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"A STUDY TO ASSESS KNOWLEDGE REGARDING GERIATRIC HEALTH PROBLEMS AMONG GERIATRICS IN SELECTED OLD AGE HOME OF AHMEDABAD CITY WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET"

BY:-

Vishwa Shah

Unnati Shashtri

Krishna Solanki

Palak Solanki

Nikita Thakkar

Riya Thakur

Rishita Upadhyay

Januba Vaghela

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8 Students Of 4th Year B.Sc. Nursing Students

ABSTRACT:

BACKGROUND:

Investigator had conducted the Descriptive study to assess the knowledge of Geriatric Health Problems among Geriatrics in selected old age homes of Ahmedabad City.

60 geriatrics were chosen as Samples for conducting the study.

OBJECTIVE:

The objective of the study is to assess the existing knowledge of geriatrics before administration of the Information Booklet on Geriatrics Health Problems at selected old age homes of Ahmedabad city.

We assume that the Geriatrics might have some knowledge regarding the Geriatric Health Problems and the Information Booklet will help to enhance their knowledge.

This study is limited to,

1) Geriatrics living in Ahmedabad city.
2) Geriatrics who are willing to participate in the study.
3) The study is limited to 60 samples.

METHOD:

Research method adopted for the descriptive survey study. In the presence study the investigator had selected the survey research design. The study samples were selected by Non-probability convenient sampling technique. The main study was conducted at Mumbadevi Old Age Home, Ahmedabad. 60 samples were selected for data collection. The structured knowledge questionnaire was used as a tool to measure the knowledge of the samples. In the tools section 1 seeks information on demographic characteristics of the study and section 2 deals with structured knowledge questionnaires (Introduction, Signs and symptoms, Causes, Management). Content validity has been done by experts.

RESULT:

From the obtained data, we know that Majority of the sample i.e., out of 60, 30 (50%) samples were in age group of 60-65 years,20 (33.3%) were in age group of 66-70years, samples were in age group of 71-75 years 5(8.3%) samples were in age group of above 76 years of age. Majority of Gender samples, out of 60 most of the samples were Male 35 (58.3%) and other 25(41.7%) samples were Female. As regards to Occupation, Out of 60 samples 10(16.7%) geriatric people are doing business, 5(8.33%) Geriatric people are doing private jobs, 45(75%) geriatric people are retired. As regard to Religion of samples, out of 60, 39 (65%) samples are Hindu, 07(11.66%) are Muslim, 10(16.66%) are Christian, 04(6.7%) are Sikhs. The data regarding Co-Morbid Condition depicts that the majority of samples, out of 60, 35(58.3%) are having Diabetic, 11(18.3%) are having hypertension, 6(10%) are having cholesterol, 08(13.3%) are having asthma. Majority of samples, out of 60, 12(20%) are consuming smoking, 10(16.7%) are consuming tobacco intake. Majority of samples regarding Surgery are out of 60, 22(36.7%) are undergone surgery 38(63.33%) are not undergone surgery. As regards the Exercise of samples, out of 60, 15(25%) geriatric people are performing Yoga, 26(43.3%) geriatric people are performing meditation, and 12 (20%) geriatric people are performing walking.

CONCLUSION:

From the current study, the following conclusion can be inferred:
We found out the level of knowledge regarding Geriatric Health Problems among the geriatrics of Mumbadevi Old Age Home, Ahmedabad. Among the 60 sample population most of the samples' knowledge level was Average, 30(50%), 10 (16.7%) samples knowledge level was Excellent, 20 (33.3%) samples Knowledge level was Poor.

INTRODUCTION

BACKGROUND OF THE STUDY

I Truly Believe That Age… If You Are Healthy … Age Is Just A Number.

