A study to assess the knowledge regarding safety precautions among old age peoples, Indore

[1]Pushpendra Kumar, [2]Dr Pratiksha Patric
[1]Ph.D. Scholar, [1]Department of Nursing, Malwanchal University, Indore, M.P.,
[2]Professor, [1]Department of Nursing, Malwanchal University, Indore, M.P.

ABSTRACT
The current study has been undertaken to assess knowledge score regarding safety precautions among old age peoples in Indore. The research design used for study was descriptive in nature. The tool for study was self-structured questionnaire which consists of 3 parts- PART- I consisted questions related to Socio-demographic data, PART-II Checklist for practice and PART-II consisted of self -structured knowledge questionnaire to assess knowledge score regarding safety precautions among old age peoples. The data was analyzed by using descriptive & inferential statistical methods. The self-structured knowledge questionnaires consisted of 20 questions. For maximum 1 mark was given, the score was further graded as poor (0-5), average (6-10), good (11-15) and excellent (16-20) In assessment stage, 11 (18.3%) old age peoples were having poor knowledge score while 49 (81.7%) were having average knowledge score, each 0 (0.0%) old age peoples were having good and excellent knowledge score.
Keyword- Knowledge, practice, safety precautions.

I. Introduction

Global ageing is becoming severe, and an increasing number of older adults choose to stay in their homes as they age; internationally, the demand for health care in home or community settings has increased **(Van Eenoo et al., 2016)**. However, safety in home for elderly people is a challenge. Although there is no clear definition of home care safety, safety related to home care generally includes two main aspects: personal care and home health care. Scholars usually choose the incidence of adverse events in home care as an operational indicator to measure the safety of home care. **(Blais et al., 2013).**

It is very important to take care of old people when they are not well. Nearly 72% of elderly live in rural and half of these are below poverty line. The remaining 28% of elderly live in urban areas. Further, about 90% of old person in India, are from unorganized sector. Around 10% of elderly belong to organized sector that have access to some distinct benefits like service pensions and health care facilities in the shape of CGHS, etc. The implication of ageing populations is earmark lot of budgets to deal with their needs and problems. It is also adding on to dependent population in India.

Objective of the study

1. To assess the knowledge score regarding safety precautions among old age peoples.
2. To find out the association between knowledge score regarding safety precautions among old age peoples with their selected demographic variables.

II. Hypotheses:

1. H0 - There will be no significant association between knowledge score regarding safety precautions among old age peoples with their selected demographic variables
2. H1 – There will be a significant association between knowledge score regarding safety precautions among old age peoples with their selected demographic variables.

III. Assumption

1. Old age peoples may have deficit knowledge regarding safety precautions.

V. Methodology

An evaluative approach was used and descriptive research design was used for the study. The samples consisted of 60 old age peoples selected by Non probability convenient sampling technique. The setting for the study was Vill-Mangliya, Indore. Data was gathered with help of demographic variables, check list & administering a self-structured knowledge questionnaire. Data were analysis using descriptive & inferential statistics.

VI. Analysis and interpretation

6.1 Section- A Frequency and percentage distribution of selected samples.

The present section comprises of selected demographic variables with their tabular and graphic representation which involves the interpretation of data in term of frequency and percentage distribution. The present section also concerned with data pertaining to the baseline information such as age, sex, educational status, economical level of old age peoples.

Table No. 6.1.1

Frequency and percentage distribution of old age peoples according to demographic variables

S. No.	Demographic Variable	No.	Percentage
1	**Age**		
	a. 61-63 years	0	0.0
	b. 64-66 years	2	3.3
	c. 67-69 years	36	60.0
	d. 70 and Above years	22	36.7
2	**Sex**		
	a. Male	34	56.7
	Female	26	43.3
3	**Educational status**		
	a. Illiterate	26	43.3
	b. Primary	4	6.7
	c. Higher secondary passed	10	16.7
	d. Graduation	20	33.3
4	**Economical level**		
	a. Less than 5000/-	0	0.0
	b. 5001/- to 10000/-	30	50.0
	c. 10001/- to 15000/-	20	33.3
	d. Above 15001/-	10	16.7

