

A Study to “Assess the Effectiveness of Structured Teaching Programme on Knowledge of Care Giver Regarding Nutritional Needs of the Elderly in Community Area at Kotdwar, Uttrakhand”

Mamta¹

²Community, Shree Gururam Rai Nursing College /UTU ,India

Abstract: The demographic profile of most nations points to an increase in the population of the elderly. According to the official projection of the Registrar General, India, in 2001 the elderly population was estimated at 71 million, and 114 million by the year 2016. The nutrient requirement of the elderly and the concern for the health and nutrition of the elderly are far different from any other population group. The investigator felt a need to conduct the study. Experimental design one group pretest posttest design. Sampling technique convince sampling used. 100 care givers of elderly person were selected for the study. This study was based on the Rosentoch's health belief model. The overall pretest mean score was 15.36 with SD of 3.099. The overall posttest mean score was 27.27 with SD of 2.530 is evident that there is increase in mean score in the post test after administration of structured teaching programme. The association of the variable age with pretest level of knowledge of care givers showed significance at $P < 0.05$ level.

Date of Submission: 11-03-2019

Date of acceptance: 27-03-2019

I. Introduction

“Age is a question of mind over matter. If you don't mind, it doesn't matter” **Leroy ‘satchel’paige**

According World Health Organization Health in its broader sense in 1946 as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Food and Nutrition of the American Medical Association said “The science of foods, the nutrients and the substances therein, their action, interaction and balance in relation to health and diseases. Nutrition science is the area of knowledge regarding the role of food in the maintenance of good health. Thus nutrition is the study of food at work in our body.

Good nutrition is essential to good health throughout life, beginning with prenatal life and extending through old age. Food and nutrition continue to provide essential support during the adult aging process Good nutritional status throughout life helps prevent the development and progression of disease and disabilities in later life, as well as promoting successful medical treatment outcome, thereby significantly contributing to the quality of life.

The boundary between middle age and old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. Examples: people may be considered old when they become grandparents, or when they begin to do less or different work—retirement.

II. Material and Methods

Methodology includes description of research approach, research design, study setting description and development of tool and plan for analysis.

Objectives

1. To assess the pretest level of knowledge of care giver regarding nutritional needs of elderly.
2. To administration the structured teaching programme on knowledge of care giver regarding nutritional needs of the elderly.
3. To assess the effectiveness of Posttest level of knowledge of care giver regarding nutritional needs of the elderly.
4. To find out the association between pretest level of knowledge with their selected demographic variables.

Research hypothesis

Hypothesis:

- H1:-** There will be a significant difference between pretest and posttest level of knowledge of care giver regarding elderly.
- H2.** There will be a significant Association between the pretest levels of knowledge with selected demographic variables.

Research Approach

Quantitative research approach was considered to be the most appropriate for present study.

Research Design

Pre-experimental design is adopted for the study that focuses on obtaining information regarding knowledge related to care giver regarding nutritional needs of the elderly

Sample and Sample Size

100 Care givers who fulfil the inclusion criteria are taken as sample of this study.

Sampling Technique

Non-probability purposive sampling technique was used as we choose the homogenous population based on age. care giver of elderly age more than 60 years .

Setting of the study

This study was conducted at kotdwar.

Variables

Independent Variables: Structured teaching programme.

Dependent variables: Knowledge of Care givers regarding nutritional needs of the elderly

Socio-demographic variables: Age, occupation, education, monthly income, source of information

Data collection tool

Tool 1: Contains demographic variables data.

- Age
- Occupation
- Education
- Income
- Source of information

Tool 2: Structured knowledge questionnaire on care givers about nutritional needs of the elderly. It consists of 42 questions on nutritional needs of the elderly.

III. Results

Table 1: Percentage and frequency distribution of demographic variables

S.N.	DEMOGRAPHIC VARIABLES	FREEQUENCY (F)	PERCENTAGE (%)
1	Age in years		
	a. 18-25 years	24	24%
	b. 26-35 years	22	22%
	c. 36-45 years	21	21%
	d. Above 46 years	33	33%
2.	Gender		
	a. female	72	72%
	b. Male	28	28%
3.	Habitat		
	a. Urban	40	40%
	b. Rural	60	60%
4.	Monthly family income		
	a. Rs 10001-15000/-	47	47%
	b. Rs 15001-20000/-	27	27%
	c. Rs 20001-25000/-	15	15%
	d. Rs 25001/and above	11	11%
5.	Education		
	a. Illiterate	0	0%
	b. Primary	15	15%
	c. Secondary	40	40%
	d. Graduate	45	45%

6.	Sources of information a. News paper b. Magazines c. Television d. Other	33 0 63 4	33% 0% 63% 4%
7.	Sources of information e. News paper f. Magazines g. Television h. Other	33 0 63 4	33% 0% 63% 4%
8.	Type of family a. Nuclear b. Joint	16 84	16% 84%
9.		38 62	38% 62%

