



Research Article

A STUDY TO DETERMINE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM REGARDING THE RIGHTS OF SENIOR CITIZEN AMONG LATE ADULTS AT A SELECTED AREA, BANGALORE

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ABSTRACT

Old age consists of ages nearing or surpassing the average life span of human beings, and thus the end of the human life cycle. Getting old, could result in loneliness, pain, depression and suffering. Therefore, isn't funny among aged people and this hub is an attempt to highlight the importance of planning for a future positively - whilst you are still young enough to learn from the pit falls that older people have experienced. One group pre test post test Quasi- experimental design was selected for the study. The participants were 60 late adults from Anugundanahalli, Bangalore. A Stratified simple random sampling technique was used to select the samples. A structured interview Schedule with a questionnaire was used to collect data from the subjects. In the pre-test the subjects had inadequate knowledge with a mean of 32.17 and standard deviation of 3.293 where as in post test there was a significant mean knowledge gain of 63.77 and standard deviation of 3.929. A significant association was found between education, occupation, monthly income and insurance with mean pre test knowledge score. In the pre test 91.7 % of the subjects had an inadequate knowledge where as in the post test almost all the subjects had improved their knowledge. The study findings indicate that structured teaching program was effective in enhancing the knowledge of late adults regarding rights of senior citizens.

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INTRODUCTION

Everyone in the world faces varieties of problems. But there are indescribable sufferings in old age. No one wants to go old age. An aged person now termed, senior citizen becomes unwanted property in the family¹. As we celebrate the International Day for Elderly on 1st October, it is our duty to realize that the older people are like a repository; wealth of the nation and should be as such, treated as an invaluable asset².

The Maintenance and Welfare of Parents and Senior Citizens Bill, 2007 came to action to protect them³. The act will be enforced by the State government concern. Second international conference of International Society of Psychiatric - Mental Health Nurses theme also was Human rights in mental health nursing perspectives. Populations worldwide are ageing. Young today is old tomorrow. Better living conditions, lower birth rates and medical science advancements have increased the life expectancy of humans. This would also mean increase in the population of the elderly⁴. According to the National Centre for Health Statistics, life expectancy has risen drastically over the past century.

In 1900, the average life expectancy was 47.3% but by 1998 that figure had increased to 76.7 years. According to data from the National Vital statistics System, in 1998, a 75 old man could be expected to live until the age of 85 years and women until the age of 87 (National Centre for Health and Statistics 2000)⁵.

The population of the elderly persons has been increasing over the years. As per the UNESCO estimates, the number of the aged (60+) is likely to 590 million in 2005. The figure will double by 2025. By 2025, the world will have more elderly than young people and cross two billion mark by 2050. In India also, the population of elder persons has increased from nearly 2 crores in 1951 to 7.2 crores in 2001. In this around 63% of them are living in rural area. By 2030, people older than 65 years of age will account for 22% of population, compared to 13% in 2001⁶

Need for the study

Ageing is a natural process, which inevitably occurs in human life cycle. It brings with a host of challenges in the life of the elderly, which are mostly engineered by the changes in their body, mind, thought process and the living patterns. The dream

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of the people all over the world to live long is now becoming a reality due to the advancement in socio economic development and sciences, particularly medical sciences⁷.

The coming years will see an increasing amount of aged couples and widows, many of whom may continue to feel the pressure of earning a livelihood due to lack of social security. In rural areas the elderly are considered as a financial burden for the family. But in urban areas the elderly are considered as a disturbance since they curtail the freedom of young generation. This is the harsh reality. Therefore it became necessary to make them aware of their rights⁸

A descriptive study was conducted to assess the health problems of elderly person in a selected urban area, Bangalore. With the Tools (baseline data, physical assessment format, Kutz activities of daily living scale on financial problems, modified mental status examination scale on cognitive problem) data collected from 100 elderly. In the analysis they concluded that in the study majority 58% of elderly had three or more physical health problem, 50% of elderly had problems with senses (vision), 44% musculoskeletal problems 33% Gastrointestinal problems, 37% mouth and throat problems⁹.

The article "Safety and security of older persons" explores and evaluated the quality of life, safety, and security of elderly people in Tehran City in Iran. The method of research mainly being empirical, it is preceded by theoretical and literature review. Five hundred elderly people were randomly selected. Findings suggest that the aging pyramid shrinks and narrows at the age of 65 or even before in the present study. Researchers reached the conclusion that the young elderly with new needs and expectations are highly different from those of their previous generations¹⁰.

Healthy ageing is not only related to the advances in medical technology but also related to the interaction of a wide range of social factors such as maintaining and enhancing physical and cognitive functions being fully involved in the society, leading a stimulating and productive life, living in a stable social environment and having meaningful personal relationships¹¹.

