

"THE OLD AGE PROBLEMS AND CARE OF SENIOR CITIZENS"

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The dream of the people all over the world to live long is now becoming a reality due to the advancement in socio economic development and sciences, particularly medical sciences. It is estimated that there are 416 million old people (aged 60 years and above) around the globe and by 2020 world's 11.9% of population will be above 60 years. In India also the trend is same, 7.5% of the total population is above 60 years and the life expectancy is increasing gradually.

Healthy ageing is not only related to the advances in medical technology but also related to the interaction of a wide range of social factors such as maintaining and enhancing physical and cognitive functions being fully involved in the society, leading a stimulating and productive life, living in a stable social environment and having meaningful personal relationships.

The diminishing joint family system in India and the various other social factors created a boom in emergence of old age homes, especially in cities. Various surveys done in India and abroad have confirmed that most of the elderly people consider home as a place where they can derive greatest emotional satisfaction. Elder abuse is one of the subjects of frequent discussion these days, whether it is institution based or community based. Elder abuse is not merely physical instead there

are mainly five categories – physical, emotional, financial, neglect and sexual.

The care givers ie, along with whom the elderly is staying in the home is indirectly or directly responsible for the abuse of elders in their home. Population ageing creates a new problem ie., a growing breed of care givers who are themselves in need of care. Hence, this author felt that it is vital to assess the existing knowledge and reinforce the same to improve the quality of life of the elderly.

STATEMENT OF THE PROBLEM:

A study to assess the effectiveness of structured teaching on knowledge of caregivers about old age problems and care of senior citizen at home in Thalavoor Panchayat of Kollam District of Kerala.

OBJECTIVES OF THE STUDY:

1. To assess the prevalence of selected disease conditions among senior citizens.
2. To assess the existing knowledge of caregivers about old age problems and care of senior citizens.
3. To assess the effectiveness of structured teaching on knowledge of caregivers about old age problems and care of senior citizens.
4. To assess the selected demographic variables with the pre and post test knowledge of the caregivers.

The null hypotheses formulated

were:

1. There is no significant difference between the pretest and post test score of the care givers' knowledge.
2. There is no significant association between the selected demographic variables and post test knowledge of the care givers.

The review of literature provided the base for the development of structured interview schedule and health teaching plan for the caregivers. A wide review of literature on the aspect of physical changes during old age, care of elderly and problems of caregivers was done. The conceptual framework based on King's goal attainment theory helped the investigator to validate the teaching programme.

Quasi experimental group pretest post test design was used to achieve the objectives of this study. The study was conducted in four randomly selected wards of Thalavoor Panchayat of Kerala. A Sample of forty caregivers of elderly were selected by multistage random sampling technique from 390 care givers of four wards.

The investigator used the structured interview schedule to elicit the demographic profile and knowledge of caregivers about physical changes, psychosocial problems and care of elderly. The data collection tool was validated by the experts in the field. Reliability was confirmed by test - retest method ($r=0.78$) and feasibility by the pilot study.

After conducting the pretest an individual based structured teaching was given to caregivers regarding physical changes during ag-

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ing, psychosocial problems of the elderly and care of elderly at home. Posters and pamphlets were used to reinforce the teaching. Post test was done after 10 days of teaching.

The data analysis revealed that

57.5% of care givers were daughters and daughters in law, 87.5% other members of the family were taking care of the elderly with the identified care givers.

52.5% of elderly were living in the joint family. Only 20% of senior citizens did not suffer from any disease, 22.5% each were suffering from hypertension and arthritis, 7.5% each were suffering from the asthma and diabetes mellitus, 5% each were found to have heart disease and anemia and 10% of elderly were suffering from other diseases.

Analysis of the pretest knowledge reveals a mean score of 63.4 with standard deviation 15.68 and only 20% of caregivers had adequate knowledge regarding old age problems and care of elderly.

Post test analysis shows a mean score of 84.44 with standard deviation of 8.18 and 85% had adequate knowledge. The t value calculated was 15.37 ($p < .001$) indicates statistical evidence for improvement

in knowledge. The null hypothesis 01 is rejected. The findings of this study revealed that planned teaching programme was effective in enhancing knowledge among the caregivers of elderly.

The Chi-Square test showed there was significant association between demographic variables as education ($\chi^2 = 17.828$, $df=8$) and occupation ($\chi^2 = 14.387$, $df=4$) with level of knowledge during pretest.

The Chi-Square test showed there was no association for any of the demographic variable with level of knowledge during post test. The null hypothesis was accepted at this point. This further supports that the structured teaching was effective for all the care givers irrespective of the educational level and occupation.

The implications were identified as to develop more health education programmes in the community as well as mass media for the family caregivers of the elderly to make the care more effective, reduce the stress of caregivers and to change the trend of industrialization. WHO's recommendations also agree to this, as family care is the most acceptable one for the senior citizens.

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