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## A descriptive study to assess the knowledge regarding health-related safety precaution to be followed by senior citizens residing in Abdullapur Maffi, Bareilly, U.P. with a view to develop an information pamphlet

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### ABSTRACT

*To find out the association between the level of knowledge of senior citizen regarding safety precaution in a home with their demographic variables. To prepare and distribute information education pamphlet among the senior citizens. The nature of the study was descriptive. This study was conducted at Abdullapur Maffi, Bareilly, U.P the research design is used for the research was descriptive. The conceptual framework used for the study is based on the system model. The data were collected to assess the level of knowledge regarding health-related safety precaution to be followed by a senior citizen. The data were collected and were analyzed and interpreted by using descriptive and inferential statistics the findings where. The major findings of the study revealed that the knowledge score study was 32% of the people had adequate knowledge score (21-30), 54% of the old people had moderate knowledge score (11-20) and 14% had inadequate knowledge score (below 10). The study proved that there was no significant association between knowledge of senior citizen about safety precaution and the demographic variables i.e. Age, Sex, Religion, Education, No. of a family member, Type of house, Type of Family, Occupation, Marital status, and Monthly Income. Previous knowledge regarding the health-related safety precaution but there is a significant association between knowledge of senior citizen and their demographic variables. Hence the research hypothesis was accepted. The significant difference (P) is found between the level of knowledge and demographic variables. On the basis of a finding of the study obtain following conclusion where drawn. It can be concluded that in senior citizen knowledge score was less regarding health-related safety precaution and be provide an information pamphlet to improve the knowledge regarding health-related safety precaution to be followed by in senior citizen.*

**Keywords**— Safety Precaution, Senior citizen knowledge

### 1. INTRODUCTION

#### 1.1 A Brief study

With the growing need for the provision of health care for older adults also comes with the questions of “how health care providers are going to give quality health care for the older population?” Lesage suggests that, in future elders, care is going to have communication of such measures will enhance nursing contributions to quality care.

#### Sir James sterling Ross

Aging is normal with predictable physical and behavioral changes that occur in all people as they achieve certain chronological milestones. It is estimated that the world over, about two billion people would be senior citizens by 2050. In the 20th century, there was an increase in the absolute and relatives' number of elders in both developed and developing countries. This phenomenon is referred to as “population aging”.

Falls are common among older adults but falls are not a part of the normal aging process. However, the incidence of falls increases after the age of 60 yrs. Falls are the leading cause of accidents among elderly persons over the one in three adults aged 65 and above are more at risk to fall, while most of the falls result in minimal injury. About 20-30% of elders aged 65 and above suffer a serious injury, particularly hip fractures and head injury.

Risk factors for falling are classified as intrinsic or extrinsic. Intrinsic factors are internal to the individual. Impaired balance, poor muscle strength, and slow walking speed are intrinsic. Davis et al., 1999

Extrinsic factors are for falling are those environmental hazards that increase the chances of falling such as the presence of throw rugs, low lighting, and slippery floor, furniture in the pathway, stored boxes near the doorway, electric cards in the bathroom, etc. Nanda, 2001 & Shoen Felder, 2000.

Each year approximately 30% of older adult fall and 20-30% of fall those people suffer moderate to severe injuries that lead to loss of mobility and independence and increase risk of death. Falls and consequent injuries are major health problems often require medical attention. Alexander et al., 1992.

### **1.2 Demographics of old age/aging**

The population of American 65 years of age and older has tripled in the past 100 years (4.1% in 1900 to 13% of the population in 2010 (Howden& Meyer,2011) Life expectancy the average number of years that a person can expect to live-varies by gender and race, with woman living longer than men and white woman having the longest life expectancy. Life expectancy has risen dramatically in the past 100years. In 1900, average life expectancy was 47years, and by 2009, that figure had increased to 78.2 years (KOCHANNEK, XU, MURPHY ETAL 2011) As the older adult population increases, the number of people dramatically increases.

The older adult population is becoming more diverse, reflecting changing demographics in the United States. Although this population will increase in number in number for all racial and ethnic group the rate of growth is projected to be fastest in the Hispanic population, which is expected to increase from 6 million in 2004 to an estimated 17.5 million 2050.

