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A study to assess the effectiveness of video assisted teaching regarding health and ageing among older people residing in selected rural community at Meerut

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ABSTRACT

"A study to assess the effectiveness of video assisted teaching regarding health and ageing among older people residing in selected rural community at Meerut", The objectives of the study were to develop and validate the video assisted teaching on health and ageing. To determine the knowledge among older people regarding the health and ageing. To evaluate the effectiveness of video assisted teaching in terms of knowledge among older people regarding the health and ageing. To associate the relationship between the post-test knowledge score and selected demographic group. The research approach adopted for the study was evaluative with one group pre-test post-test design. The population comprised of older peoples with 50- 70 years of age. Purposive sampling technique was used to select a sample of 100 older peoples. A structured interview schedule was developed to assess the knowledge of older peoples. A video assisted teaching programme was to enhance the knowledge of older peoples..the reliability of the tool, feasibility was verified through a tryout and pilot study. The reliability of the tool was established by Karl Pearson formula. The data collected was analysed using descriptive statistics. Majority of the subjects (43%) were in age group 60-69 years. Maximum samples were male (58%). In that sample 77% are married, 21% widow and 2% separated. Maximum samples 36% have received primary education while 30 out of 100 i.e. 30% are not having formal education. 27% of subjects are retired pensioner and 63% are employed. 5% of subjects are earning below Rs. 3000 and 10% subjects are having income above Rs. 10000. Maximum samples are having above 3 children (42%). Majority of the subjects are living with their children (89%).25% of the subjects are used Government health services and 75% of the subjects are used private health services. the mean post-test knowledge scores (38.79) of older peoples regarding health and ageing was higher than their mean pre-test knowledge scores (26.46). It indicates the gain in knowledge by the subjects. Standard deviation of pre-test and post-test knowledge scores is 4.981 and 3.251 respectively. Difference in the Standard deviation indicates the group is more homogenous in the post test score. There is a significant increase in the knowledge of older people regarding the health and ageing process as measured by the structured interview schedule at 0.05 level of significance.

Key-words: Effectiveness, video assisted teaching, ageing, older people, and knowledge.

INTRODUCTION

Healthy ageing is about *'*optimizing opportunities for good health, so that older people can take an active part in society and enjoy an independent and high quality of life*'* Ageing is not necessarily a burden, and it does not necessarily decrease a person's ability to contribute to society. Older people can make valuable and important contributions to society, and enjoy a high quality of life. But this depends on treating ageing as an opportunity rather than a burden, and taking a so-called 'assets-based approach'. In India, by the year 2013, there were around 76 million elderly people who constituted 7.7% of the country's population. By the years 2020, the estimated of the elderly is expected to be the million is about 11% of the country population which is expected to increase further to 14% by 2025.

According to Government of India, Ministry of home of affairs (2011) India's population ages 60 and older is projected to increase dramatically over the next four decades, from 8 per cent in 2010 to 19 percent in 2050, according to the

United Nations Population Division. By mid-century, this age group is expected to encompass 323 million people, a number greater than the total U.S. population in 2012.

India's population is likely to increase by 60 percent between 2000 and 2050 but the number of elders, who have attained 60 years of age, will shoot up by 360 percent and the government should start framing now else its consequences are likely to take it by surprise, India has around 100 million elderly at present and the number is expected to increase to 323 million, constituting 20 percent of the total population, by 2050. As per the census 2001, the elderly population account for 7.4% of total population in 2001. For males it was marginally lower at 7.1% while for females it was 7.8%. among states the proportion vary from around 4% in small states like Dadre and Nagar haveli, Nagaland , Arunachal Pradesh, Meghalaya to more than 10.5% in Kerala. Both the share and size of elderly population is increasing overtime.

The World Health Organization defines life expectancy as "the average number of years a person is expected to live on the basis of the current mortality rates and prevalence distribution of health states in a population". A data released by the UPA government shows that the health indicators across the country have shown significant improvements in the last 10 years. Statistics released by the Union ministry of health and family welfare show that life expectancy in India has gone up by five years, from 62.3 years for males and 63.9 years for females in 2001-2005 to 67.3 years and 69.6 years respectively in 2011-2015. (WHO Report 2011).

WHO Report (2014) in 2011 the life expectancy in India increased to 65.96 years. That year, the life expectancy for women was 67.74 years and for men 64.26 years. India's position improvised with respect to the 180 countries we publish life expectancy, dropping from the 129th in 2010 to 128th in 2011.If we look at the change in life expectancy in India over the past several years, we find that it is higher than in 2010, when it was 65.69 years, which is the same of what happens compared to 2001, when it was 62.56 years.