-Hugh Hefner

The Ministry of Health and welfare, Government of India celebrates **1st October** as **International day for elder people.**

Old age is the evening of life. It is an integral part of human life. It is an unavoidable, undesirable and problem ridden phase of life. Ageing is a time of numerous illnesses and common disabilities. Old people have limited regenerative capabilities and are more prone to disease, syndromes and sickness than older age groups. (Anonymous 2011)

Health is a central issue associated with increase in longevity and population ageing. The maintenance of health status and functioning with age is a critical factor impacting upon many other aspects of the lives of older persons, their families and communities. (KooninEb 1996)

"Health is a state of complete physical, mental and social well being and not merely an absence of disease and infirmity". Health is not mainly an issue of doctors, social services and hospitals; it is an issue of social justice. The state of positive health implies the notion of perfect functioning of the body and the mind. Modern medicine is often accused for its preoccupation with the study of disease and neglect of the study of health. However, during the past few decades, there has been a reawakening that health is a fundamental right and a worldwide social goal. (WHO)

Ageing is a natural process, and should be regarded as a normal, inevitable biological phenomenon. Keeping oneself healthy and active with aging is one of the most important aspects of life, as age increases the capabilities of the organ system also changes at every stage of life span. Aging merely stands for growing old and expression used for the deterioration in vitality or the lowering of the biological efficiency that accompanies aging. With the passage of time, certain changes take place in an organism. These changes are deleterious for the most part of the body and eventually lead to death of the organism. (K Park 2007)

India is undergoing an epidemiologic, demographic and health transition. The expectancy of life has increased, with consequent rise in degenerative disease of aging and lifestyles. Nevertheless diseases are still dominating and constitute a major health problem. (K Park 2007)

A major new series on health and aging, published in ***"The Lancet"***, warns that unless health systems find effective strategies to address the problems faced by an ageing world population, the growing burden of chronic disease will greatly affect the quality of life of older people. As people across the world live longer, soaring levels of chronic illness and diminished wellbeing are poised to become a major global public health challenge. Worldwide, life expectancy of older people continues to rise. By 2050, the world's population aged 60 years and older is expected to total 2 billion, up from 841 million today. Eighty percent of these older people will be living in low income and middle income countries. (WHO 2014)

In today's developing countries, the rise of chronic non communicable diseases such as heart disease, cancer, and diabetes reflects changes in lifestyle and diet, as well as aging. (WHO 2014)

World Health Organization analysis in 2014, in 23 low and middle income countries estimated the economic losses from three non communicable diseases (heart disease, stroke and diabetes). Over the next 10 to 15 years, people in every world region will suffer more death and disability, arthritis than from infectious and parasitic diseases. The myth that non communicable diseases affect mainly affluent and aged populations was dispelled by the project, which combines information about mortality and morbidity from every world region to assess the total health burden from specific diseases. (WHO 2014)

India leads the world with the largest number of diabetic subjects earning the dubious distinction of being termed the "diabetes capital of the world". The number of people with diabetes in India is currently around 40.9 million and is expected to rise to 69.9 million by 2025 unless urgent preventive steps are taken. Rapid epidemiological transition associated with higher prevalence of diabetes in the urban population. (American diabetes society 2014)

Hypertension increases with age, affecting approximately 66% of the elderly population (aged > = 65 years). By the year 2030, 1 of 5 Americans will be aged > = 65 years. Despite advances in medical care, hypertension control rates remain low, especially in the elderly population.

Osteoarthritis is predominantly a disease of the elderly, but children can also be affected by the disease. More than 70% of individuals in North America affected by osteoarthritis are over the age of 65. Osteoarthritis is more common in women than in men at all ages and affects all races, ethnic groups and cultures. With an aging population, the incidence rate is expected to increase. One is five older adult have arthritis (Walsh 2010)

Age related cataracts are responsible for 51% of world blindness, about 20 million people. Globally, cataracts cause moderate to severe disability in 53.8 million (2004), 52.2 million of whom are in low and middle income countries (WHO 2008). In many countries, surgical services are inadequate and cataracts

remain the leading cause of blindness. Even where surgical services are available, low vision associated with the cataracts may still be prevalent as a result of long waits for, and barriers to, surgery such as cost, lack of information and transportation problems.

Provision of care to older adults has recently become more challenging and expensive because of advances in technology, legal interpretations of needed health care, and control of costs by a changed health care delivery system. (Eliopoulos, C. 2012)

Older adults are the largest consumers of healthcare and have more interactions with healthcare providers than any other age group. (Eliopoulos, C. 2012)

OBJECTIVES:

To assess the level of knowledge regarding geriatric health problems among geriatrics in selected old age homes of Ahmedabad city.