### **1.3 Health Status of the Older Adult**

Although many older adults enjoy good health, most have at least one chronic illness, and many have multiple health conditions, chronic conditions, many of which are preventable or treatable, are the major cause of disability and pain among older adults. Most deaths in the united states occur in people. 65years of age and older; 48% of these are caused by heart disease and cancer. Kochanek et al., 2011

Many chronic conditions commonly found among older people can be managed, limited and even prevented. Older people are more likely to maintain good health and functional independence if encouraged to do so and if appropriate community-based support services are available. Miler, 2012

## **2. NEED OF STUDY**

The “old age” population is growing at an accelerated rate all over the world and India is no exception. The growth rate of the elderly population is 37.3% is twice that of the general population (16.8%). There is a very real fear that the quality of life of the population might be compromised. About 30% of elders live separately, loneliness, dependency, lack of protection for their lives is some of the main problems faced by the older. The main purpose of this study is to create and spread awareness about the plight of the elderly and to help them work towards “active aging” and improving quality of life.

Falls are considered one of the “Geriatric Giants”. Recurrent fall are important causes of morbidity and mortality in the elderly. Most falls result from a complex interplay of predisposing and precipitating factors in a person’s environment. Alexander et al., 1992

Gerontology, the scientific study of the aging process is a multidisciplinary field that draws from the biologic, psychology and sociologic sciences. Geriatrics is the practice that focuses on the physiology, pathology, diagnosis, and management of the disorders and diseases of older adults. Because aging is a normal process, care for older adults cannot be limited to one discipline but is best provided through a cooperative effort.

Geriatric Nursing is the field of nursing that specializes in the care of older adults. The scope and standards of Gerontological Nursing Practice were originally developed in 1969 by the American Nurses Association (ANA) and revised in 2010 (ANA,2010). The goals of care include promoting and maintaining functional status as well as helping older adults identify and use their strengths to achieve optimal independence.

Nurses who are certified in geriatric nursing have specialized knowledge of the acute and chronic changes specific of older people. The use of advanced practice nurses who have been educating in geriatric nursing concepts has proved to be very effective when dealing with the complex care needs of older patients when best practices are used and current scientific knowledge applied to clinical problems, there is significantly less deterioration in the overall health of aging patients. **ANA, 2010 & Mark, 2010**

## **3. OBJECTIVES**

- To assess the knowledge of senior citizens regarding Health-related safety precaution in the home.
- To find out the association between the level of knowledge of senior citizen regarding safety precaution in a home with their demographic variables.
- To prepare and distribute information education pamphlet among the senior citizens.

## **4. RESEARCH HYPOTHESIS**

H1: Senior citizens may have some knowledge regarding safety precaution.

H2: There may be a significant association between level of knowledge with their demographic variables.

## **5. REVIEW OF LITERATURE**

It is a well-established fact that the world's population is aging. Who is considered a senior citizen? In the past, this designation was reserved for people aged 65 and older and society's perception of the senior citizen was based on a medical model (Dee & Bowen, 1986). This view held that older people were frail, confined to their home or an institution and had very little to contribute to society. As Turock (1987) put it "There has been less emphasis on the problems of aging and more on the older adult as a national asset".

Maintaining safety in the home and community is a national health concern especially for older adults who "age in place". A cohort study conducted by Leclercq et al [2010] to determine the prevalence of hazards and to resolve whether they are linked to the risk of falls among 959 seniors receiving home care services. Home environmental hazards were found in 95% of homes, with a mean of 3.3 risks per individual.

## **6. SAFETY PRECAUTION IN SENIOR CITIZENS**

56.80% doctors 41%, nurses and 32% of technicians had correct knowledge regarding SPs applicable to which all specimens. Regarding precautions, while handling HIV/HBV patient the correct answer chosen by doctors, nurses, and technicians were 48%, 50%, and 36% respectively. The correct knowledge regarding donning of PEP among doctors, nurses and technicians were 76.4%, 69%, and 48% respectively.