In urban area the people are more educated and are more aware of rights of senior citizens because of the advancement in information technology and other Medias. But these facilities are lacking in rural area. So many people in this area are unaware of their rights. So it is necessary to make this vulnerable population more aware about their rights. In our present day situation this knowledge is necessary for them to protect themselves from many problems like medical, travels, banking, family problems etc.

As health care professionals, nurses have the duty to protect the rights of patients, so as a researcher in community health nursing selected this topic of research study to improve the knowledge of the rural community in particular.

Objectives of the study

- To assess the knowledge regarding rights of senior citizens among late adults.
- To determine the effectiveness of structured teaching program regarding the rights of senior citizens among late adults.
- To associate the level of knowledge regarding rights of senior citizens with their selected demographic variables

Hypothesis

- H₁:** There will be significant difference in the level of knowledge after administration of structured teaching program regarding the rights of senior citizen.
- H₂:** There will be significant association between the level of knowledge regarding the rights of senior citizens with their selected demographic variables (age, sex, religion, educational status, occupation, monthly income, insurance, marital status, number of children, type of family,)

RESEARCH METHODOLOGY

One group pre and post test study was conducted in selected rural area, Anugondanahalli, Bangalore. The population in this area is 4954. The selection of this setting for the present study was selected on the basis of geographical proximity, feasibility of the study and availability of sample. A population is any group of individuals has one or more characteristics in common that are of interest to the researcher. The study population comprises of late adults of selected rural area (Anugundanaahalli), Bangalore. The late adults who were present during the period of study and those who met the eligible criteria for this study form the sample for the study. The sample size of this study was 60, who were residing in that area. Stratified random sampling technique was adopted for this study.

Inclusion criteria

- People who were willing to participate in the study
- People living in selected rural area
- People who understand Kannada and English
- Those who were between the ages of 40-60 years
- Exclusion criteria
- Those who were seriously ill during the period of data collection
- Those who were previously exposed to such educational program

Description of tool

To meet the objectives of the study the tool was developed by the investigator. The tool used for the study comprised of a structured knowledge questionnaire and structured teaching program on rights of senior citizens. **Section A-** Tool to assess the demographic information of the samples which include age, sex, religion, education, occupation, monthly income, insurance, marital status, home stay and number of children.

Section B- Tool to assess the knowledge regarding rights of senior citizens by using structured questionnaire/Interview method. That questionnaire was used for the pre test and post test. The tools were translated to Kannada for the convenience of data collection.

A structured teaching program was also prepared by the investigator which covers major areas such as major problems of senior citizens as economical problems, physical problems, psychosocial problems and their rights including health care facilities, banking, insurance, travels, palliative care, food and consumer care, old age homes, legal protections etc.

Data analysis was done using the following statistical methods. Descriptive statistical methods like numbers, percentage mean and standard deviation were used to assess the level of knowledge among late adults. Inferential statistical method

like paired 't' test was used to determine the effectiveness of Structured teaching program and Chi-Square test were used to associate the selected variables with the effectiveness of teaching program. The level of significance was set at 0.05 levels.

Protection of human rights

Permission was obtained from the concern authority. Consent of each subject was obtained before starting the data collection. Assurance was given to them that the anonymity of each individual would be maintained.

RESULTS

The data was collected from the 60 respondents before and after the structured teaching program. The collected information was organized, tabulated, analyzed and interpreted using descriptive and inferential statistics. Analysis was done based on the objectives and hypothesis of the study. The level of significance was set at 0.05 levels

Table 1 Frequency and percentage distribution of subjects according to demographic variables

N=60

Variables	Frequency	Percentage (%)
Age in years		
40-45	27	45.0
46-50	10	16.7
51-55	12	20.0
56-60	11	18.3
Gender		
Male	22	36.7
Female	38	63.3
Education		
Illiterate	11	18.3
Primary education	9	15.0
Secondary education	17	28.3
Higher secondary	13	21.7
Degree	10	16.7
Employment		
Government employee	12	20.0
Private employee	19	31.7
Pensioner	2	3.3
No job	27	45.0
Monthly income		
<2500	29	48.3
2501-5000	8	13.3
5001-7500	8	13.3
>7501	15	25.0
Insurance		
Government insurance	7	11.7
Private insurance	6	10.0
Both	3	5.0
No insurance	44	73.3
Marital status		
Single	11	18.3
Married	43	71.7
Widow	3	5.0
Widower	3	5.0
Home stay		
Alone	4	6.7
With spouse	2	3.3
With children	37	61.7
Joint family	17	28.3
Number of children		
Nil	15	25.0
One	7	11.7
Two	17	28.3
Three or more	21	35.0

