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"A Study To Assess The Effectiveness Of Structured Teaching Program On Knowledge Regarding Age Related Problems And Their Health Promotional Strategies Among Caregiver Of Elderly In Selected Rural And Urban Areas Of Bareilly (U.P)."

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ABSTRACT

Aging is an irreparable biological process when individuals reach old age, the various problems that they to experience include, decline in health conditions, and depend upon other, psychological problem, physical problem, abuse and other miscellaneous problem. There have been implementation of policies that aim alleviating the problem of aged people. These including, improving the health condition, improving their participation in activity function. The most important aspects are health care, housing and family support.

Objective: The study was aimed to assess the effectiveness of structured teaching program among care giver in elderly.

Method: A Quantitative research approach: One group Pre-test Post-test design was adopted for the study. The samples for the study was caregiver of elderly and Purposive sampling technique was used to select a total number of 50 participants (25 from the rural area and 25 from the Urban area) from Bareilly. The data was collected by using Self Structured questionnaires to evaluate the knowledge regarding age-related problems and their health promotional strategies among caregiver of elderly. The data analysis was done by using descriptive and inferential statistics.

Results: The mean pre-test knowledge score for rural area was 37.76 and mean post –test knowledge score was 75.36 the difference between pre-test knowledge score was statistically significant. The mean pre-test knowledge score for urban area was 46.88 and mean post –test knowledge score was 78.24 the difference between pre-test knowledge score was statistically significant. In Urban group Majority 56 % of the participants were belong to 31-40 years of age group, In Rural group majority 48 % of the participants were belongs to 21-30 years of age group, In urban group majority of the participants' i.e. 56% were female, In rural group, majority of the participants' i.e. 68% were female, In urban group, 72 % of the participants were graduated, In rural group 48% of the participants had Higher secondary, In urban group, 60 % of the participants were unemployed, In rural group 56 % of the participants were private employed, In urban group, majority of the participants' i.e. 96 % were Hindu, In rural group, majority of the participants' i.e. 100%, In urban group, 96 % of the participants were married, In rural group 84% of the participants were married, In urban groups, 44 % of the participants had 20001-30000 as family income per month, In rural group, 56% of the participants had 10001-20000 as family income per month, In urban group 36% of the participant had 1 year & 28% had More than 1 year of total experience in providing care to the elderly, In rural group 64% of the participant had More than 1 year of total experience in providing care to the elderly, In urban group, 56 % of the participants had relatives as previous source of information regarding care of elderly, In rural group majority of the participants i.e. 80 % had previous source of information regarding care of elderly by any other sources.

Conclusion: Based on the finding of the following conclusion were drawn: There is need to provide knowledge about the age related problems and their health promotional strategies. Structured teaching program has significantly increase knowledge of caregiver of elder related age related problems and their health promotional strategies.

Keywords: Assess, knowledge, effectiveness, health promotional strategies; care giver (family member).

The most widely held view of aging is that it is just a part of the life cycle. That is a progressive physiological cycle leading to senescence, or a decline of biological function functions and body's ability to adapt to metabolic stress. Aging is also seen as a wide-ranging event being a physical process, a psychological one and a social one. On the upside we acquire positive values, for example knowledge and experience.

Elderly people are most frequently afflicted with hearing loss, cataract and refractive error, back and neck discomfort, osteoarthritis, depression, dementia, and digestive problems. Another aspect of becoming older is the emergence of different complicated health conditions, many of which first appear later in life and do not fall neatly into any one category of disease. These are commonly known as geriatric syndromes. They typically have a number of underlying causes, including frailty, urine incontinence, falls, delirium, starvation, disturbed sleep, etc.

WHO 2018: People are now surviving longer than they ever have. Most people may anticipate living into or into their

60s. From 900 million in 2015 to 2 billion in 2050, the number of adults 60 and older is expected to rise worldwide. 80 or older people currently number 125 million people worldwide. By the year 2050, China will be home to 120 million people. In addition, 434 million individuals in this age group will exist on the planet by 2050, with 80% of them residing in low- and middle-income countries.
In India, the percentage of individuals aged 60 and above in the overall population climbed from over 5.5% in 1951 to over 7.5% in 2001. In the following 10 years, this population's size rose from almost 2 cores to 7.2 cores to 8%.
According to a recent study on elderly people in India, 75% of them lived in rural areas, 48.2% of them were women, 55% of them were widows, 73% of them relied on manual labour, and one-third of them were considered to be below the poverty line, meaning that 66% of the elderly were in a precarious situation without access to enough food or clothing.