### **6.1 The practice of standard Precautions**

Regarding the various aspects of hand hygiene, the level of knowledge varied among different professional groups. In the present study, 58.5% HCWs mentioned that washing hands with soap and water is the preferred method in soiled hands and doctors had the highest knowledge (70.80%) followed by technicians, (40%) and nurses. Lt. Anargh et al., 2012

A survey to examine knowledge and practices regarding standard precautions in senior citizens. A total of 133 nurses, 81 women, and 52 men participated in the survey. Personal and professional data, handwashing frequency, glove-wearing practices were collected. Beghdadi et al., 2008

## **7. MENTAL HEALTH PROBLEMS IN OLDER ADULT**

A descriptive study was conducted to determine the perceived depressive feelings experienced in Udupi District in which 100 clients participated. The study results showed that majority of clients had moderate depression (58%) and about 19% of them had severe depression. It was a subjective feeling of depression and represents that there is a significant relationship between family, friends relationship and depressive feeling of aged person, the study concluded that care all health professionals go deeper into society to bring about issues and problems faced by the older population and to bring about changes that can fulfill the needs of the elderly.

A comparative study was conducted on depression in elderly by using the Center for Epidemiologic Studies Depression Scale and Geriatric Depression Scale in primary care institutions and the depression was screened for 130 patients by using scales. The result showed that CES-D-21% in which 92% sensitivity and 87% specificity and GDS shows sensitivity 100% specificity 84% both scales have excellent properties for use of screening.

## **8. HEALTH PROMOTION IN OLDER ADULTS**

A comparative study was conducted to assess the emotional well-being of senior citizens staying in old age home V/S senior citizens staying with a family in Abdullahpur Maffi, the sample of study consisted of 50 males and females senior citizens, out of which 60 from old age home and 60 residing in family, the result shows a difference in senior citizens staying with family and senior citizens staying in old age home under borderline well-being (61.80%), 5% (negative emotional well-being) 92% (positive emotional well-being) 8% are under borderline emotional well-being, the study concluded that there is no association of emotional well-being with any demographic variable.

An experimental study was conducted on social support, loneliness and depression status of elderly nursing home residents by a video conference, the result shows that the experimental group had significantly higher mean emotional and appraisal social support scores at 1 week and 3 months after baseline than those in the control group, subjects in the experimental group had lower mean loneliness scores at 1 week and 3 months after baseline. In the control group after a video conference the study concluded that this program could be used for residence of long-term care institutions particularly those with better ability to perform activities of daily living.

The goal of primary prevention is to minimize the risks of falling among older adults and, it is hoped to prevent falls. Interventions for primary prevention include an environmental assessment. The final result of multifactorial and community intervention study for the prevention of falls in the elderly conducted by Pujela Blanch et al., 2010

## **9. RESEARCH METHODOLOGY**

Descriptive research design is used for the study. The present study was conducted at Abdullahpur Maffi, Bareilly (U.P.). The population of the study is Senior citizens above 60 yr. With a sample size of 50 old age. Nonprobability convenient sampling techniques are used.

### **9.1 Description of tool**

The tool used for the study is a questionnaire method.

A questionnaire method was used to assess the knowledge regarding health-related safety precaution in Abdullapur Maffi, Bareilly (U.P.). The tools consist of two parts:

**Part- A:** This part consists of selected demographic variable such as age, sex, religion, education, income, type of family, type of house, marital status, etc.

**Part- B:** It consists of a structural interview schedule on safety precaution in senior citizens.

### 9.2 Data analysis and interpretation

The data collected was organized, tabulated, analyzed and interpreted by using descriptive and inferential statistics and is described with the help of tables and graphs. The data is presented under following section:

Section A: Percentage-wise distribution of demographic characteristics of samples.

Section B: Distribution of sample with their knowledge score.

Association between knowledge score of old age people regarding safety precaution in senior citizens with their selected demographic variables.