- There were 0 (0.0%) old age peoples in the age group 20-30 years, 2 (3.3%) people were in the age group 31-40 years, 36 (60.0%) old age peoples were in the age group 41-50 years, while 22 (36.7%) old age peoples were in the age group above 51 years.
- There were 34 (56.7%) old age peoples were male and 26 (43.3%) old age peoples were female in the present study.
- In this study old age peoples of 26 (43.3%) adolescent found to be illiterate, 4 (6.7%) adolescents had primary level of education, 10 (16.7%) old age peoples had higher level of education, while 20 (33.3%) old age peoples found to be graduate.
- In this study economical level of 0 (0.0%) old age peoples found to be less than 5000/-, 30 (50.0%) old age peoples of had 5000/- to 10000/- level of economic, 20 (33.3%) old age peoples of had 10001/- to 15000/- level of economic, while 10 (16.7%) old age peoples of had more than 15001/- level of economic.

6.2 Section- B knowledge score grade among the old age peoples.

The knowledge score of old age peoples. The self-structured knowledge questionnaires consisted of 20 questions. For maximum 1 mark was given, the score was further graded as poor (0-5), average (6-10), good (11-15) and excellent (16-20) In assessment stage, 11 (18.3%) old age peoples were having poor knowledge score while 49 (81.7%) were having average knowledge score, each 0 (0.0%) old age peoples were having good and excellent knowledge score. Thus, the intervention will helpful in reducing the anxiety level of the old age peoples.

6.3 Section- B knowledge score among the old age peoples.

The knowledge score regarding safety precautions among old age peoples. The knowledge score was 7.10 ± 2.40, while the practice score was 7.40 ± 2.29.

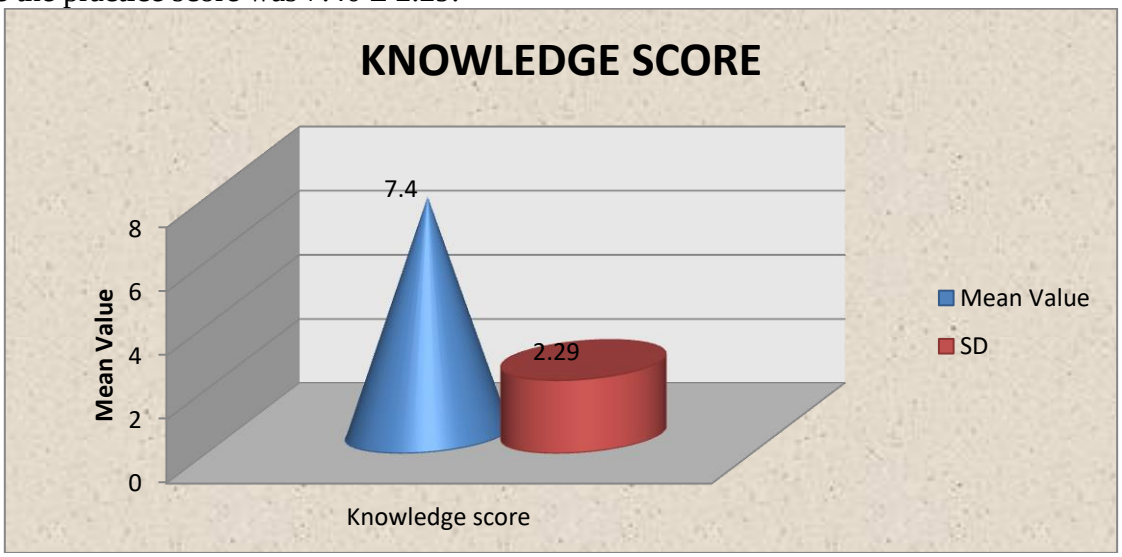

Fig. 6.3.1: Bar diagram showing knowledge score among old age peoples

6.4 Section- D Association between knowledge score among the old age peoples with their selected demographic variables.

Table- 6.4.1 Association of age with pre-test scores:

Age	**Test scores**			**Total**
(In years)	**POOR (0-5)**	**AVERAGE (6-10)**	**GOOD (11-15)**	
21-30	0	0	0	**0**
31-40	0	2	0	**2**
41-50	6	30	0	**36**
≥51	5	17	0	**22**
Total	**11**	**49**	**0**	**60**
	X=0.79	p>0.05(Insignificant)		

The association of age test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.79 for 2 degrees of freedom which indicated a insignificant valve (p>0.05). Hence, it is identified that there is a insignificant association between age and test scores. Moreover, it is reflected that age isn't influenced with the present problem.