Need of the Study: -
Research studies suggested that if appropriate knowledge, information and guidance is imparted to the family members and care givers of the elderly people regarding various health promotion strategies, and lot many of actual and potential health related problems will be minimize. The care givers play a very crucial role in providing basic health care to the old age person and thus, care giver adequately informed about the different type of conventional and modern health promotion strategies and approaches to prevent and deal with age related problems and enable them define health situation, identify the problems and find out the solution to eliminate elderly health related problems. Keeping in view all the above mention fact, also during the clinical posting while doing Under graduation and working in clinical and community areas, the investigator notices nearly half of the population who visit hospital and community settings are old age persons and thus, there is a need to conduct a study and crate awareness among the caregiver of elderly about age-related problems and health promotion strategies. Thus, it is compelling aspect in the current scenario, so as to reduce the suffering of the elders and educate the caregiver regarding health promotion strategies and enable them to render appropriate and adequate care to old age people the present study is undertaken.

STATEMENT OF THE PROBLEM
"A study to assess the effectiveness of structured teaching program on knowledge regarding age- related problems and their health promotional strategies among caregiver of elderly in selected Rural and Urban areas of Bareilly (U.P)".

AIM
The aim of the study sought to determine the effectiveness of structured teaching program on knowledge regarding age-related problems and their health promotional strategies among caregiver of elderly in selected Rural and Urban areas of Bareilly (U.P)".

OBJECTIVES
- To assess the knowledge regarding age-related problems and their health promotional strategies among caregiver of elderly in selected Rural and Urban areas of Bareilly (U.P).
- To determine the effectiveness of structured teaching program among caregiver of elderly in selected Rural and Urban areas of Bareilly (U.P).
- To find the association between pre-test knowledge score with their selected demographic variables.

HYPOTHESES:
H_1: There is a significant difference between the per-test and post-test knowledge score among caregiver of elderly regarding age-related problems and their health promotional strategies elderly at selected Rural and Urban areas of Bareilly (U.P).
H_2: There is a significant association between pre-test knowledge score of caregiver of elderly at selected rural and urban area with their demographic variables.

OPERATIONAL DEFINITIONS
Knowledge: In this present study Knowledge is defined caregivers of elderly capability to answer questions listed in the tool regarding age-related problem and their health promotional strategies.
Structured teaching program:- Structured teaching program is a techniques in which the
teaching aids designed to impart knowledge regarding age-related problems and their health promotional strategies among caregiver of elderly.
Age related problems:- Age related problems refers to the Physical and Psychological problems generally faced by the elderly, such as malnutrition, dementia, depression, constipation, falls, sleep, disturbances and visual impairment.
Elderly:- In this study, a person aged 60 years or more is often referred to as elderly.
Health promotion:- Health promotion refers to a process which empowers the elderly person to improve they are of life, and achieve and maintain health and wellness.
Caregiver:- In this study, family members who serve as the primary care to elderly parents are known as caregiver.

ASSUMPTION
The knowledge may improve of care givers of old age persons through a proper educational intervention.

DELIMITATIONS
The study is limited to:
1. The study is conduct on 50 caregivers in selected Rural and Urban areas of Bareilly (U.P).
2. The study is conduct only in Bareilly.

VARIABLES UNDER STUDY
1. Dependent variable- knowledge caregiver of elderly regarding age-related problems and their health promotional strategies.
2. Independent variable- Structured teaching program related to age-related problems and their health promotional strategies.
3. Demographic variable- complete the student gender, education status, occupation, religion, marital status, family income per month, total experience in providing care to elderly, previous source of information regarding care of elderly.

RESEARCH APPROACH
The research approach tells the researcher what and how to collect data and how to analyze the data. To accomplish the objective of the study a quantitative research approach was considered most effective.