Data given in Table I show that about one third of the samples (33%) were above 46 years of age, followed by 18-25 years (24.0%), 26-35 years (22.0%), and about (21%) were from 36-45years of age. Regarding gender 72% care givers were female and only 28% were male. Related to habitat 60% care givers were from village and 40% from city. Regarding monthly family income approximately half of the samples had monthly family income between Rs. 10001/- to 15000/- (47.0%), followed by Rs. 15001 to 20000/- (27.0%). Nearly one sixth of the families had monthly income of Rs. 20001-25000/- (15.0%) and only (11.0%) family had more than Rs25001 and above. Regarding education, nearly half (45%) of the care givers were graduate and (40.0%) care givers studied secondary school, followed by primary school (15.0%). Related to source of information, more than half care givers were got information from television (63.0%), followed by (33.0%) from newspaper and only (4.0%) from others. Regarding occupation, more than one third of care givers were house wife (34%), followed by government employee (29%), private employee were (21%) and only (6%) percentage of care give were doing business. Related to type of family, (84.0%) of care givers were from joint family and only (16.0%) of care from the nuclear family. Regarding dietary pattern, (62%) care givers were vegetarian and only (38%) care giver were non vegetarian.

Table 2: Frequency and percentage distribution according to level of knowledge of care givers

N=100

LEVEL OF KNOWLEDGE	PRETEST		POSTEST	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
IN ADEQUATE <50%	55	55%	0	0%
MODERATE 50%-75%	43	43%	1	1%
ADEQUATE >75%	2	2%	99	99%

Data shows (55%) care givers had inadequate knowledge, 43% care givers had moderate knowledge and only (2%) care givers had adequate knowledge on nutritional needs of elderly during the pretest. After giving structured teaching program (posttest) 99% care givers scored adequate knowledge and only 1% comes under moderate knowledge regarding nutritional needs of elderly. The care givers knowledge falls between 1 - 14 (< 50%), they were categorized under inadequate knowledge, if they scored 15 – 22 (50 - 75%) they were considered as having moderate knowledge and if scored 23-30 they were considered as having adequate knowledge(>75%).

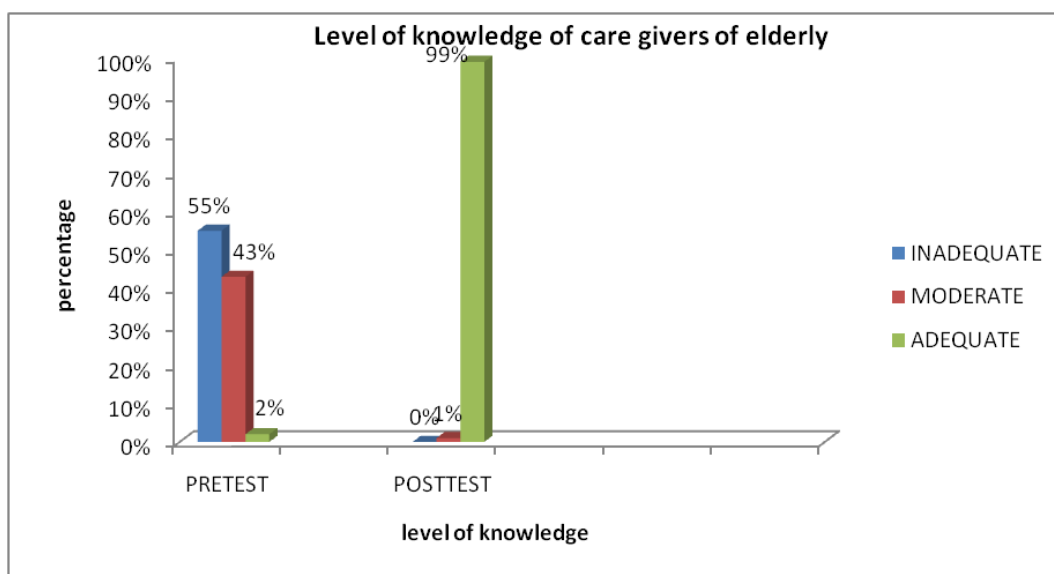


Table 3.: Effectiveness of structured teaching programme

N.100

S.N		Mean	St.deviation	St. Error	Correlation	'Z' value	Significance
1.	Pretest	15.36	3.099	.310	.540	1.07	* .1469
2.	Posttest	27.27	2.530	.253			

P > 0.05

Table depicts that the mean value of posttest level of knowledge is more than the pretest of level of knowledge and the calculated Z value is significant at 0.05 levels this shows the structured teaching programme is effective thus hypothesis is accepted.

Table 4. Association between the knowledge of the care giver with the demographic variables.

