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*A descriptive study to assess the level of knowledge
regarding health promotion behaviour among 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 assess 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 a 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:

HPLP Tool, health promotion behaviour, demographic variable, palliative care, convenient sampling technique

1. Introduction:

The number of 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 well-being. During 2001-11, the 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 includes 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 the level of knowledge regarding health promotion behavior among the elderly at selected communities, in Dehradun.
2. To associate the health promotion behavior with selected demographic variables among elderly people in the 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 a selected community in Dehradun. Used convenient sampling techniques for the 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 the elderly. The data was presented in the form of tables and figures.

Table. 1: Frequency and percentage-wise distribution of knowledge score among the elderly regarding health promotion behavior

S.No	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 of distribution of the elderly on the level of knowledge score regarding health promotion behaviour 26% of elders had inadequate knowledge. 34% of elders had moderate knowledge. 40% of elders had 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 conclusions 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.)

4. Reference:

- (1) Kane, R.L. Improving the Quality of Long-Term Care. *Journal of the American Medical Association* 273(17):1376–1380, 1995.
- (2) Mor, V. Using Global and Targeted Outcomes Measures in Applied Settings. Presentation at the Institute of Medicine workshop-Evaluating Health Outcomes for Elderly People in a Changing Health Care Marketplace, Washington, D.C., June 20, 1996.
- (3) Bauer, E.J. Transitions from Home to Nursing Home in a Capitated Long-Term Care Program: The Role of Individual Support Systems. *Health Services Research* 31(3):309–326, 1996.
- (4) Coleman, B., E.Kassner, and J.Pack. *New Directions for State Long-Term Care Systems. Vol. II, Addressing Institutional Bias and Fragmentation.* Washington, D.C.: American Association of Retired Persons; / Public Policy Institute, 1996.
- (5) Newman, S.J. *The Effects of Supports on Sustaining Older Disabled Persons in the Community.* Washington, D.C.: American Association of Retired Persons; / Public Policy Institute, 1995.
- (6) Dean K, Holstein BE. Health promotion among elderly. In: Kickbusch BB, editor. *Health promotion research. Towards a new social epidemiology.* 1998. pp. 341–63.
- (7) WHO. *World report on ageing and health.* ITS Publications; 2015.
- (8) Cassel, C.K. Issues of Age and Chronic Care: Another Argument for Health Reform. *Journal of the American Geriatrics Society* 40:404–409, 1992. [PubMed]
- (9) Gill, T.M., and A.R.Feinstein. A Critical Appraisal of the Quality of Quality-of-Life Measurements. *Journal of the American Medical Association* 272(8):619–626, 1994.
- (10) Gurwitz, J.H., N. F. Col, and J. Avorn. The Exclusion of the Elderly and Women from Clinical Trials in Acute Myocardial Infarction. *Journal of the American Medical Association* 268:417–1422, 1992.
- (11) Page 58-62 Prevention and health promotion in the elderly. Olsen B. *Scand J Prim Health Care* 1985.