Subjects and Methods: The researcher in this study aimed at assessing the knowledge of older people regarding health and ageing residing in rural area at Meerut. It also focused upon developing and evaluating the effectiveness of video assisted teaching program on health and ageing in terms of gained knowledge regarding health and aging.

Research Approach
the evaluative research approach was considered best to evaluate the effectiveness of video assisted teaching programme in terms of criterion measure i.e. increase in older people knowledge on health and ageing.

Research Design
The research design selected for the present study was "Quasi experimental one group pre-test post-test design"

Settings Of The Study
The present study was conducted in the rural setting village Khajuri at Meerut district.

Population
In the present study population are older people. In rural setting in Khajuri at Meerut.

Sample Size And The Sampling Technique
The sample for the present study comprised of older people (50 – 70 years) in rural setting in Khajuri village at Meerut.

Sample Size
For the present study, the Simple random sampling technique has been used for selecting the older peoples.

Data Collection Tools And Techniques
Structured interview schedule were found to be most appropriate method of collection, keeping in the research question. The structured interview schedule comprised of two tools.

Tool 1: Demographic variables

Tool 2: Structured interview Schedule Questionnaire regarding health and ageing

Tool 3: Rating scale on assessment of existing health problems among older people regarding health and ageing

RESULTS

Maximum samples 36% have received primary education while 30 out of 100 i.e. 30% are not having formal education. 27% of subjects are retired pensioner and 63% are employed. 5% of subjects are earning below Rs. 3000 and 10% subjects are having income above Rs. 10000. Maximum samples are having above 3 children (42%). Majority of the subjects are living with their children (89%).

It is evident from the Table No.3 that the mean post-test knowledge scores (38.79) was higher than the mean pre-test knowledge score (26.46) with a mean difference of 12.33. The obtained mean difference was found to be statistically significant as evident from the 't' value of 20.72 which is greater than the table value of 1.96 at 0.05 level of significance. This shows that the mean difference between the pre-test and post-test knowledge scores was a true difference and not by chance. Hence, hypothesis H1 was accepted and null hypothesis rejected. This indicated that the video assisted teaching programme on health and ageing was effective in increasing the knowledge of older peoples. It is represented in the form of bar-graph in Fig No. 11.

Data presented in table no. 7 63% older people were having severe psychological problem and 34% having moderate problems 3% were having mild problems. 83% were having severe social & spiritual problems and 17% having moderate social & spiritual problems.

Data given in the table No. 7 shows the computed chi- square values of post-test knowledge score and demographic variable of older people. According to it, knowledge of the older people has significant association with number of children while knowledge of older people does not find any association with age, sex, marital status, educational status, occupation, economic status, living with children and available health services. It means that the number of children can affect the knowledge of older peoples. Thus the hypothesis was rejected except number of children. Null hypothesis rejected.

DISCUSSION

The present study mainly concentrates on older people knowledge regarding health and ageing. The planned structured teaching programme was implemented through video assisted teaching programme.

The researcher had prepared the video depicting the components of ageing: definition of ageing, common physiological problems psychological problem, social and spiritual problems and how the older people can maintain the health.

The structured teaching programme gives health awareness regarding successful and healthy ageing supported by the study Caprara M (2015) a psycho-educational multimedia program designed to promote successful aging. The program was implemented over 3 months through 35 of video lessons grouped into 15 thematic units addressing four domains of experience commonly associated with aging well: health and healthy habits, cognitive functioning, aging self-efficacy and well-being and social participation. In accordance with a quasi-experimental design, a total of 115 senior citizens (aged 54-82) participated: 73 subjects attended the Vital Ageing-Multimedia programme, while 42 subjects with similar characteristics served as controls. All subjects were assessed before and after the program on target variables related to the above domains of functioning. Significant changes in most of the examined variables documented the positive effects of the program.

Based on the objectives of the study the findings of the pre-test knowledge score of the older people regarding health and ageing shows that they were able to answer the questions. The study shows that the older peoples in pre-test knowledge score of sample 68% samples were having adequate knowledge and 32% samples were having inadequate knowledge. Average score of mean 26.46 , standard deviation 4.981. It indicates the older people having some knowledge regarding health and ageing.

The above findings of the pre-test knowledge is supported by a study **J. Balamurugan (2012)** conducted to assess Health Problems of Aged People. This study was undertaken to understand the Health status of elderly people and to gather some information about their perceived health needs using the information and over of Puducherry district. Herein, an attempt is made to describe the situation and major health problems faced by the Elderly from 213 elderly populations of aged 60 and above in three rural communes of Puducherry. Findings reveal that majority of the elderly, both male and female, are unhealthy. The most Common health problems aged people face include eye sight, hearing, joint pains, nervous Disorders, weakness, heart complaints, asthma, tuberculosis, skin diseases, urinary problems and Others. More health problems were reported by women compared to men.