N=100

Demographic variables	Inadequate		Moderate		Adequate		x ²
	Frequency	percentage	Frequency	Percentage	Frequency	Percentage	
Age in years							* 13.59 df-6
a. 18-25 years	9	9%	15	15%	-	-	
b. 26-35 years	11	11%	11	11%	-	-	
c. 36-45 years	3	3%	18	18%	-	-	
d. above 46 years	21	21%	10	10%	2	2%	
Gender							2.74 df-2
a. Female	10	10%	17	17%	1	1%	
b. Male	34	34%	37	37%	1	1%	
Habitat							0.132 df-2
a. urban	17	17%	22	22%	1	1%	
b. rural	27	27%	32	32%	1	1%	
Monthly family income							9.38 df-6
a. 10001-15000/-	20	20%	27	27%	-	-	
b. 15001-20000/-	16	16%	10	10%	1	1%	
c. 20001-25000/-	5	5%	10	10%	-	-	
d. above 25001/-	3	3%	7	7%	1	1%	
Educational status							8.99 df-4
a. illiterate	-	-	-	-	-	-	
b. primary	9	9%	6	6%	-	-	
c. secondary	17	17%	22	22%	1	1%	
d. tertiary	18	18%	26	26%	1	1%	

d. raduate							
Sources of information							
a. news paper	18	18%	14	14%	1	1%	2.33
b. magazines	-	-	-	-	-	-	
c. television	27	27%	35	35%	1	1%	df-4
d. other	3	3%	1	1%	-	-	

The data shows that association of demographic variables with the pretest level of knowledge was done using Chi Square test. There was no significant association found between level of knowledge and demographic variables such as gender, monthly income, habitat, education, occupation, sources of information type of family and dietary pattern. But there was a statistical significant association found between level of knowledge and demographic variable like age at P 0.05 levels. Hence the research hypothesis “there will be an association between pretest knowledge scores of care givers with their selected demographic variables” is accepted. This indicates that the level of knowledge of care givers varies according to their age.

IV. Discussion

The nature of the study was pre-experimental. This study was conducted in rural- urban area of Kotdwar. It was designed to assess the knowledge of the care giver of elderly regarding nutritional needs. The data was collected to assess the knowledge of 100 care giver in selected area by the structured teaching programme. The study was conducted over a period of 30 days. The care givers knowledge falls between 1 - 14 (< 50%), they were categorized under inadequate knowledge, if they scored 15 – 22 (50 - 75%) they were considered as having moderate knowledge and if above > 22 they were considered as having adequate knowledge (>75%). Hence the H₁ was accepted. Means Good nutrition is essential to good health throughout life, beginning with prenatal life and extending through old age. Food and nutrition continue to provide essential support during the adult aging process Good nutritional status throughout life helps prevent the development and progression of disease and disabilities in later life, as well as promoting successful medical treatment outcome, thereby significantly contributing to the quality of life.

V. Conclusion

In a country like India, where the average life expectancy is increasing with a raising geriatric population, it is essential that the care givers caring for elderly citizens must be aware of the nutritional needs and requirements of the elderly, so that the care givers can provide the best possible care to the elderly.

References

- [1]. Park.k: Preventive and social medicine.20th edn, 2009.Jabalpur: Bhanot, Pp527-30.
- [2]. Sharma Suresh K: Nursing research and statistics,istedn 2011.Haryana; Elsevier;Pp 244-49.
- [3]. Dr.Swaminathan M: food and nutrition.Volume 2.2005 Page no 132-141.
- [4]. Dr. BansalShrinandan:Food and nutrition.firstedn 2005:New Dehli; A.I.T.B.S;Pp 195-198.
- [5]. Indrani: Nutrition and therapeutic diet. First ed. 2008.New Dehli; JP publishers; Pp 103-106.
- [6]. Ganvir SD, Assessment of Functional Capacity in Elderly Population by Elderly Mobility Scale in Wardha. Journal of Indian Academy of Geriatrics 2008; March; vol (6) Pp89-97.
- [7]. Spilg EG, Martin BJ.A Comparison of Mobility Assessment in A Geriatrics Day Hospital. Clinical Rehabilitation 2001; May; vol (3).Pp296-300.
- [8]. <http://.google.com.A/M E Yeolker/Elderly in India needs and issues. Available>
- [9]. <http://www.pubmed.com./MobarhansTrumbor/L.S.Nutritional problems of the elderly.>
- [10]. Popt E J,Bell S J,Black burn G L, et al. Nutritional assessment of elderly, Comprehensive Review,2nd edition 2007 dec,434-440
- [11]. Sue Rodwell Williams. Basic nutrition and diet therapy. 11th ed. Missori: Mosby publication; 2001,216-220.
- [12]. Sharon Mantic Lewis, Margeret Mc Iean Heitkemper. Medical Surgical Nursing. 6th ed. Missouri Mosby publication; 2004; 981-982.
- [13]. Nix, Williams. Basic nutrition and diet therapy. Mosby publishers.13th edition 2008, page no 758.
- [14]. Mahan escott stump. Food, nutrition and diet therapy. Saunders publishers. Eleventh edition.2008 Page no 673.
- [15]. Dr.M. Swaminathan.food and nutrition.Volume 2.2005 Page no 132-141.
- [16]. Dr. Shrinandan Bansal. Food and nutrition.A.I.T.B.S. Page no 195-198.
- [17]. Indrani. Nutrition and therapeutic diet.JP publishers. first edition. page no 103-106.
- [18]. Piyush ghai. Preventive and social medicine.CBC publishers. Second edition. Page no 784-789.