#### SECTION- A

**Table1: Frequency and percentage of old age peoples according to demographic variables**

S. No.	Demographic Variables	Frequency	Percentage
1.	<b>Age in Years</b>		
	60-65	14	28%
	66-70	27	54%
	71-75	07	14%
	76 and above	02	4%
2.	<b>Sex</b>		
	Male	44	88%
	Female	06	12%
3.	<b>Religion</b>		
	Hindu	42	84%
	Muslim	08	16%
	Christian	00	0%
	Others	00	0%
4.	<b>Education</b>		
	Illiterate	04	8%
	Up to 10 <sup>th</sup>	41	82%
	Up to 12 <sup>th</sup>	05	10%
	Diploma/Graduate/More	0	0%
5.	<b>No. of Family Member</b>		
	Less than 3	08	16%
	3	06	12%
	4	10	20%
	More than 4	26	52%
6.	<b>Type of House</b>		
	Kuccha House	48	96%
	Pukka House	02	4%
	Others	00	0%
7.	<b>Type of Family</b>		
	Nuclear	37	74%
	Joint	13	26%
	Others	00	0%
8.	<b>Occupation</b>		
	Farmer	39	78%
	Government/Pensioner	03	6%
	Unoccupied	01	2%
	Others	06	12%
9.	<b>Married Status</b>		
	Married	48	96%
	Unmarried	02	4%
	Divorced	00	0%
	Widow/Widower	00	0%
10.	<b>Monthly Income</b>		
	Up to 5000	30	60%
	5001-10,000	16	32%
	10,001-15,000	03	6%
	More than 15,000	01	2%

**Table 2: Level of knowledge scoring regarding safety precaution of a senior citizen**

Level of Knowledge	Test Knowledge Score		
	Score	N	%
Adequate	21-30	16	32%
Moderate	11-20	27	54%
Inadequate	1-10	07	14%

Table 2 show that frequency and percentage (%) of old age people according to the level of knowledge score related to safety precaution in a senior citizen. Hence it is inferred that the majority of old age people had moderate knowledge score (54%) there is a difference in the level of knowledge of old age people regarding safety precaution. Hence H1 is accepted.

**Table 3: Association between the knowledge of Village Abdullapur Maffi, Bareilly regarding safety precaution in senior citizen with their demographic variable**

Demographic variables	Adequate		Moderate		Inadequate		df	Calculate value (x2)	Tabulated Value	Level of Significant
	F	%	F	%	F	%				
<b>1. Age in Years</b>										
(a) 60-65 years	7	14%	6	12%	1	2%	6	6.68	12.59	II
(b) 66-70 years	8	16%	14	28%	5	10%				
(c) 71-75 years	0	0	6	12%	1	2%				
(d) 76 and above	1	2%	1	2%	0	0				
<b>2. Sex</b>										
(a) Male	15	30%	23	46%	6	12%	3	0.72	7.82	II
(b) Female	1	28%	4	8%	1	2%				
<b>3. Religion</b>										
(a) Hindu	14	28%	22	44%	6	12%	6	0.41	12.59	II
(b) Muslim	2	4%	5	10%	1	2%				
(c) Christian	0	0	0	0	0	0				
(d) Others	0	0	0	0	0	0				
<b>4. Education</b>										
(a) Illiterate	0	0	4	8%	0	0	6	5.43	12.59	II
(b) Up to 10th Class	13	26%	22	44%	6	12%				
(c) Up to 12th Class	3	6%	1	2%	1	2%				
(d) Diploma/graduate/more	0	0	0	0	0	0				
<b>5. No. of a family member</b>										
(a) Less than 3	0	0	6	12%	2	4%	6	10.92	12.59	II
(b) 3	1	2%	3	6%	2	4%				
(c) 4	2	44%	7	14%	1	2%				
(d) More than 4	14	28%	11	22%	2	4%				
<b>6. Type of House</b>										
(a) Kuccha	0	0	1	2%	1	2%	4	2.6	9.49	II
(b) Pukka	16	32%	27	54%	6	12%				
(c) Others	0	0	0	0	0	0				
<b>7. Type of family</b>										
(a) Nuclear	15	30%	20	40%	2	4%	4	18.29	9.49	II
(b) Joint	1	2%	7	14%	5	10%				
(c) Other	0	0	0	0	0	0				
<b>8. Occupation</b>										
(a) Farmer	14	28%	21	42%	6	12%	6	8.27	12.59	II
(b) Govt./Pansioner	1	2%	2	4%	0	0				
(c) Unoccupied	0	0	1	2%	0	0				
(d) Other	0	0	5	10%	0	0				
<b>9. Marital Status</b>										
(a) Married	7	14%	25	50%	16	3%	6	0.98	12.59	II
(b) Unmarried	0	0	2	4%	0	0				
(c) Divorced	0	0	0	0	0	0				
(d) Widow/Widower	0	0	0	0	0	0				
<b>10. Monthly Income</b>										
(a) Up to 5000	10	20%	17	34%	3	6%	6	4.14	12.59	II
(b) 5001-10000	4	8%	10	20%	3	6%				
(c) 10001-15000	1	2%	1	2%	1	2%				
(d) 15000 or more	1	2%	0	0	0	0				
Significant at P> 0.05 level, II not significant at P< 0.05 level										

## **10. CONCLUSION**

On the basis of the finding of the study obtained following conclusion drawn.

