0 7.5 27.5 5.0
4.	<b>Caregivers occupation</b> a. Agriculture b. Government service c. Private Service d. Business	30 1 5 4	75.0 2.5 12.5 10.0
5.	<b>Caregivers relationship with elderly</b> a. Children b. Grand Children c. Neighbour d. Daughter or Son in law	9 9 7 15	22.5 22.5 17.5 37.5

**MAJOR FINDINGS OF THE STUDY****I: Findings related to the subjects personal characteristics:**

- Majority of respondents were age groups 55.0% of below 6 to 12 years.
- Majority of the respondents 57.5% were Hindus.
- Majority of respondents 60% with primary school Educational Qualification.
- Majority of respondents 75.0% occupation was agriculture.
- Majority of respondents relationship with elderly 37.5 0% was daughter or son in laws.

**FINDINGS RELATED TO EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME**

- The pretest knowledge of majority 80.0% (32) of the subjects regarding health promotion strategies among elderly car givers was poor, whereas the posttest level of knowledge of 87.5% (35) of subjects was adequate and 28.3% (17) of subjects was good
- Computed 't' value ( $t_{59}=43.29$ ) is greater than the table value ( $P<0.05$ ), which represents the significant gain of knowledge through structured teaching programme. Hence the research hypothesis  $H_1$  was accepted. Thus it suggests that the structured teaching programme has been effective in increasing the knowledge of elderly care givers at litter sister old age home.

**TABLE-2: OVERALL AND ASPECT WISE PRE-TEST MEAN KNOWLEDGE SCORES OF RESPONDENTS**

Sno	Knowledge Level	Category	Respondents	
			Number	Percent
1	Poor	≤ 40	32.0	80.0
2	Average	41 -60	08.0	20.0
3	Good	61 -80	0.0	0.0
4	Very good	81 -100	0.0	0.0
	Total		40	100.0

The data in Table 2 shows that majority of the respondents, 32 (80%) had poor knowledge followed by 8 (20%) respondents who had average knowledge, while none of them had good and very good knowledge regarding geriatric care.

**Table-3: CLASSIFICATION OF RESPONDENTS ON POST TEST MEAN KNOWLEDGE SCORES OF RESPONDENTS**

Level of knowledge	Percentage of range of score	Frequency (f)	Percentage (%)
Poor	≤ 40	0	0.0
Average	41 -60	0	0.0
Good	61 -80	35	87.5
Very good	81 -100	5	12.5
	Total	40	100

The data in table 2 shows that 35 (87.5%) respondents had good knowledge regarding health promotion strategies among elderly care givers, followed by 5 (12.5%) respondents who had very good knowledge.

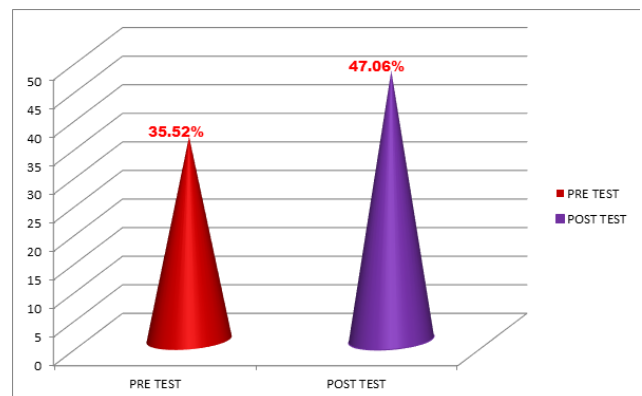
TESTING OF HYPOTHESES

**Table 4: Mean, Mean difference, Standard deviation, ‘t’ value of pre-test and post-test knowledge scores**

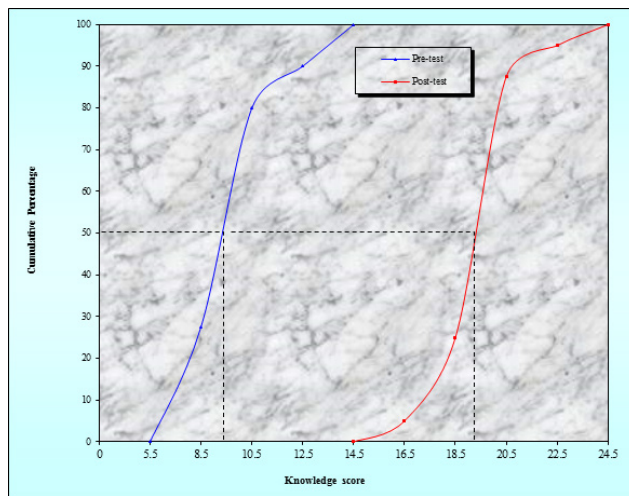
Group	Mean knowledge score		Mean difference	SD of difference	t’ value
	Pre-test	Post-test			
Caregivers	9.58	19.48	9.90	1.45	43.29

One tail  $t_{49} = 1.68, P < 0.05$   $df = 39$

The data presented in Table 3 and Fig-1 reveals that the mean post-test knowledge score (35.52%) which was higher than the mean pre-test knowledge score (47.06%). The obtained ‘t’ value, indicating significant difference in the knowledge level before and after the structured teaching programme. Hence, the research hypothesis  $H_1$  was accepted.



**Fig-1: Pre-test and Post-test Knowledge Scores**



**Figure 2: Less than Ogives of pre-test and post-test knowledge scores**

The data of cumulative frequency distribution of pre-test and post-test knowledge scores are shown in Figure 8. The data presented in Ogives shows significant difference between the pre-test and post-test knowledge scores. The pre-test median score was 9.50 whereas post-test median was 20 showing a difference of 10.5. The Ogive curves plotted shows that the post-test score is higher than of pre-test. This indicates that there was a significant increase in the knowledge of elderly care givers regarding health promotion strategies among elderly care givers.

**Table 5: Chi square value showing association of pre-test knowledge scores of elderly care-givers and selected demographic variables**

Sl. No.	Demographic variable	Knowledge scores		df	$\chi^2$ value
		< median	≥ median		
1.	Age in years			3	1.616 NS
	6-12	12	10		
	13-18	4	5		
	19-25	4	3		
	26 and above	1	1		
2.	Religion			2	2.558 NS
	Hindu	14	9		
	Christian	1	6		
	Muslim	5	5		
3.	Caregivers Qualification			3	0.417 NS
	Primary	11	13		
	Secondary	2	1		
	Higher Secondary	7	4		
	Degree	0	2		
4.	Caregivers occupation			3	0.133 NS
	Agriculture	16	14		
	Government service	0	1		
	Private Service	1	4		
	Business	3	1		
5.	Caregivers relationship with elderly			3	0.960 NS
	Children				
	Grand Children	5	4		
	Neighbour	5	4		
	Daughter or Son in law	3	4		
		6	9		

Table  $\chi^2$  value = 3.84,  $P < 0.05$  NS= Not Significant

The obtained Chi square values of the variables age, religion, caregivers qualification, caregivers occupation, caregivers relationship with elderly, (values 1.616, 2.558, 0.417, 0.133, 0.960) were lower than the table values, indicating no significant relationship between the above variables and pre-test knowledge. Hence, the researcher failed to reject the null hypotheses with regard to the above variables.

### CONCLUSION

The aim of this study was to assess the knowledge on health promotion strategies among elderly care givers at little sister old age home Mysore, as well as to provide information to them about health promotion strategies through STP.

**Conflict of Interest:** Nil

**Source of Funding-** Self Or Other Source – Self

**Ethical Clearance** – Obtained

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