It was observed from the above table that, higher proportion of the Late adults 27 (45%) were in the age group of 40-45 years, 38 (63.3%) were females and only 22 (36.7%) of them were

males. Regarding education observed that majority 17 (28.3%) of late adults were having secondary education, and 11 (18.3%) were illiterate. About employment status it shows that 12 (20.0%) of late adults were government employees and 27(45%) were not employed. 29 (48.3%) of late adults had a monthly income of Rs 0-2500, and 15(25%) had more than 7501income. About insurance it was observed that majority of them 44(73.3%) were not having insurance, 7 (11.7%) were having Govt. insurance, 6 (10%) were having private insurance and 3(5%) were having both private and Govt insurance. About marital status most of the late adults 43 (71.7%) were married, 11 (18.3%) were single, 3 (5%) were widows and 3 (5%) were widowers. Regarding home stay it was observed that 37 (61.7%) of them were staying with children, 17 (28.3%) were in joint family, 4 (6.7%) were staying alone and 2 (3.3%) were with spouse only. Regarding number of children it showed that 21(35%) of them have three or more children, and 15 (25%) have no children.

Table 2 Percentage distribution of level of knowledge among late adults on rights of senior citizens

Level of knowledge	Pre test		Post test	
	Frequency	Percentage %	Frequency	Percentage %
Low knowledge (0- 14)	55	91.7	8	13.3
Moderate(15-22)	5	8.3	38	63.3
High (23-30)	0	0.0	14	23.3

Table explains that 55 (91.7%) of the subjects had Low knowledge level, 5 (8.3%) of the subjects had moderate knowledge and none had high knowledge before administering structured teaching program. The same table also implies that 38 (63.3%) of the subjects had Moderate knowledge, 14 (23.3%) had High knowledge and 8(13.3%) of the subjects had Low knowledge after administering Structured teaching program

Table 3 Mean Pre test and Post test knowledge scores of late adults on rights of senior citizens

Test	No. of items	Mean	S.D	Mean%
Pre test	30	9.65	3.293	32.17
Post test	30	19.13	3.929	63.77

Table 3, shows that there is statistically significant difference on the level of knowledge in pre test and post test of the late adults at the level of P<0.05

Table 4 Over all enhancement of Knowledge score of late adults on Rights of senior citizens

Aspects	Max score	Respondent knowledge			Paired "t' test
		Mean	S.D	Mean%	
Pre test	30	9.65	3.293	32.17	
Post test	30	19.13	3.929	63.77	19.342
Enhancement	30	9.48	0.636	31.60	

The above table 4 shows that the overall pre test mean is 9.65 and mean% of 3.293% with SD of 32.17 and post test mean is 19.13 and mean % was 3.929% with SD of 63.77. The comparison of pre and post test knowledge of late adults on rights of senior citizens reveals that the overall improvement mean was 9.48 and mean % of 0.636% with standard deviation of 31.6 . The obtained value was higher than the table value, t= 19.342 which is highly significant at 0.05 level than the table value, so the research hypothesis (H₁) is

accepted. So it indicates that structured teaching program was effective.

Table 5 Association between demographic variables and knowledge level of pretest on Rights of senior citizens N=60

Variables		Knowledge scores				Chi square	DF
		Median and below		Median and above			
		Frequency	%	Frequency	%		
Age	40-45	13	48.1	14	51.9	1.874	3
	46-50	7	70.0	3	30.0		
	51-55	6	50.0	6	50.0		
	56-60	7	63.6	4	36.4		
Gender	Male	12	54.5	10	45.5	0.003	1
	Female	21	55.3	17	44.7		
Religion	Hindu	22	56.5	20	43.5	2.541	2
	Muslim	5	41.7	7	58.3		
	Christians	2	100.	0	0		
	Other	0	0	0	0		
Educational qualification	Illiterate	8	72.7	3	27.3	10.728*	4
	Primary education	6	66.7	3	33.3		
	Secondary education	11	64.7	6	35.3		
	Higher secondary	7	53.8	6	46.2		
Employment	Degree	1	10.0	9	90.0	9.024*	3
	Government employee	3	25.0	9	75.0		
	Private employee	9	47.4	10	52.6		
	Pensioner	2	100.0	0	0		
Monthly income	No job	19	70.4	8	29.9	11.240*	3
	<2500	21	72.4	8	27.6		
	2501-5000	4	50.0	4	50.0		
Insurance	5001-7500	5	62.5	3	37.5	8.896*	3
	>7501	3	20.0	12	80.0		
	Government insurance	2	28.6	5	71.4		
	Private insurance	2	33.3	4	66.7		
Marital status	Both	0	.0	3	100.0	1.105	3
	No insurance	29	65.9	15	34.1		
	Single	7	65.9	4	36.4		
	Married	23	63.6	20	46.5		
Home stay	Widow	2	53.5	1	33.3	0.966	3
	Widower	1	66.7	2	66.7		
	Alone	3	75.0	1	25.0		
	With spouse	1	50.0	1	50.0		
Number of children	With children	19	51.4	18	48.6	2.959	3
	Joint family	10	58.8	7	41.2		
	Nil	10	66.7	5	33.3		
	One	2	28.6	5	71.4		
	Two	10	58.8	7	41.2		
	Three or more	11	52.4	10	47.6		

