



Scienxt Journal of Nursing Studies
Volume-1|| Issue-1||Year-2023|| Jan-June|| pg: 51-56

*A descriptive study to assess the level of knowledge
regarding health promotion behaviour among the elderly in
a selected community at Dehradun*

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Abstract:

A descriptive study to assess the level of knowledge regarding health promotion behaviour among elderly in selected community at Dehradun. The objective of the study was to assess level of health promotion behavior and to associate the health promotion behavior with selected demographic variable among elderly people in selected community. A descriptive research design was used to access the health promotion activity in elderly group of people among above 65 years of age group in selected area of Dehradun. Health promotion behavior was assessed by using HPLP tool the knowledge of selected subjects was assessed through descriptive and inferential statistics. The study concluded that 26% of elderly were having adequate level of knowledge, 34% of elderly were having moderate level of knowledge and 40% of elderly were having an inadequate level of knowledge regarding health promotion behavior and The associating between level of knowledge regarding health promotion behavior with demographic variable (Age) and there is no association between level of knowledge and all other demographic variables.

Keywords:

Elderly people, Health promotion behavior, demographic variables, Occupation, Socio economic status, Sleeping pattern, dietary pattern

1. Introduction:

The Elderly people in India have been increasing since 1961 according to the data given by population projections of India. This has been attributed to greater longevity of life as a result for better longevity of life as a result for better health care and economic wellbeing. During 2001-11, elderly population grew by more than 27 million. This increase is expected to be 34 million in 2011-21 and 56 million in 2021-31. Health related behavior include smoking alcohol consumption and exercise habits this health behavior can be promoted in different ways such as health education and incentives to include healthy behavior.

1.1. Need for the study:

The elderly have long been neglected as the addressee of health promotion activities and the need to promote health. There is a need for a rapid training of health-care professionals of various disciplines in geriatric care. Government must support nongovernmental organizations and other agencies which provide day care, home care, and palliative care so that these services become affordable to all the elderly.

1.2. Objectives of the study:

1. To assess level of knowledge regarding health promotion behavior among elderly at selected community, in Dehradun.
2. To associate the health promotion behavior with selected demographic variable among elderly people in selected community.

2. Research Hypothesis:

There is no significant relationship between demographic variables and on the level of health promotion behavior among elderly.

2.1. Materials and methods:

A descriptive methodology survey approach was applied to achieve the objective of the study. A convenient sampling technique was used for 150 elderly people in selected community in Dehradun. Used convenient Sampling techniques for selection of samples. Description of tools (tool - HPLP ii questionnaire) were used to collect the data. Data Collection were planned to be analyzed using descriptive statistics as percentage to assess the knowledge regarding health

promotion behavior and association with demographic variables among elderly. The data was presented in the form of table and figures

Table. 1: Frequency and Percentage wise distribution of knowledge score among Elderly regarding Health Promotion Behavior

S.N	Level of Knowledge	Frequency	Percentage
1.	Inadequate knowledge (<52)	40	26%
2.	Moderate Knowledge(53- 104)	50	34%
3.	Adequate Knowledge (105- 156)	60	40%

The percentage distribution of the Elderly on the level of knowledge score regarding Health Promotion Behaviour 26% of Elders were having inadequate knowledge.34% of Elders having moderate knowledge.40% of Elders having adequate knowledge

Table. 2: Association of health promotion behaviour with their selected demographic variables

S. N	Demographic Variables	Frequency	Percentage	Mean	S D	Chi Square	df
1.	Age 60- 65 years 66-70 years 71- 75 years Above 75 years	40 40 37 33	26.6% 26.6 % 24.6% 22.2%	125.25	3.31	14.03	6
2.	Sex Male Female	94 56	62.6% 37.4%	122	26.87	3.99	2
3.	Religion Hindu Muslim Christian Others	108 16 16 10	72% 10.6% 10.6% 15%	142.5	47.0	10.33	6
4.	Occupation Government job Independent job Private job Housewife	37 39 30 44	24.6% 26% 20.1% 29.3%	117	5.80	9.67	6
5.	Socio economic status Upper class Upper middle class Lower middle class Middle lower class Lower class	17 74 40 16 3	11.3% 49.3% 26.6% 10.6% 2.2%	147.6	27.97	12.48	8
6.	Types of family Joint family Nuclear family	94 56	62.6% 84%	122	26.87	3.92	2
7.	Marital status Married Divorced Single Widowed	98 15 6 31	65.3% 10% 4.1% 20.6%	126.7	41.63	10.62	6

8.	Residence Urban Rural	95 55	63.4% 36.6%	122.5	47.69	4.82	2
9.	Diet Vegetarian Non- Vegetarian	80 70	53.4% 46.6%	115	7.07	2.92	2
10.	Co morbidity factors Yes No	64 86	42.6% 57.4%	107	15.55	3.44	2
11.	Sleeping Patterns Duration (6.5- 7 hrs) Duration (more than 8 hrs) Duration (less than 6 hrs)	44 52 54	29.3% 34.6% 36.4%	114	5.29	8.06	4
12.	Activities Walking Exercises Yoga Others (crafting/ gardening/ reading/ cooking etc)	64 32 21 33	42.6% 21.4% 14% 22%	125.2	18.48	11.42	6
13.	Substance use Yes No	50 100	33.4% 66.6%	100	35.35	2.68	2

3. Conclusion:

The Conclusion was derived from the finding from the Study. The following Conclusion were drawn from the finding of the Study 40% of elders were having adequate level of knowledge, 34% of elders were having moderate level of knowledge and 26% of elders were having an inadequate level of knowledge. This is association between level of knowledge with demographic variables (Age) and there is no association between level of knowledge and all other demographic Variables (Religion, Sex, type of Family, Occupation, Socio economic status, Sleeping pattern, dietary pattern, activities, co-morbidity factors, substance abuse. Research hypothesis was accepted.

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