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Effectiveness of IEC package on knowledge regarding health promotion among elderly in selected rural community

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Abstract

Aim: To assess the effectiveness of IEC package on knowledge regarding health promotion among elderly. A Pre-experimental one group Pre and Post Test only design adopted for this study. The Study was conducted at Pandeswaram Village, Thiruvallur Dist, Tamilnadu, India. The investigator selected 100 elders both men and women who fulfilled the inclusion criteria were selected by using the non probability convenience sampling technique. The structure interview questionnaire was used to collect the demographic variables and to assess the knowledge on health promotion among elderly person. The study group underwent IEC Package on Health Promotion of Elderly administered to the elderly aged 60 years and above in the IEC package contains information through lecture method and flash cards, education through video show and communication through distributing pamphlets. Descriptive and inferential statistics was used to analyze the data. The overall improvement for knowledge was with calculated 't' value of which were statistically highly significant at $p < 0.001$.

Keywords: knowledge regarding, rural community, effectiveness, IEC

Introduction

Ageing is a natural process, according to Sir James Sterling Ross "you do not heal old age; you protect it, you promote it; you extend it". These are in fact basic principles of preventive medicine [1]. The Director General WHO expressed in her message on April 7, that "World Health Organization had chosen 1999 as the International Year of the Elderly". The World Health Day theme of the year 1999 was "Active ageing makes the Difference", which recognised that it is the key for older people to go on playing a part in the society [2]. The elders are fraught with problems such as loneliness, lack of security, illness, depression, anxiety, hopelessness, irritability, dementia, financial problem, lack of socialization, burden of the family and so on [3]. Higher prevalence of hyper tension and diabetic among overweight elderly was observed. There is an urgent need to approach the elderly by creating the awareness campaign [4]. The health problem of aged were 18.7% of people had problems in bowel movement, 13.3% people had appetite problem, 11.2% of people had mastication problems, 8.9% had eye problem, 3.6% people had swallowing problem and 44.4% had mobility problem [5]. The majority of elderly suffered from general weakness 15% and cataract 9% and lack of appetite 7% aches and pains in the joints 9% and lack of basic health care facilities [6]. Approximately 80% of elderly human in both region reported having 4 or more health problems compared with 42% and 63% elderly men in the urban and rural region respectively [7]. The prevalence of mental disability was found to be 2.3%. The prevalence was higher among female 3.1% then among males 1.5% [8]. Exercise is excellent for reducing stress. The physically active people are mentally healthier, exercise measures alertness mental ability, cognitive skills and esteem [9]. Increased dietary fiber play a protective role in reducing cholesterol and other lipids and reducing cholesterol and other lipids and reducing gastrointestinal disorders such as cancer, ulcerative colitis [10]. The prevalence of falls was most frequently seen at home premises 62.3% [11]. The living alone is a risk factor for depression in old age [12].

Materials methodology

The research design used in this study was pre experimental one group pre and post test.

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The study was conducted at Pandeswaram Village, which is a rural community in Thiruvallur District, Tamil Nadu. The total village population comprised of 1026. The study population comprised of 320 men and women aged 60 years and above. The study sample comprised of elderly aged 60 years and above both men and women who satisfied the inclusive criteria. The sample of the study comprised of 100 elders both men and women aged 60 years and above who have satisfied the sample selection criteria. The non probability convenience sampling technique was adopted to select the samples for the study.

Description of research tool

Section A: Demographic variables of the elderly persons.

This section deals with Age, Gender, Education, Occupation, Marital Status, Number of Children, Family Pattern, Support System, Income, Dietary Pattern, Personal Habits, and Leisure Time. Activities, Chronic Illness, Health Services and Treatment for Illness.

Section B: Tool to assess the level of knowledge.

Structured interview schedule was used to assess the

knowledge on health promotion among elderly persons. It consists of 20 structured interview schedule based on knowledge on health promotion of elderly persons.

Scoring Key: The structured interview schedule consisted of totally 20 multiple choice questions which had one correct answer, hence for each correct answer one mark was given and for the wrong answer, zero mark was given. Thus totaling to a maximum of 20 marks to interpret the level of knowledge. The level of knowledge categorized as < 50%-Inadequate knowledge, 50 – 75%-Moderately adequate knowledge and > 75%-Adequate knowledge.

Intervention tool

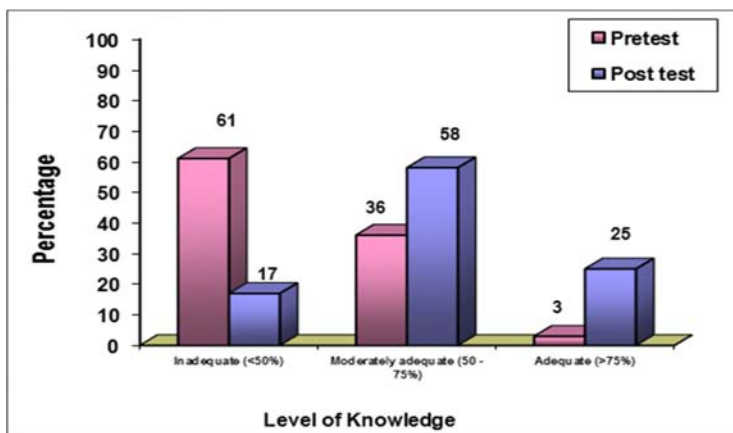
Section C: Consists of IEC package on knowledge of health promotion which comprised of.