CONCEPTUAL FRAMEWORK

Conceptualization refers to the process of refining general or abstract ideas. It is a device for organizing ideas and in terms of bringing order to related objects, observations, events and experiences. It further gives direction to research for finding solutions. (Pilot, 2015)

The conceptualization of this study is based on the Health Belief Model.

Based on these assumptions:

We assume that the Geriatrics might have some knowledge regarding the health problems and the Information Booklet will help to enhance their knowledge. The key variables of the Health Belief Model are as follows (Rosenstock, Hochbaum and Kegels, 1950s)

(Components):

Perceived Susceptibility:

One's subjective perception of the risk of contracting a health condition.Personal risk or susceptibility is one of the more powerful perceptions in prompting elderly people to adopt health behaviour.

Perceived susceptibility motivates elderly people to be taking some actions for prevention of geriatric health problems and its management. It is only logical that when elderly people believe that they are at risk for a health problem, they will be more likely to do something to prevent it from happening. When elderly people believe that they are not at risk or have a low risk of susceptibility, unhealthy behaviours tend to result.

Perceived Severity (Seriousness):-

Feelings concerning the seriousness of contracting an illness or of leaving it. The construct of perceived seriousness speaks to an individual's belief about the seriousness or severity of geriatric health problems. While the perception of seriousness is often based on medical information or knowledge, it may also come from beliefs. An elderly people have about the difficulties in geriatric health problem would create or have the effects that would have on their life as in general. For example, most of elderly people view the geriatric health problems in themselves as a relatively minor element.

Perceived Benefits:-

The believed effectiveness of strategies designed to reduce the threat of illness. The construct of perceived benefits is elderly people's opinion of the value or usefulness of a new behavior in decreasing the risk of developing geriatric health problems and its management to them. Elderly people tend to adopt healthier behaviors when they believe the new behavior will decrease their chances of developing geriatric health problems by getting information booklet.

Cues to Action:-

Events, either bodily (e.g., physical symptoms of a health condition) or environmental (e.g., information booklet) that motivate people to take action. In addition to the four beliefs or perception and modifying variables, the health belief model suggests that behaviour is also influenced by cue to action. Examples include elderly people receiving reminders by seeing information booklet.

Other Variables:-

Demographic, socio psychological and structural variables that affect an individual perception and thus indirectly influence health related behaviour.

Elderly people having 60 years of age or above 60 years, who are able to read and write, elderly people who are willing to participate in this study.

Self-Efficacy:-

The belief in being able to successfully execute the behavior required to produce the desired outcomes.

If someone believes a new behavior is useful (perceived benefit) but does not think they are capable of doing it (perceived barrier), chances are that it will not be tried.

In summary, according to the Health Belief Model, modifying variables, cues to action, and self efficacy affect our perception of susceptibility, seriousness, benefits and therefore elderly peoples behaviour.