The above table depicts the analysis of association of selected demographic variables with pre test level of knowledge using chi-square test revealed that there was significant association between pre test level of knowledge and selected demographic variables such as, educational status, employment, monthly income and insurance. Since the obtained value is more than the table value at 0.05 level of significance. But, there was no significant association between pre test knowledge score of late adults with the variables such as age, sex, religion, marital status, home stay and No. of children.

DISCUSSION

The present study was designed to determine the effectiveness of structured teaching program regarding the rights of senior

citizen among late adults in a selected rural area, Bangalore. The study design was quasi – Experimental in nature conducted over a 4week period. Data were collected from 60 late adults staying in a rural area, Anugundanahalli, Bangalore, by using structured interview schedule In the present study the knowledge level was assessed and tabulated, out of 60 late adults, 55 (91.7%) of them had low knowledge, 5 (8.3%) of them had moderate knowledge and none had high knowledge level during pre test regarding the rights of senior citizens. This shows that there is inadequate knowledge of late adults regarding rights of senior citizens. Whereas in post test only 8(13.3%) had low knowledge, 38(63.3%) had moderate knowledge and 14(23.3%) had high level knowledge.

The mean knowledge level was 9.65 and means % of 32.17 with the standard deviation of 3.293. During post test the mean knowledge level was 19.13 and mean% of 63.77 with the standard deviation of 3.929. Since the post test value is more than the pre test value, the structured teaching program was effective. The obtained value was higher than the table value, t=19.342 which is highly significant at 0.05 level than the table value so, the research hypothesis (H₁) is accepted. So it indicates that structured teaching program was effective.

The above findings are supported by a descriptive study conducted regarding rights of senior citizen emphasized that the problem of the elderly must be addressed to most urgently and with utmost care. There is urgent need to amend the constitution for the special provision for the protection of aged person and bring it in the periphery of fundamental right. With the degeneration of joint family system, dislocation of familiar bonds and loss of respect for the aged person, the family in modern times should not be thought to be a secure place for them. Thus, it should be the Constitutional duty of the State to make an Act for the welfare and extra protection of the senior citizen including palliative care¹²

The analysis of association of selected demographic variables with pre test level of knowledge using chi-square test revealed that there was significant association between pre test level of knowledge and selected demographic variables such as, educational status (chi-square =10.728,DF4), employment (chi-square=9.024,DF3), monthly income (chi-square =11.240,DF3), insurance (chi-square =8.896,DF3). But, there was no significant association between the pre test knowledge score of late adults with the variables such as age (chi-square=1.874, 3DF), sex (chi-square =.003, DF1), religion (chi-square =2.541 DF2), marital status (chi-square =1.105DF3), home stay (chi-square =0.966 DF3) and No. of children (chi-square =2.959 DF3).

CONCLUSION

In India though progress has been made in the last few years in healthcare, geriatric care is still lagging behind. Problems of the aged are: Economic problems, include such problems as loss of employment, income deficiency and economic insecurity. Physical and physiological problems include health and medical problems, nutritional deficiency, and the problem of adequate housing etc and psycho- social problem which cover problems related with their psychological and social maladjustment as well as the problem of elder abuse etc.

So to help senior citizens the Government of India implemented different national efforts, concessions and

policies. The article on laws and issues for elderly in India mainly focused to safeguard the interests and rights of senior citizens, the Government has framed various acts and rules like Pensioners Procedure, Central Civil Services (Pension) Rules General Provident Fund (Civil Services) Rules, Contributory Provident Fund (India) Rules, Payment of Arrears of Pension (Nomination) Rules, Liberalized Pensioners Awards, All India Services (Death cum Retirement Benefits) Rules. Another benefit of knowing about these acts is to guard against being cheated of their pension grants. But many are unaware of these things and are leading a miserable life in the community.

The present study showed that many are not aware of the rights of senior citizens and the provisions that are implemented for the welfare of the elderly people.

In the community, community health nurse plays a vital role in the provision of preventive, promotive and curative care. The community health nurse knows that the elderly persons in the community are facing many problems, like physical, physiological, psychological, social etc in their day to day life. Hence the community health nurse should focus on sensitizing the late adults about the problem faced by the senior citizens and provide them with necessary information regarding the provisions and facilities available for elderly people. This will motivate them to help elders and derive them to make a significant contribution towards the life of elders. The knowledge and awareness regarding their rights will improve their lively hood in the community.

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