

Study to Assess the Knowledge and Attitude of Caregivers Regarding Selected Old Age Health Problems in Selected Rural Areas of Bagalkot District

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ABSTRACT

Background: Maturing is a widespread peculiarity. Advanced age is not in itself a sickness however is an ordinary piece of human existence length. A guardian, like wise called a career, home wellbeing assistant or individual consideration assistant, is the individual answerable for furnishing their clients with day-to-day private consideration and help with exercises.

Methods: Exploration approach: unmistakable methodology research plan: graphic study research plan. The setting of the review: provincial areas of Bagalkot region. Information assortment strategy: organized polls test. The example was chosen by an arbitrary inspecting procedure. The analyst arbitrarily chose Shirur town as a provincial setting and was chosen for enrolment of subjects.

Results: The information score of guardians was 41.06%, with mean and SD of 12.32±3.925. These discoveries uncover those guardians had normal information for advanced-age medical conditions. The mentality score of guardians was 73.73%, with a mean and SD of 110.6±11.008. These discoveries uncovers that parental figures have concur capable demeanour in regards to the advanced age medical conditions.

Conclusion: At last, a critical co-connection between the information and demeanour at 0.001 the discoveries uncovers that there is a moderate positive relationship between the information and disposition of the advanced age medical issues.

Key-words: Assess, Care Giver, Health Problems, Knowledge, Old Age

INTRODUCTION

As per the World Wellbeing Association (WHO), advanced age means reducing a person's natural consistence capacity out of their control and sequentially characterizes people aged 65 years and older.^[1] As per the WHO, sequential advanced age is delegated as follows:

65-75 years characterize young advanced ages and a change period from working life to retirement; 75-85 years characterize progressed advanced ages and a period where useful misfortunes start to be noticed; 85 years and more seasoned characterize exceptionally progressed advanced ages and a period that requires unique consideration and support.^[2]

Advanced age is the last option part of quicken life. It is a fundamental piece of human existence.^[3] It is an unavoidable, undesirable, and issue-ridden period of life. Maturing is a period of various diseases and normal inabilities.^[4] Elderly individuals have restricted regenerative abilities and disorders compared to more established age.

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An old guardian, sometimes ^[5] however, guardians are nonmedical. Some have extra permitted and alluded to as home wellbeing aides.

Around the world, the future of more seasoned individuals keeps on rising.^[6] By 2050, the total populace matured 60 years and more is supposed to add up to 2 billion, up from 841 million today ^[7]. Many more established individuals will live ^[8]. According to the 2021 enumeration, the projected advanced age reliance rate was around 15.7%.^[8] What's more, it was normal to arrive at 20.1% in 2031.^[9] India's advanced age reliance proportion has seen a slow ascent over the past projections mirror a lofty ascent in advanced age reliance from 2021 to 2031.^[10]

MATERIALS AND METHODS

Research approach- Descriptive approach research

Design- Descriptive research survey design.

Setting of the study- Rural areas of Bagalkot district.

Data collection method

Sample- The sample was selected by a simple random technique. The researcher randomly selected Shirur village as rural setting. The only old age caregivers present in Shirur village were selected for enrolment of subjects. All the old age caregivers in the age group of 25- 62 years were selected by simple random technique.

Sample Size- 50

Sampling Technique- Simple random Sampling Technique

Population

Target Population- This states the group of population that the researcher aims to study and to whom the study findings was generalized. In this study, old-age caregivers are the target population. Accessible Population: The accessible population of the present study was conducted among old-age caregivers in Shirur rural areas of the Bagalkot district, India.

Variables under study

Selected socio-demographic variables- Age, sex, marital status, education, occupation, religion, type of family, number of family members and family income per year.

Data collection procedure- Prior permission was obtained from Principal B. V. V. Sangha's Bagalkot. Permission was obtained from the Shirur Primary Health Center Medical Officer of Bagalkot district. Written and verbal consent was obtained from old-age caregivers selected for the study. For illiterate old age caregivers, structured interviews and for literate old age caregivers, structured closed-ended questionnaires were used. The data collection was done in the study area between 9 am-5 pm or depending upon the availability of the subjects.