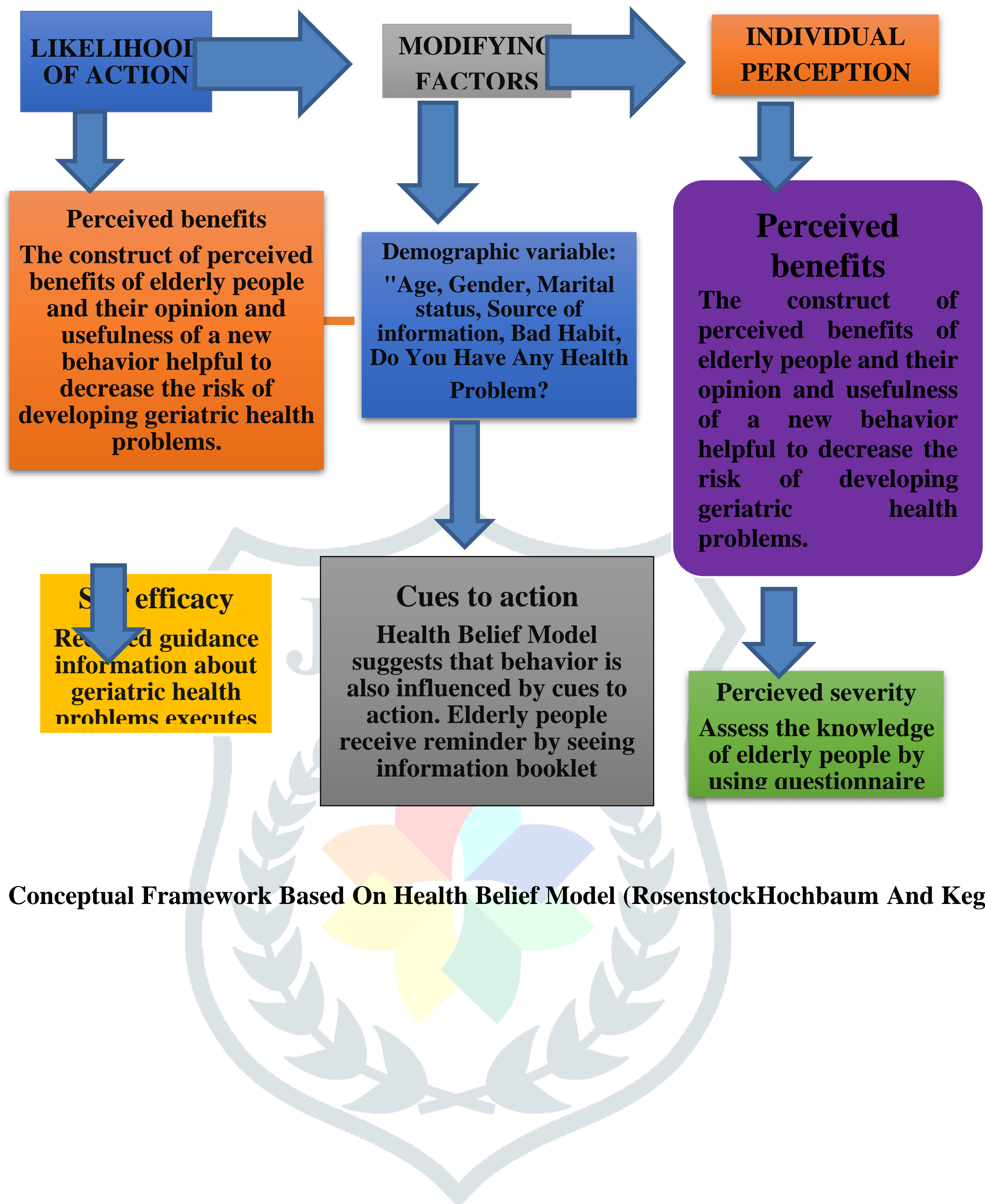
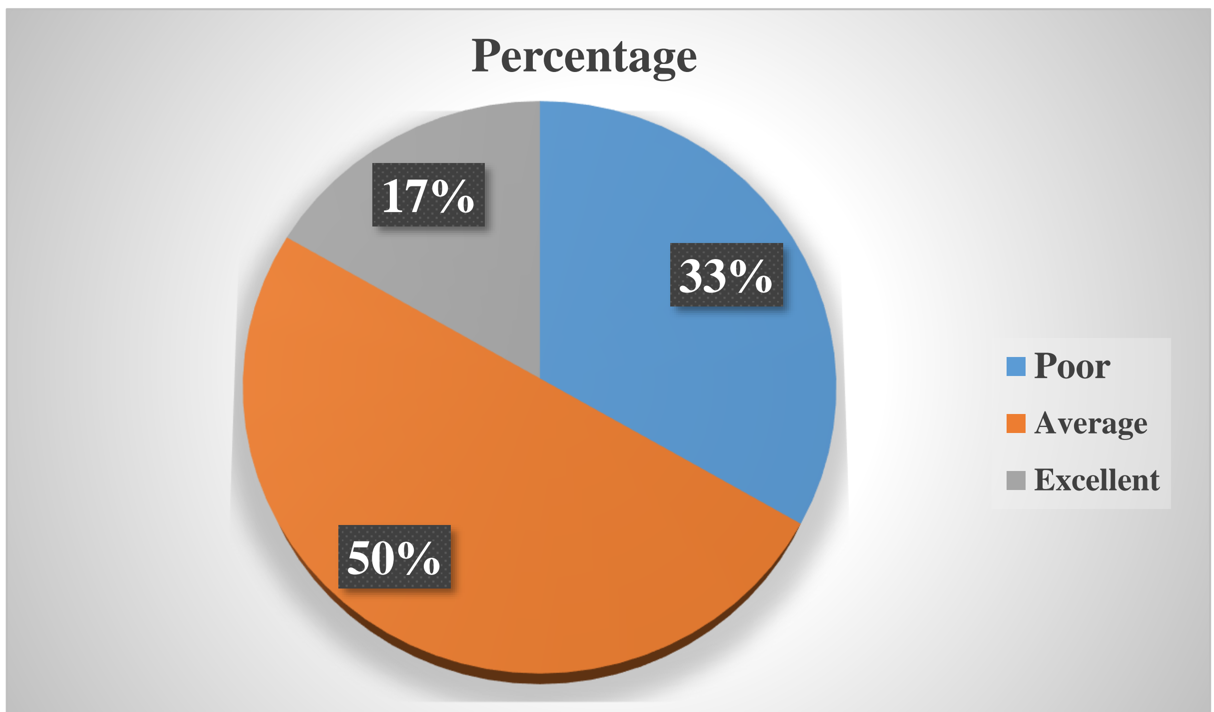