- The finding of the study it is concluded that highest percentage Of senior citizens 54% age group of 60-75 years maximum and highest Sex 88% of Male, occupation 78% of Farmer and education up to 10TH maximum sample work labor 60% was in the family income group 5000 per month.
- The maximum percentage of religion 88% was Hindu maximum sample have previous regarding health-related in safety precaution.
- The study proved that there was no significant association between the level of knowledge and selected demographic variable such as age, sex, religion, education, occupation, type of family, type of house, no. of family, Incomes, marital/status and previous knowledge regarding health-related safety precaution to be followed by senior citizen but there is significant between demographic variables and previous knowledge. Hence the hypothesis is accepted.
- Thus, the investigator concludes that the knowledge regarding safety precaution of senior citizens 60-75 years of age was less so, the investigator develops an information pamphlet in order to increase their knowledge.

## **11. NURSING IMPLICATION**

The result of the study proceeds that among eligible couple above the age 60-75 years in village Abdullapur Maffi, Bareilly, U.P. had a significant effect on the increase in their knowledge. Regarding "A descriptive study to the knowledge regarding health-related safety precaution to be followed by senior citizens residing in Abdullapur Maffi, Bareilly, U.P. with a view to developing an information pamphlet." Hence, it becomes the responsibility of the health care personnel to provide knowledge such as awareness, information pamphlet among the eligible couple above 60-75 years of the age. Years to increase their knowledge. The Finding of this study have implications for various aspects of nursing that are:

### **11.1 Nursing Education**

- The nursing curriculum equips the students with the essential and updates knowledge, skills & professional attitude/etiquettes so that they are able to assume their duties and responsibilities once they become fully-fledged professional nurses.
- The nursing personal are challenged to provide standard and quality nursing care. This can be met only by keeping abreast with current trends in ever-changing advanced health technology.
- The nursing curriculum is mainly theory-based and little focused on the practices there is always a gap existing in between theory practice.
- Psychological, social and spiritual status is at a normal level. Most of the time nursing education focus on the physical health in terms of treating the sign and symptoms and neglect the same time the education aspect, which is very important.
- The nurses in the role teacher should educate the senior citizen regarding health-related safety precaution.
- The nurse's educator should educate the students in the nursing profession so as to make them ready to give awareness regarding safety precaution.

### **11.2 Nursing Practice**

- The nursing personnel has to plan and provide knowledge regarding health-related safety precaution.
- Provide knowledge about the health hazards of a large family.
- Knowledge can be provided for different areas for using safety precaution.
- The nurse's personnel can provide information regarding the benefits of safety precaution. This will serve an excellent from in increase knowledge.

### **11.3 Nursing Administration**

- The study to assesses the nursing administrative authorities to initiate and carry out existing knowledge in health care to assess the knowledge level. Arranging knowledge assessment material according to the senior citizen wise adequately in Abdullapur Maffi, Bareilly, U.P.
- It is important for the nurse administrator to facilitate assessment program to improve the knowledge of senior citizen regarding safety precaution.
- Nurse administration should develop an information guide Pamphlet regarding safety precaution methods of senior citizens.

### **11.4 Nursing Research**

- The investigator found scarcity in nursing literature review safety precaution hence the investigator felt that need for doing nursing in this area to improve the knowledge of the senior citizen 60-75 years of age.
- More researches can be done on longitudinal research study basis and taking more samples so that generalize ability of finding is possible.
- In order to deliver cost-effective and high-quality care, such as research-based findings can be utilized and implemented.

**Large scale studies can be conducted:** Research should be continued on the need of the practices and provide an information guide pamphlet among other sets up also.

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