KNOWLEDGE OF CARE GIVERS REGARDING COGNITIVE IMPAIRMENT AMONG ELDERLY PERSONS

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ABSTRACT:

Ageing is a constant, predictable process that involves growth and development of living organisms. Aging can’t be avoided, but how fast we age varies from one person to another how we age depends upon our genes-environmental influences and life style. The objective of the study was to assess the knowledge of care givers regarding cognitive impairment, to find out the association between the knowledge of care givers regarding cognitive impairment with the selected socio-demographic variables, to develop and validate an information booklet regarding cognitive impairment. The data collection procedure was carried out and the samples were taken from Veerapandi and Neikkarapatti village, Salem. Sample of 100 care givers were taken. Variables for age, sex, education, occupation, religion, socio-economic status, partial status, previous source of knowledge were matched. The gathered data was analyzed by calculating the mean, percentage, standard deviation, chi square. The pie, and tables were used to present the findings of the study. Findings depicts that Majority of care givers (42%) were in age category of 20-30years, 67% of the care givers were female, 46% of care givers are educated (senior secondary). Most of the care givers 43% had the family income from (20,000-30,000), real care givers 100% were in parental status, 39% of them have obtained knowledge about cognitive impairment recently from health personnel .8% care givers had good knowledge and 92% care givers had average knowledge on cognitive impairment. There is no association between knowledge score when compared to age, sex, occupation, religion, socio-economic status, parental status, previous source of knowledge except education status. It reveals that maximum demographic variables of the care givers do not affected level of knowledge except education status.

KEYWORDS: Knowledge, Cognitive impairment, Care givers, Health Personnel

INTRODUCTION:

Traditionally in Indian society, old age people are regarded as symbols of the divine and given ultimate respect. They are considered as the repository of intelligence, carriers of traditions and transmitters of experiences and standards of group living. The aged are also termed as 'elderly' or 'old people' or "Geriatric Age Group". Due to dependence for personal requirements, old age is also called as 'second childhood'. Some authors categorize the old age as
• The young old (60-70 yrs),
• The old old (70-80 yrs) and
• The oldest old (80+ yrs). In India, three fourths of geriatric population young old, remaining are old.

People above the age of 60 years is fast growing. India as the second most populous country in the world has 76.6 million people at or over the age of 60, constituting above 7.7% of total population. In the past three decades the older adult population (those 65 years of age and older) has grows twice as fast as the rest of the population. The number of older adults globally is expected to increase 420 million in 2000 to 974 million in 2030. At present nearly 60% of older adults reside in the developing countries. In India, there has been a sharp increase in the number of elderly (60 years and older): The likely number of elderly by 2016 will be around 113 million (10-112% of entire population), and it is projected that by the year 2050, the number of elderly would be about 324 million. Falls are one of the major problems in the elderly and are considered one of the “Geriatric Giants”. Recurrent falls are an important cause of morbidity and mortality in the elderly and are a marker of poor physical and cognitive status.

**NEED FOR THE STUDY:**

Old people have limited regenerative capabilities and are more prone to disease, syndromes & sickness than other age groups. There is often a common physical decline, and people become less active. Old age can reason, along with other things; hair loss, change of hair colour grey or white, wrinkles and liver spots on the skin, reduced ability to clear thinking. Lessened learning, diminished eyesight, difficulty in recalling memories. Greater weakness to bone diseases such as osteoarthritis.

Cognition refers to the mental process of comprehension, judgement, memory and reasoning in contrast to emotional and volitional process. It is the scientific term for mental processes. These processes include attention, remembering, producing and understanding language, solving problems, and making decisions. Cognition is studied in various disciplines such as psychology, philosophy, linguistics, and computer science.

Elderly people who exercise at least once a week, have at least a high school education and a ninth grade literacy level, are not smokers and are more socially active are more likely to maintain their cognitive skills through their 70s and 80s, according to some research.

Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe. With mild impairment, people may begin to notice changes in cognitive functions, but still be able to do their everyday activities. Severe levels of impairment can lead to losing the ability to understand the meaning or importance of something and the ability to talk or write, resulting in the inability to live independently.

Cognitive Impairment (CI) refers to deficits in attention, verbal and nonverbal learning, short-term and working memory, visual and auditory processing, problem solving, processing speed, and motor
functioning. Cognitive dysfunction may be a primary mediator of functional impairment in MDD. It was subsequently described as memory loss without associated decline in cognitive functioning or daily functioning that does not meet diagnostic criteria for dementia. Aging is associated with the decline in cognition and older adults may have demonstrable cognitive impairment.

**PROBLEM STATEMENT:**

A STUDY TO ASSESS THE KNOWLEDGE OF CARE GIVERS REGARDING COGNITIVE IMPAIRMENT AMONG ELDERLY PERSONS IN VEERAPANDI AND NEIKKARAPATTI VILLAGE, SALEM.

**OBJECTIVES:**

1. To assess the knowledge of care givers regarding cognitive impairment among elderly persons.
2. To find out the association between the knowledge of care givers regarding cognitive impairment among elderly persons with the selected socio-demographic variables.
3. To develop and validate an information booklet regarding cognitive impairment.

**RESEARCH METHODOLOGY:**

**Research approach**
Quantitative approach

**Research design**
Non-experimental design

**Setting of the study**
The study was conducted in village Veerapandi and Neikkarapatti in Salem.

**Population:**
All the care givers living in village Veerapandi and Neikkarapatti during the period of data collection were the population of the study.

**SAMPLE AND SAMPLING TECHNIQUE:**

**SAMPLE:**
The care givers of elderly persons of age from 20 to 50 years in village Veerapandi and Neikkarapatti were the samples for this study.

**SAMPLE SIZE:**
Sample size is 100

SAMPLE TECHNIQUE:

Convenient sampling

Development of tool:

Based on objectives, a structured questionnaire was prepared to assess the knowledge of care givers regarding cognitive impairment among elderly persons with a view to develop an information booklet in village Veerapandi and Neikkarapatti, Salem.

The steps selected for preparing the tools:

- Review of related literature.
- Preparation of the blueprint.
- Consultation with guide
- Preparation of final drafts
- Translation of the tool.

FINDINGS:

Majority of care givers (42%) were in age category of 20-30 years, 67% of the care givers were female, 46% of care givers are educated (senior secondary). Most of the care givers 43% had the family income from (21,000-30,000), real care givers 100% were in parental status, 39% of them have obtained knowledge about cognitive impairment recently from health personnel.

- 8% care givers had good knowledge and 92% care givers had average knowledge on cognitive impairment.
- There was no significant association between the knowledge level of care givers with age, sex, occupation, religion, Socio-economic status, parental status, previous source of knowledge except educational status.

<table>
<thead>
<tr>
<th>Items</th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of care givers regarding cognitive impairment</td>
<td>16.37</td>
<td>17</td>
<td>8.96</td>
<td>11-23</td>
</tr>
</tbody>
</table>
Table 1 reveals that means knowledge score and standard deviation among parent regarding cognitive impairment is 16.37 and 8.96. The knowledge score of subjects ranged between 11-23

**Percentage Distribution of knowledge of care givers regarding cognitive impairment** shows that 8% of care givers had good knowledge and 92% of care givers had average knowledge.

**CONCLUSION:**

Thus, the present study revealed that 8% care givers had good knowledge and 92% care givers had average knowledge on cognitive impairment. The knowledge score of the care givers when compared with the demographic variables revealed that there is no significant association was found with demographic variables (P≥0.05) except educational status.

**RECOMMENDATIONS:**

- A large-scale study can be done for replication to assess the knowledge on cognitive impairment among elderly persons.
- Similar study can be conducted with an experimental research approach having a control group.
- A video assisted teaching module can be prepared and test for its effectiveness.
- A comparative study with control group can be carried out to generalize the findings.

**REFERENCE:**

Delhi: s.: Jaypee Publications.