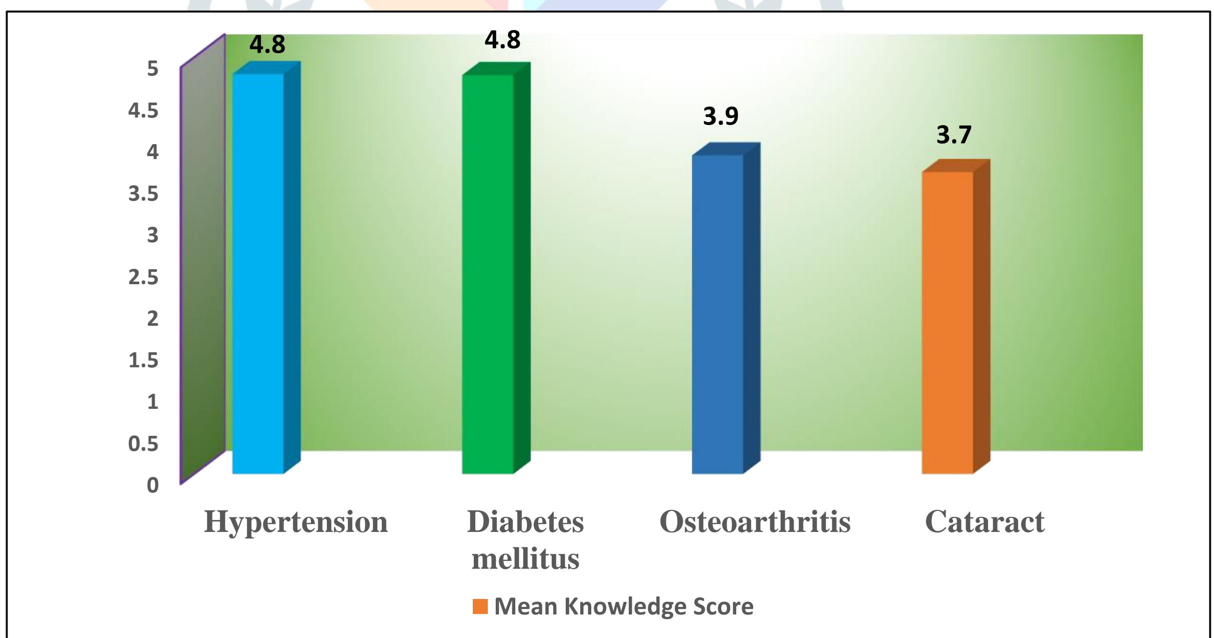
Figure 1.1 Conceptual Framework Based On Health Belief Model (RosenstockHochbaum And Kegels, 1950)

Table 4.1 Frequency and Percentage Distribution of the Demographic Variables of the Samples according to Age, Gender, Occupation, Religion, Type of Diet, Comorbid condition, any bad habit, Surgery, Exercise.