Based on the objectives of the study, the finding of the assessment of existing health problem regarding physical, psychosocial needs among older people majority 88% older people were having severe physical problems (musculoskeletal and urinary system). 63% older people were having severe psychological problem and 34% having moderate problems 3% were having mild problems. 83% were having severe social & spiritual problems and 17% having moderate social & spiritual problems.

The above finding of the assessment of existing health problem is supported by a study A Lena (2009) Health and social problems of the elderly: A cross-sectional study in Udupi Taluk, Karnataka. A total of 213 elderly patients (60 years old and above) who attended the outreach clinics were interviewed using a pre-tested schedule. Findings were described in terms of proportions and percentages to study the socio-economic status of the samples and its correlation to social problems. Around 73% of the patients belonged to the age group of 60-69 years old. Nearly half of the respondents were illiterate. Around 48% felt they were not happy in life. A majority of them had health problems such as hypertension followed by arthritis, diabetes, asthma, cataract, and anaemia. About 68% of the patients said that the attitude of people towards the elderly was that of neglect.

Based on the above objectives of the study the findings of the posttest knowledge score of the older people regarding health and ageing after the administration of video assisted teaching shows that the older peoples in posttest knowledge score of sample 88% samples were having good knowledge and 12% samples were having adequate knowledge score

The findings of the study revealed a significant knowledge score after administration of video assisted teaching programme. The mean post-test knowledge scores (38.79) was higher than the mean pre-test knowledge score (26.46) with a mean difference of 12.33. The obtained mean difference was found to be statistically significant as evident from the 't' value of 20.72 which is greater than the table value of 1.96 at 0.05 level of significance. This indicated that the video assisted teaching programme on health and ageing was effective in increasing the knowledge of older peoples by 24%.

The above findings of the third objectives are supported by Keogh JW et al To quantify the objective benefits, participant perceptions and retention rates of a New Zealand community-based exercise programme for adults (60 years or older). Involved assessing the benefits of 12 weeks' training on a convenience sample of 62 older adults commencing the never Active Ageing programme. Assessed the perceptions of 150 current participants on a variety of programme components that could act as barriers or facilitators to continued engagement. Study assessed the retention rates of 264 participants in the programme over a two-year period. Significant improvements in many physical functional scores were observed in Study 1 (5-30 percentile points; $p<0.05$). Questionnaire responses from participants in Study 2 indicated many perceived benefits (positive responses from 67-95% on various questions) and that core components of the programme were rated very highly (64-99% on various components). Retention rates were high, with Study finding 57% of participants still engaging in the programme at the end of the two-year period.

Based on the objectives of the study the findings there was no significant association in the post-test knowledge score with selected demographic variables except number of children. Post-test Knowledge of the older people has significant association with the variable number of children while knowledge of older people does not find any association with age, gender, marital status, occupation, living with children and available health services. It means that the number of children can affect the knowledge of older peoples.

Chi-square value computed found association between the post-test knowledge scores of the group and selected demographic characteristics, shows very high significance with number of children (chi square = 10.91 at $p = 0.03$ level of significance). Thus the null hypothesis rejected.

Above findings are supported by **Jegadeesh Ramasamy MD (2012)** conducted a study on depression in an older adult rural population in India. Finding of the study Female sex and widowhood were significantly associated with depression. Depression, particularly mild depression, is common in this rural population of older adults, particularly among women and widowed elderly. These study findings can help program managers implement a more comprehensive strategy in this community for timely interventions to promote mental health and prevent geriatric depression.