Statistical Analysis- The data was analysed using descriptive and inferential statistics. Numerical data obtained from the sample was organized and summarized with the help of descriptive statistics like percentages, mean, median and standard deviation. Karl Pearson's coefficient correlation formula was used to determine the significance of old age caregivers.

Ethical Approval- An ethical clearance certificate was obtained and enclosed from the ethical committee of B.V.V.S Sajjalashree Institute of Nursing Sciences, Bagalkot. Written consent was to be obtained from the caregivers of the old age participating in the study. Anonymity and confidentiality regarding the data and identification of caregivers were maintained.

RESULTS

The data was analyzed by using descriptive and inferential statistics. Numerical data obtained from the sample was organized and summarized with the help of descriptive statistics like percentages, mean, median and standard deviation. Karl Pearson's coefficient correlation formula was used to determine the significance of old age caregivers. The Chi square test was used to find out the association.

Socio-demographic and clinical characteristics of

mother- Overall, the socio-demographic of old age caregivers in this study was that the majority (56%) of rare group aged 25 old-35 years. About 50%) of respondents are male and (50%) of the respondents are female. Regarding marital status, the majority (43%) of the respondents are married, the majority (50%) of respondents had primary education, and the majority (94%) of the respondents were Hindu so the majority (74%) of the caregivers are in agriculture. The majority of

(56%) respondents lived in a joint family. Most (40%) of respondents belong to the 5-6 no of family. Most respondents (66%) belong to the 5000-10,000/ family income (Table 1).

Table 1: Description of socio-demographic characteristics of samples

Variables	Frequency	Percentage (%)
Age		
25 yrs – 35 yrs	28	56
36 yrs – 45 yrs	17	34
46 yrs – 55 yrs	04	8
56 yrs – 65 yrs	01	2
Gender		
Male	25	50
Female	25	50
Marital status		
Married	43	86
Unmarried	7	14
Education		
Illiterate	16	32
Primary	25	50
P.U.C	5	10
Graduate	4	8
Religion		
Hindu	47	94
Christian	1	2
Muslim	2	4
Occupation		
Government	2	4
Private	9	18
Agriculture	37	74
Business	2	4
Type of family		
Nuclear	22	44
Joint	28	56
Number of family members		
3 – 4	15	30
5 – 6	20	40
7 or more	15	30
Family monthly income		
Less than 5,000/	11	22
5,000 – 10,000/	32	66
11,000 – 20,000/	4	8
Above 20,000/	2	4

Association between knowledge regarding old age health problems and socio-demographic variables- The finding reveals that there was a significant association between knowledge of caregivers regarding old age health problems and selected socio-demographic variables such as educational status and number of family members, and there is no significant association between age, sex, marital status, religion, occupation, type of family, family monthly income.

Thus, H₁ stated was accepted for educational status and number of family members and H₂ is rejected for age, sex, marital status, religion, occupation, type of family, and family monthly income (Table 2).

Table 2: Association between knowledge regarding old age health problems socio demographic variables

Variables	X ² -value	Df	p-value
Age	0.70	1	0.30
Sex	2.88	1	0.21
Marital status	0.08	1	0.76
Education	9.77	3	0.02*
Religion	2.94	2	0.22
Occupation	2.27	3	0.51
Type of family	0.79	1	0.37
Number of family members	6.99	2	0.03*
Family monthly income	4.29	3	0.23

*p<0.05= Significance; Df= Difference of freedom

Association between attitude regarding old age health problems and socio-demographic variables- The finding reveals that there was a significant association between the attitude of caregivers regarding old age health problems and selected socio-demographic variables such as age and family monthly income and There is no significant association between sex, marital status, education, religion, occupation, type of family, number of family members. Thus, H₂ stated was accepted for age and family monthly income and H₂ is rejected for sex, marital status, education, religion, occupation, type of family, and number of family members (Table 3).