(N = 60)

Demographic Characteristics	Frequency	Percentage (%)
AGE		
60-65 years	30	50
66-70years	20	33.3
71-75years	5	8.3
Above 76 years	5	8.3
GENDER		
Male	35	58.3
Female	25	41.7
OCCUPATION		
Business	10	16.7
Private Job	5	8.3
Retired	45	75
RELIGION		
Hindu	39	65
Muslim	7	11.7
Christian	10	16.7
Sikh	4	6.7
TYPE OF DIET		
Vegetarian	40	66.7
Non-vegetarian	10	16.7
Mixed	10	16.7
COMORBID CONDITION		
Diabetes	35	58.3
Blood pressure	11	18.3
High cholesterol level	6	10
Asthma	8	13.3
Others	0	0
CONSUMPTION		
Alcohol	0	0
Smoking	12	20
Tobacco	10	16.7
SURGERY		
Yes	22	36.7
No	38	63.3
EXERCISE		
Yoga	15	25
Meditation	26	43.3
Walking	19	31.7





REFERENCES

BOOKS

- Abdellah, F.G. (1979). **Better patient care through nursing research,** 2nd ed. New York: MacMillan Company.
- Basavanthappa B T. (2003). Nursing Research, 2nd ed. New Delhi: Jaypee Brothers medical publishers.

- Black M. Joyce (2005). **Medical Surgical Nursing**. 7th ed. Missouri: Elsevier Publications.
- Brunner and Suddhartha's (2008). **Textbook of Medical Surgical Nursing**, 11th ed. New Delhi: Lippincott Publication.
- Burns Nancy and Grove Susan k. (2008). **Understanding Nursing Research Building An Evidence Based Practice**, 4th ed. Noida: Elsevier publication.
- Devit Susan (2009). **Medical Surgical Nursing**,9th ed. St. Louis, Missouri Saunders, Elsevier Publications.
- Eliopoulos, C. (2001). **Gerontology Nursing**, 5th ed. Philadelphia: Lippincott Publication.
- J. Nirmala V., Silvia Edition, Sunnions (2011). **Research methodology in nursing** 1st ed. Hariyana: Jaypee Brothers publication.
- Koonin EB., Altschul SF., Bork P (1996) **The Mark Manual of Geriatrics**, 2nd ed. Functional Motifs.
- Lewis, Darksen, Heitkemper (2000). **Medical surgical Nursing Assessment and Management of clinical problems,** 6th ed. USA: Mosby publication.
- Mahajan B. K. (2001) **Method in Biostatic for Medical Students and Research Workers,** 6th ed. New Delhi: Jaypee Brothers Medical Publishers.
- Park, K. (2007) **Preventive and Social Medicine**, 19th ed. Jabalpur: M/s BanarasidasBhanot.
- Smeltzer, S.C. and Bare, B.G. (2000) **Medical Surgical Nursing**, 9th ed. Philadelphia: Lippincott Williams and Wilkins company.
- Suzanne C S, Brenda G B. (2004). **Textbook of Medical Surgical Nursing**, 10th ed. Philadelphia: Lippincott Williams and Wilkins Company.

JOURNAL and ARTICLE:

- A Health Profile of elderly (2014) National Journal Community Medicine 5(1) 1-5.
- Bhatt BM, Vyas S, Joshi JP (2014). Ageing and Health: A Health Profile Of Inmates of Old Age Home. National Journal of Community Medicine. 5(1), 1-5
- Chaudhary Mahesh, KhandhediaSuraj, DhadukKishor (2013) Morbidity Pattern Among Geriatric Population Journal of Public Health, Vol. 1(1),141-146.
- Claudia E, AlexandareKalache (2007) Ageing: A Global Perspective,Journal of Community Eye Health, June 29 (2), 1-4.
- Foster A, Johnson G. (1990) Magnitude And Cause Of Blindness The Developing World. International Ophthalmology Journal, 14,135-40.
- Jai Prakash Singh (2011) Epidemiological Study of Diabetes Amongst Geriatric Population National Journal of Community Medicine, Vol. 2(3), 378
- Koria B (2013) Prevalence of Diabetes Mellitus in Urban Population of Ahmedabad City, Gujarat. National Journal of Community Medicine,Vol. 4(3), 398-401.