RESEARCH DESIGN
The research design undertaken for study is a Quasi-experimental one group pre-test & post-test research design.

SETTING OF STUDY:-
The study was conducted at rural area Village- Mundia Chatram Bhojipura Bareilly & Urban area – Ashutosh City near Balaji Dham, Bareilly.

POPULATION:-
In the present study the caregiver of elderly in rural and urban areas.

SAMPLE:-
In the present study the sample comprised of caregiver of elderly in Bareilly (U.P).

SAMPLE SIZE: -
In the present study the sample comprised of 50 caregiver of elderly 25 at village Mundia Chatram Bhojipura and 25 at Ashutosh city near Balaji dham Bareilly (U.P).”

SAMPLING TECHNIQUE: -
Purposive sampling technique was used in this study.

SAMPLING CRITERIA: -
INCLUSION CRITERIA
- Willing to participate in research study.
- Available at the time of data collection.
- Not having any formal education.

EXCLUSION CRITERIA
- Under the age of 60 years of age.

DEVELOPMENT OF TOOLS
The tool was constructed to assess the effectiveness of structured teaching program on knowledge regarding on stress. Extensive review of literature i.e. books, journals, internet, expert opinion, the investigators professional experience was provided for the construction of structured tool.

DESCRIPTION OF TOOL
The tool used for the study is a questionnaire method.
The tools consist of two sections:
- Part :- A Demographic Variables

- Part :- B Questionnaire

RESULT:-

Data depicts that in Urban group, 56 % of the participants were belong to 31-40 years of age group and 32 % of the participants were belongs to 41-50 years of age group and 12 % of the participants belong to 21-30 years of age groups and 0% of the participants were belongs to 51-60years of age group. In Rural group, 48 % of the participants were belongs to 21-30 years of age group and 40% of the participants were belong to 31-40 years of age group and 12% of the participants belong to 41-50 years of age groups and 0% of the participants were belongs to 51-60 years of age group.
Data shows that in urban group, majority of the participants' i.e. 56% were female and remaining 44% were male. In rural group, majority of the participants' i.e. 68% were female and remaining 32% were male.
Data depicts that in urban group, 72 % of the participants were graduated, 24% of the participants had completed secondary education and 4% of the participants had completed higher secondary education and 0% of the participant had no formal education. In rural group, 48% of the participants had Higher secondary, 28% of the participants had secondary, 12% of the participants had Graduate & 12% of the participants had no formal education.
Data depicts that in urban group, 60 % of the participants were unemployed and equal 20% of the participant were Govt. employed & Private employed and 0% of the participants were self-employed. In rural group, 56 % of the participants were private employed and 24 % of the participants were unemployed and 16 % of the participants were self-employed and 4% of the participants were Govt. employed.
Data shows that in urban group, majority of the participants' i.e. 96 % were Hindu and remaining 4% were Muslim. In rural group, majority of the participants' i.e. 100% were Hindu.
Data shows that in urban group, 96 % of the participants were married and 4 % of the participant were Unmarried and equal 0 % of the participants were widow/widower & Separated/Divorce. In rural group, 84% of the participants were married and equal 8 % of the participant were Unmarried and widow/widower and 0 % of the participants were Separated/Divorce
Data shows that in urban groups, 44 % of the participants had 20001-30000 as family income per month and 44 % of the participants had 30001 & above as family income per month and 8% of the participants had 10001-20000 as family income per month and 4 % of the participants had < 10000 as family income per month. In rural group, 56% of the participants had 10001-20000 as family income per month and 24 % of the participants had < 10000 as family income per month and 16 % of the participants had 30001 & above as family income per month and 4% of the participants had 20001-30000 as family income per month
Data shows that in urban group 36% of the participant had 1 year & 28% had More than 1 year of total experience in providing care to the elderly and 20 % of the participant had 1-6 month of total experience in providing care to the elderly and 16 % of the participant had <1 month of total experience in providing care to the elderly. In rural group, 64% of the participant had More than 1 year of total experience in providing care to the elderly and 28% of the participant had 1 year of total experience in providing care to the elderly and equal 4% of the participant had < 1 month & 1-6 month of total experience in providing care to the elderly.
Data shows that in urban group, 56 % of the participants had relatives as previous source of information regarding care of elderly and 44 % of the participants had Mass Media as previous source of information regarding elderly & equal 0% of the participants had Health professional, any other & no as previous source of information regarding elderly. In rural group, majority of the participants i.e. 80 % had previous source of information regarding care of elderly by any other sources and remaining 20% of the participant had mass media as previous source of information regarding elderly.