Table 3: Association between attitude regarding old age health problems and socio-demographic variables

Variables	X ² value	Df	p-value
Age	5.90	3	0.01*
Sex	0.39	1	0.50
Marital status	1.49	1	0.22
Education	1.24	3	0.74
Religion	3.02	2	0.22
Occupation	2.35	3	0.50
Type of family	0.32	1	0.56
Number of family members	0.86	2	0.64
Family monthly income	8.30	3	0.04*

*p<0.05=Significance; Df= Difference of freedom

Co-relation was significant at the 0.01 level. The findings reveal a moderate positive correlation between the knowledge and attitude of old age health problems (Table 4).

Table 4: Correlation between the knowledge and attitude of caregivers regarding the old age health problems

Co-relation	Knowledge	Attitude
Knowledge	1	0.385
Attitude	0.385	1

DISCUSSION

The current study found that old age caregivers age between 25 and 65 years old. 28 (56%) subjects were in the age group between 25-35 years, 1(2%) subject were between the age group of 56–65.^[10] In a similar study, 15(37.5%) members were in the group 20-25 years, and 2(2.5%) subjects were between 41-45 years of age.^[11] 25 (50%) of the respondents are male and (50%) female. Compared to the previous research study, 7(17.5%) were male and 33(82.5%) were females.^[12] 43(86%) of the respondents are married and 7(14%) of the respondents are unmarried, whereas in a similar research study, 22(62.5%) were married and 15(37.5%).^[13]

A total 16(32%) of the respondents were illiterate (no formal) and 4(8%) of the respondents were graduates. In a similar research study, 38(95%) members had diplomas and 2(5%) were puc completed.^[14] 47(94%) of the respondents belong to Hindu, and (2%) of the

respondents belong to the Christian religion, whereas in a previous study, 38(95%) belonged to the Christian religion and 2(5%) belonged to the Muslim religion.^[15]

Of the respondents, 37(74%) were in agriculture, and 2(4%) belonged to a business occupation. Compared to a similar study, 15(37.5%) were government workers and 22(62.5%) were unemployed.^[16] 28(56%) respondents were from joint family and 22(44%) of respondents were belongs to nuclear family in similar study 7(17.5%) were joint family and 33(82.5%) were from nuclear family.^[17] 20(40%) of respondents belonged to 5-6 no family members and 15(30%) of respondents belonged to 7 or more family members. In a previous research study, 10(25%) were from 5-6 no family members and 30(70%) were from 3-4 no ^[17] family members. ^[18,19] 32(66%) of respondents belongs to the 5000-10,000/ family income and 4(8%) of respondent belongs to the above 20,000/- family income, whereas compared to a previous study, 25(62.5%) subjects were from 5,000–10,000/ and 15(37.5%) were from 15,000- 20,000.^[20]

There is a significant association between caregivers' knowledge regarding old age health problems and selected socio-demographic variables such as educational status and number of family members. There is no significant association between age, sex, marital status, religion, occupation, type of family, or family monthly income and a significant association between the attitude of caregivers regarding old age health problems and selected socio-demographic variables such as age and family monthly income. There is no significant association between sex, marital status, education, religion, occupation, type of family, or number of family members.

CONCLUSIONS

The study concluded that caregivers had average knowledge regarding old age health problems: 12.32±3.92 and caregivers have agreeable attitudes regarding the old age health problems mean and SD was 110.6±11.08. There was a significant association between the knowledge level and selected demographic variables; co-relation is significant at the 0.01 level. There is a moderate positive correlation between the knowledge and attitude of the caregivers regarding old-age health problems. Old age people are a vulnerable segment. In India much of the population is old age. So,

considering this in mind, we took the study to know and assess how the caregiver cares for old age people. In the future, if we give proper education and knowledge on caring for older people, life expectancy will increase. Older people are more prone to diseases like physical, mental, and social related problems. Giving them support and good care from the caregiver will improve all types of diseases.

CONTRIBUTION OF AUTHORS

Research concept- Dr Dileep Natekar, Mrs Shilpa Kugali

Research design- Mrs Shilpa Kugali

Supervision- Mrs Shilpa Kugali

Materials- All researchers

Data collection- All researchers

Data analysis and interpretation- All researchers

Literature search- All researchers

Writing article- All researchers

Critical review- Mrs Shilpa Kugali

Article editing- Mrs Shilpa Kugali

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