Part I: Information on physical aspects through flash cards.

Part II: Education on psychological aspects through video clippings.

Part III: Communication on exchange of new ideas through local language using pamphlets

Results



Percentage distribution overall pre and post test level of knowledge score regarding health promotion of elderly.

The above figure reveals that with regard to pretest knowledge, a majority 61(61%) had inadequate knowledge, 36(36%) had moderately adequate knowledge and 3(3%) had adequate knowledge on health promotion of elderly. With regard to post test knowledge, a majority 58(58%) had moderately adequate knowledge, 25(25%) had adequate knowledge and 17(17%) had inadequate knowledge on health promotion of elderly.

Mean and standard deviation of knowledge aspects score in the pre and post test, n = 100

Knowledge Aspects	Pretest		Post Test	
	Mean	S.D	Mean	S.D
General Aspect	1.44	1.05	2.22	1.24
Physical Aspect	4.16	2.01	6.97	2.76
Psycho-social & Spiritual Aspects	3.37	1.28	3.78	1.43

The above table reveals that the general aspects overall pretest mean score was 1.44 with S.D 1.05 and in the post test the overall mean score was 2.22 with S.D 1.24. With regard to the overall pretest mean score was 4.16 with S.D 2.01 and in the post test the overall mean score was 6.97 with S.D 2.76. The psycho-social & spiritual aspects

overall pretest mean score was 3.37 with S.D 1.28 and in the post test the overall mean score was 3.78 with S.D 1.43. It shows that after IEC package there is an improvement in knowledge level on health promotion of elderly.

Section C: Comparison of pre and post test level of knowledge regarding health promotion of elderly.

Comparison of pre and post test level of knowledge regarding health promotion of elderly. n = 100

Knowledge	Mean	S.D	't' value
Pretest	8.97	3.22	8.11*** (S)
Post Test	12.97	3.91	

***p<0.001, S – Significant

The above table reveals the comparison of the pre and post test level of knowledge on health promotion of elderly. When comparing the pre and post test level of knowledge score among the study group the pretest mean value was 8.97 with standard deviation 3.22 and in the post test mean value was 12.97 with the standard deviation of 3.91. The calculated 't' value was 8.11 which was greater than the table value and hence this indicated that there was statistically high significant difference at p<0.001 level

between the pre and post test level of knowledge in the study group.

Association of mean improvement level of knowledge with selected demographic variables such as age and chronic illness on health promotion of elderly. n = 100

Demographic Variables	Pretest		Post test		Mean		ANOVA / 't' Value
	Mean	S.D	Mean	S.D	Mean	S.D	
Age in years							F = 3.478 S*
60 – 65	10.05	2.68	12.68	3.64	2.63	4.60	
66 – 70	8.18	2.79	12.11	4.13	3.92	5.52	
71 – 75	8.58	4.02	13.31	4.37	4.73	4.24	
Above 75	7.77	3.65	15.15	2.99	4.24	4.13	
Chronic illness							F = 2.449 S*
Diabetes	11.35	2.42	14.00	3.39	2.65	4.49	
Hypertension	8.08	2.68	13.42	4.83	5.33	6.29	
Heart disease	-	-	-	-	-	-	
Bronchial Asthma	8.00	2.51	9.40	4.69	1.40	5.37	
Arthritis	7.57	3.58	13.00	2.95	5.43	4.25	
Others	8.58	1.68	13.25	4.79	4.67	5.09	
Nil	9.58	3.29	12.87	3.82	3.29	4.41	

The above table reveals that there was statistically low significant association of mean improvement knowledge score with the variables age and chronic illness of elderly at p<0.05 and other variables were not significantly associated.

Discussion

The analysis on pretest level of knowledge revealed that the majority of the elderly 61(61%) had inadequate level of knowledge, 36(36%) had moderately adequate knowledge and 3(3%) had adequate knowledge on health promotion during old age.

This finding of the study was consistent with the study conducted by Barbara A. Gessner (2004) [13] providing information close to the time is needed and teaching when the elderly are physiologically stable and not very ill will stimulate learning. Increasing elderly knowledge and skills is a component of empowering them to care for themselves. The analysis on post test level of knowledge on health promotion of elderly showed that 25(25%) had adequate knowledge on health promotion, 58(58%) had moderately adequate knowledge and 17(17%) had inadequate knowledge.

This finding of the study is also consistent with the Judith Serverson De Muth that printed form of providing health information to the elderly are an effective way to present the material in a consistent and organized format.

The analysis in table revealed that with regard to age the calculated 'F' value was 3.478 and for chronic illness of elderly the calculated 'F' was 2.449 and should had significant moderate at p<0.05 level.

The above finding was consistent with the study by Lena, *et al.*, (2009) [14] conducted a cross sectional study to assess the health and social problems of the elderly. There attitude towards life at Manipal, India. A total of 213 elderly patients who attend the outreach clinics were interviewed using a pre-tested schedule. Finding shows that the majority of them were the age group of 60 to 69 years old and majority of them had health problems such as hyper tension, arthritis, diabetics, asthma, cataract and anemia. There is a significant association between the age and chronic disease.

Conclusion

The study concluded that there was a significant improvement of knowledge of elderly in post test after

administration of IEC package. The IEC package was an effective education tool to improve the knowledge of elderly regarding health promotion.

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