SECTION B: THE KNOWLEDGE REGARDING AGE-RELATED PROBLEMS AND THEIR HEALTH PROMOTIONAL STRATEGIES AMONG CAREGIVER.

Table 1.1 Frequency and Percentage distribution of pretest knowledge score among caregivers.

Level of Knowledge	Score Range	Rural group		Urban group	
		F	%	f	%
Adequate Knowledge	**75-100%**	0	0	2	8
Moderate Knowledge	**46-74%**	7	28	16	64
Inadequate Knowledge	**00-45%**	18	72	7	28

Table 1.1 represented that in rural group, maximum 72 % of care giver had Inadequate knowledge regarding age-related problems and their health promotional strategies before receiving structured teaching program followed by 28 % of care giver had moderate knowledge regarding age-related problems and their health promotional strategies, while in urban group maximum 64% of care giver had Moderate knowledge regarding age-related problems and their health promotional strategies before receiving structured teaching program followed by 28% of care giver had Inadequate knowledge regarding age-related problems and their health promotional strategies & 8% of care giver had adequate knowledge

regarding age-related problems and their health promotional strategies.

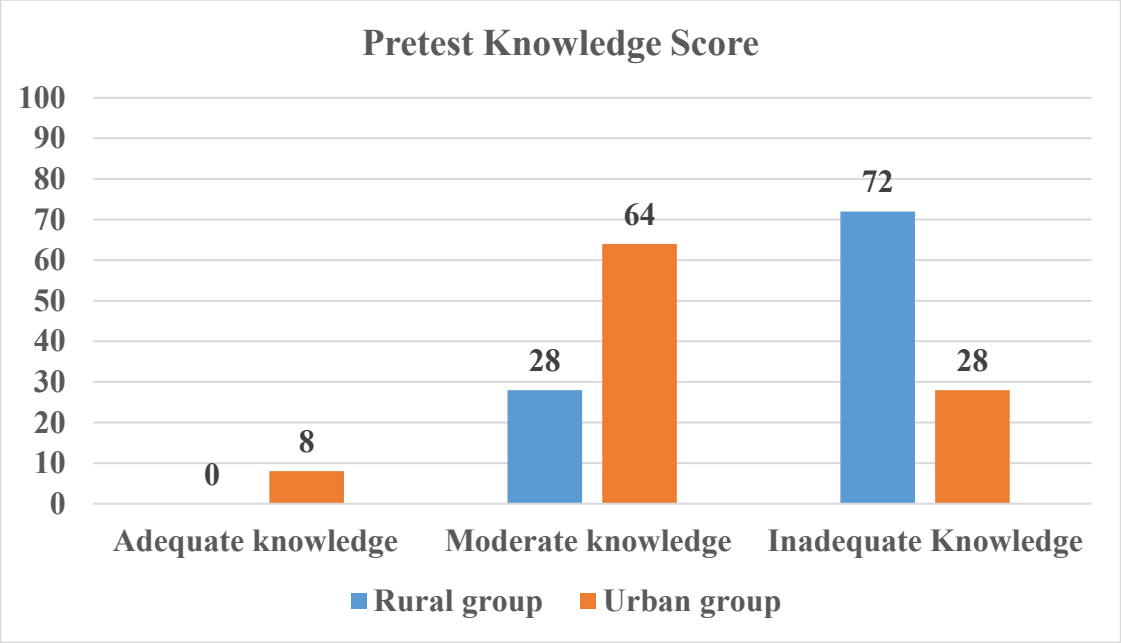

Figure 1: Frequency and Percentage distribution of pretest knowledge score among caregivers.

Table 1.2 Frequency and Percentage distribution of posttest knowledge score among caregivers.