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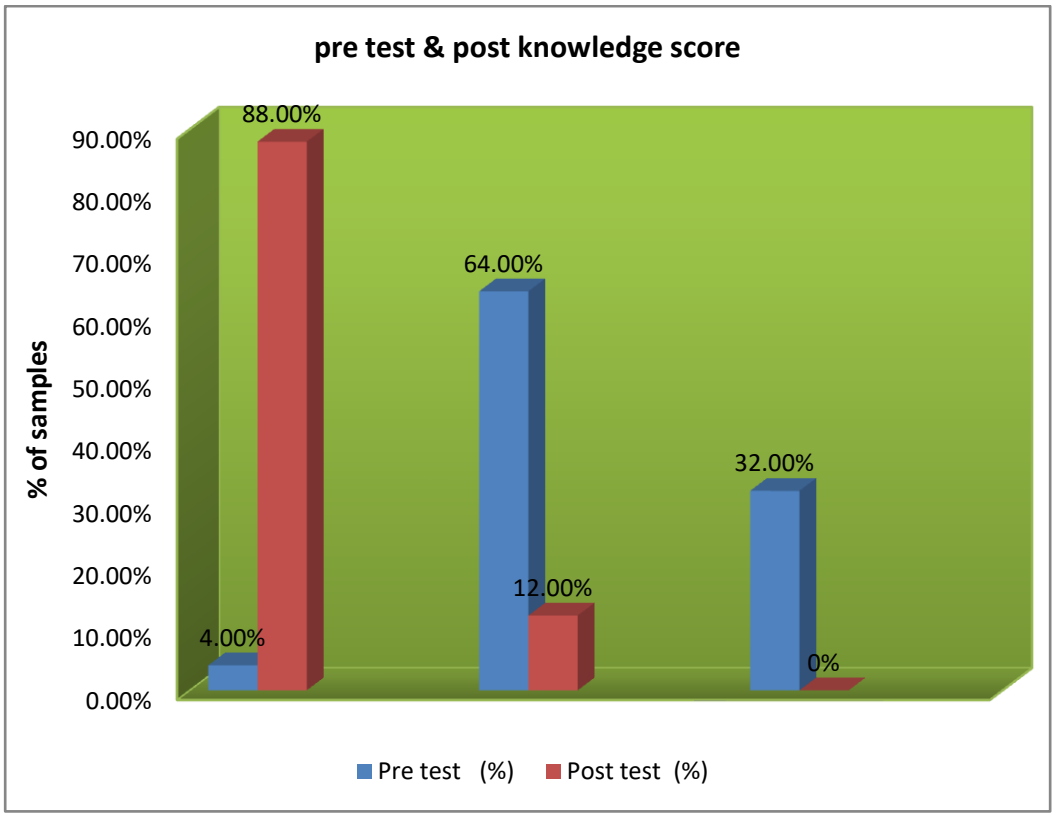
Tables: Level of percentage of pre-test and post-test knowledge score of older people regarding health and ageing

n=100

Level of knowledge score regarding health and ageing	Pre test		Post test	
	Frequency (F)	percentage frequency (%)	frequency (F)	Frequency percentage (%)
Good (< 70%)	4	4.0	88	88.0
Adequate (50 – 70%)	64	64.0	12	12.0
Inadequate (> 50%)	32	32.0	0	0

Figure Legends:



"Chi-square" computation to determine the association between knowledge regarding health and ageing among older people and selected demographic variables

s.no.	selected variables	knowledge score				chi-square			degree of freedom	significant/ not significant
		adequate		Good		calculated value	'p' value	table value		
1	**Age group:**	**f**	**%**	**F**	**%**					
	50-56 years	5	13.88	31	86.11	1.224	0.542	1.39	2	NO Significant
	57-62 years	4	9.30	39	90.69					
	63-70 years	4	19.04	17	80.95					
2	**Gender:**									
	Male	8	13.73	50	86.20	0.086	0.781	0.06	1	No significant
	Female	5	11.90	37	88.09					
3	**Marital status:**									
	Married	10	12.98	67	87.01					
	Unmarried/ single	0	0	0	0					
	Separated	0	0	2	100	0.329	0.965	0.02	2	No significant
	Widow	3	14.28	18	85.7					
4	**Educational status**									
	No formal education	5	16.66	25	83.33	8.156	0.291	3.66	3	No Significant
	Primary	0	0	34	100					
	Secondary	5	22.72	17	77.27					
	Graduation and above	3	21.42	11	78.57					
5	**occupation**									
	Employed	6	9.52	57	90.47					
	Retired pensioner	5	18.51	22	81.48	1.833	0.34	2.41	2	No Significant
	Unemployed	2	20	8	80					
6	**Economic status:**									
	Below Rs. 3000	0	0	5	100					
	Rs.3001-5000	3	8.82	31	91.17					
	Rs. 5001- 10000	8	15.68	43	84.13	2.03	0.71	1.42	3	No Significant
	Above Rs. 10001	2	20	8	80					
7	**Number of children:**									
	1	4	44.44	5	55.55					Highly significant
	2	0	0	20	100	10.91	0.03	6.95	3	
	3	4	13.79	25	86.20					
	Above 3	5	11.90	37	88.09					
8	**Living with Children:**									Not significant
	Yes	12	13.48	77	86.51					
	No	1	9.09	10	90.9	0.166	0.682	0.17	1	
9	**Available health services**									Not significant
	Government	5	20	20	80					
	Private	8	10.66	67	89.33	1.44	0.22	1.64	1	