Table- 6.4.2 Association of sex with pre-test scores:

Sex	Test scores			Total
	POOR (0-5)	AVERAGE (6-10)	GOOD (11-15)	
Male	5	29	0	**0**
Female	6	20	0	**2**
Total	**11**	**49**	**0**	**60**
	X=0.69	p>0.05(Insignificant)		

The association of sex and test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.69 for 1 degrees of freedom which indicated a insignificant valve (p>0.05). Hence, it is identified that there is a insignificant association between sex and test scores. Moreover, it is reflected that sex isn't influenced with the present problem.

Table- 6.4.3 Association of educational status with pre-test scores:

Educational status	Test scores			Total
	POOR (0-5)	AVERAGE (6-10)	GOOD (11-15)	
Illiterate	6	20	0	**26**
Primary	1	3	0	**4**
Higher secondary	2	8	0	**10**
Graduation	2	18	0	**20**
Total	**11**	**49**	**0**	**60**
	X=1.45	p>0.05(Insignificant)		

The association of educational status and test scores is shown in present table 3.1. The probability value for Chi-Square test is 1.45 for 3 degrees of freedom which indicated a insignificant valve (p>0.05). Hence, it is identified that there is a insignificant association between educational status and test scores. Moreover, it is reflected that educational status isn't influenced with the present problem.

Table- 6.4.4 Association of economical level with pre-test scores:

economical level	Test scores				Total
	POOR (0-5)	AVERAGE (6-10)	GOOD (11-15)		
>5000/-	0	0	0		**0**
5001-10000/-	5	25	0		**30**
10001-15000/-	3	17	0		**20**
Above 15001/-	3	7	0		**10**
Total	**11**	**49**	**0**		**60**

The association of economical level and test scores is shown in present table 3.1. The probability value for Chi-Square test is 1.11 for 2 degrees of freedom which indicated a insignificant valve (p>0.05). Hence, it is identified that there is a insignificant association between economical level and test scores. Moreover, it is reflected that economical level isn't influenced with the present problem.

VII. Results

In assessment stage, 11 (18.3%) old age peoples were having poor knowledge score while 49 (81.7%) were having average knowledge score, each 0 (0.0%) old age peoples were having good and excellent knowledge score. The knowledge score was 7.40 ± 2.29.

VIII. Conclusion

Thus, after the analysis and interpretation of data we can conclude that the hypothesis RH_0 that, there will be no significant association between knowledge score among old age peoples with their selected demographic variables at ($P<0.001$) is being accepted.

Furthermore, Thus, old age peoples having average knowledge score regarding safety precautions so there is need to improve knowledge of old age peoples residing in selected community area.

IX. Limitations

- This was limited to Vill-Mangliya, Indore.
- This was limited to 60 old age peoples.

X. References

1. Velhal, G. D. (2012). Domestic accidents among the elderly. *Annals of Tropical Medicine and Public Health*, *5*(2), 61-62.
2. Bakhtiar, K., Mohammadi, R., Moradi, M., Motlagh, S. N., Bastami, F., Zareban, I., ... &Shirizadeh, S. (2019). The Prevalence of Different Types of Accidents Among Elderly People Residing in Khorramabad, Iran: A Descriptive-Analytical Study. *Medical-Surgical Nursing Journal*, *8*(3).
3. Rubenstein, L. Z. (2006). Falls in older people: epidemiology, risk factors and strategies for prevention. *Age and ageing*, *35*(suppl_2), ii37-ii41.
4. Scuffham, P., Chaplin, S., &Legood, R. (2003). Incidence and costs of unintentional falls in older people in the United Kingdom. *Journal of Epidemiology & Community Health*, *57*(9), 740-744.
5. Pickett, G. E., Campos-Benitez, M., Keller, J. L., & Duggal, N. (2006). Epidemiology of traumatic spinal cord injury in Canada. *Spine*, *31*(7), 799-805.
6. Peel, N. M. (2011). Epidemiology of falls in older age. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, *30*(1), 7-19.
7. Aud, M. A. (2004). Dangerous wandering: elopements of older adults with dementia from long-term care facilities. *American Journal of Alzheimer's Disease & Other Dementias®*, *19*(6), 361-368.