Level of Knowledge	Score Range	Rural group		Urban group	
		f	%	f	%
Adequate Knowledge	**75-100%**	14	56	16	64
Moderate Knowledge	**46-74%**	11	44	9	36
Inadequate Knowledge	**00-45%**	0	0	0	0

Table 1.2 represented that in rural group, maximum 56 % of care giver had adequate knowledge regarding age-related problems and their health promotional strategies after receiving structured teaching program followed by 44 % of care giver had moderate knowledge regarding age-related problems and their health promotional strategies, while in urban group maximum 64% of care giver had adequate knowledge regarding age-related problems and their health promotional strategies after receiving structured teaching program followed by 36% of care giver had Moderate knowledge regarding age-related problems and their health promotional strategies.

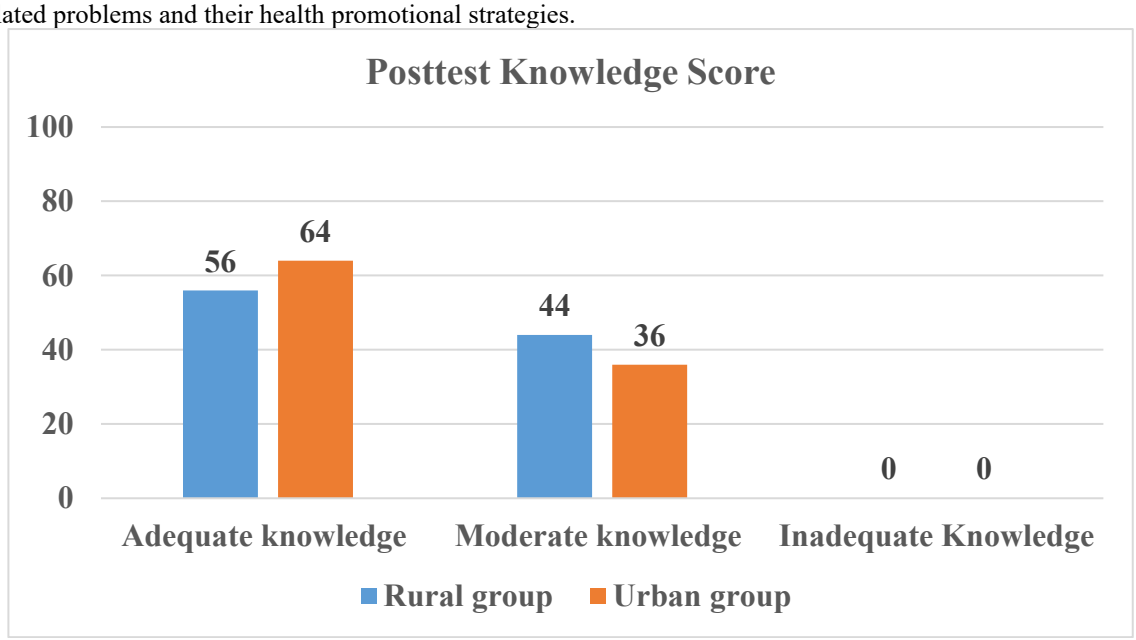

Figure 2: Frequency and Percentage distribution of posttest knowledge score among caregiver

SECTION C: EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM AMONG CAREGIVER OF ELDERLY IN SELECTED RURAL AND URBAN AREAS.

Table 2.1: Comparison of mean pre-test & post-test level of knowledge regarding age-related problems and their health promotional strategies of the urban group.

Test	Range	Mean± SD	Mean Difference	t- value (p value)
Pre-test	20-05 = 15	46.88 ± 19.097	-31.360	-7.17 (0.000)*
Post-test	24-14= 10	78.24 ± 12.333		

$t_{(49)}$=3.467, p<0.001

Table 2.1 depicted the mean post-test level of knowledge (**78.24 ± 12.333**) of the Urban group was greater than the mean pre-test level of knowledge (**46.88 ± 19.097**) of the urban group with the mean difference of **--31.360**.
The calculated t value was (**t=-7.17**) more than the tabled value (**$t_{(24)}$ = 3.467**). Hence, the effectiveness of structured teaching program among caregiver of elderly is proven. Therefore, **Research Hypothesis (H_1) is accepted.**

Table 2.2: Comparison of mean pre-test & post-test level of knowledge regarding age-related problems and their health promotional strategies of the rural group.

Test	Range	Mean± SD	Mean Difference	t- value (p value)
Pre-test	16-04 = 12	37.76 ± 13.908	-37.60	-10.216 (0.000)*
Post-test	23-15 = 08	75.36 ± 9.069		

$t_{(24)}$=3.467, p<0.001

Table 2.2 depicted the mean post-test level of knowledge (**75.36 ± 9.069**) of the rural group was greater than the mean pre-test level of knowledge (**37.76 ± 13.908**) of the rural group with the mean difference of **-37.60.**
The calculated t value was (**t=-10.216**) more than the tabled value (**$t_{(24)}$ = 3.467**). Hence, the effectiveness of structured teaching program among caregiver of elderly is proven. Therefore, **Research Hypothesis (H_1) is accepted.**

Table 2.3: Comparison of mean post-test level of knowledge regarding age-related problems and their health promotional strategies of the urban and rural group.

Post-test	Range	Mean± SD	Mean Difference	t- value (p value)
Urban group	24-14= 10	19.41 ± 3.063	0.583	0.744 (2.016)
Rural group	23-15 = 08	18.83 ± 2.315		

$t_{(48)}$=1.671, p<0.05

Table 2.3 depicts that the mean level of knowledge (**19.41 ± 3.063**) of the urban group was greater than the mean level of knowledge (**18.83 ± 2.315**) of the rural group with the mean difference of **-0.583**.
The calculated t value was (**t=0.744**) less than the tabled value (**$t_{(48)}$ =1.671).** There is no significant difference between mean posttest level of knowledge of rural and urban areas.

SECTION D: ASSOCIATION BETWEEN PRE-TEST KNOWLEDGE SCORE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

Table 3.1. the association between pre-test knowledge score with their selected demographic variables.

The Result depicts that association of socio-demographic characteristics of urban group with pretest knowledge score. The analysis revealed that there is statistical significant association established with the 'age' and no association established with rest of the selected socio-demographic variables. **Therefore, research hypotheses (H_2) is accepted.**

CONCLUSION

Based on the finding of the following conclusion were drawn:

- There is need to provide knowledge about the age related problems and their health promotional strategies.
- Structured teaching program has significantly increase knowledge of caregiver of elder related age related problems and their health promotional strategies.

Thus the investigator concludes structured teaching program was helping in increasing the knowledge of caregiver of elderly of village Mundia Chatram Bhojipura, Bareilly, urban area Ashutosh city near Balaji dham, Bareilly U.P regarding age related problems.

NURSING IMPLICATION

The result of the study proves that the caregiver of elderly of village Mundia Chatram Bhojipura, Bareilly, urban area

Ashutosh city near Balaji Dham, Bareilly had a significant effect in increase in their knowledge regarding age related problems and their health promotional strategies.
Finding of the study have several implication on following fields:

Selected rural and urban area of Bareilly. General education and knowledge status of caregiver of elderly at village Mundia Chatram Bhojipura, urban area Ashutosh city near Balaji Dham, Bareilly (U.P)

NURSING SERVICE

Nursing is a service oriented profession and it must enhance to the extent that it keeps with the advancing technology, and with changing trends and issues. Hence it is imperative for the nurse to keep themselves abreast with changes. Educational program conducted for the nursing personnel help in imparting knowledge related to various health and safety issues. The finding of the study could be utilized as a basis for in-service education of the nurse so that constant awareness and clear understanding may be created regarding age related problems. It also serves as a Guideline for the nurse administrator to plan continuing education program, additional instructions or training to the student nurse

NURSING EDUCATION

- The curriculum of basis nursing courses should be elaborated regarding age related problems and their health promotional strategies.
- The nurse is the role teacher should educate the caregiver of elderly regarding age related problems and their health promotional strategies.
- The nursing educator should educate the caregiver of elderly in the nursing profession so as to make them to make ready to help the caregiver of elderly by providing them health education regarding age related problems and their health promotional strategies.

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