



A Study to Assess the Knowledge Regarding Life Style Diseases among Elderly at Kamakshi Nagar, Nellore, AP.



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Abstract: Lifestyle diseases are ailments that are primarily based on the day to day habits of people. Habits that deviate people from normal habits and push towards a sedentary routine can cause a number of health issues that can lead to chronic noncommunicable diseases that can have near life-threatening consequences. **Objectives:** 1. To assess the level of knowledge regarding life style diseases among elderly. 2. To associate level of knowledge regarding life style diseases among elderly with selected demographic variables. **Maetrials and methods:** A descriptive research design was used in this study. 100 elderly in the age group of 60-75 years both men and women were selected by Non-probability convenient sampling technique. Structured questionnaire was used to collect data. The data were analyzed in terms of objectives of the study using descriptive and inferential statistics. **Results:** Knowledge on life style diseases among elderly revealed that, 15(15%) had B+ grade (good) and 24(24%) had D grade (very poor) knowledge .

Key words: Life Style Diseases and Elderly

Introduction: Lifestyle diseases are ailments that are primarily based on the day to day habits of people. Habits that deviate people from normal habits and push towards a sedentary routine can cause a number of health issues that can lead to chronic non-communicable diseases that can have near life-threatening consequences.

Non communicable diseases (NCDs) kill around 40 million people each year, that is around 70% of all deaths globally. NCDs are chronic in nature and cannot be communicated from one person to another. They are a result of a combination of factors including genetics, physiology, environment and behaviours. The main types of NCDs are cardiovascular and chronic respiratory diseases in

addition to cancer. NCDs such as cardiovascular diseases (CVD), stroke, diabetes and certain forms of cancer are heavily linked to lifestyle choices, and hence, are often known as lifestyle diseases.

Cardiovascular diseases that include heart attacks and stroke account for 17.7 million deaths every year, making it the most lethal disease globally. Cancer kills around 8.8 million people each year, followed by respiratory diseases that claim around 3.9 million lives annually and diabetes that has an annual morbidity rate of 1.6 million. These four groups of diseases are the most common causes of death among all NCDs. NCDs are caused, to a massive extent, by behavioural risk factors: tobacco use, unhealthy diet, insufficient physical activity, poor



sleeping pattern, harmful use of alcohol and non adherence to medication can According to WHO, low and middle income countries and the poorer people in all countries are the worst affected by deaths due to NCDs. It is a vicious cycle of risk where the poor are increasingly exposed to behavioural risk factors for NCDs and, in turn, such diseases may play a significant role in driving people and their families towards poverty. It starts from an individual and eventually affects entire countries. A country like India, for example, was slated for an economic loss of more than \$236 million in 2015, on account of unhealthy lifestyles and faulty diet. That is why in order to tackle the global impact of NCDs, it has to be aggressively confronted in the most affected areas and communities.

STATEMENT OF THE PROBLEM

A study to assess the knowledge regarding life style diseases among elderly at Kamakshi Nagar, Nellore, AP.

OBJECTIVES

1. To assess the level of knowledge regarding life style diseases among elderly.
2. To associate level of knowledge regarding life style diseases among elderly with selected demographic variables.

OPERATIONAL DEFINITIONS

Life Style Diseases: Lifestyle diseases are ailments that are primarily based on the day to day habits regards to eating, sleeping, physical activity, relaxation and adherence of medication among elderly.

Elderly: Refers to population in the age group of 60-75 years both men and women.

Materials and methods

Research Approach: Quantitative approach was used to the level of knowledge regarding life style diseases among elderly.

Research Design: Descriptive research design was used to the level of knowledge regarding life style diseases among elderly.

Setting of the Study: The study was conducted in Kamakshi Nagar, Nellore Kamakshinagar; it is a small village in Thotapalligudur Mandal in Nellore district, A.P. It is located 13 kilometers from Narayana College of Nursing, Chinthareddypalem, and Nellore.

The total population is 1295 among them male 660 and females 635 are living in 365 houses. Nearly 454 people including both male and female are having hypertension. The total area of Kamakshinagar is 299 hectares.

Study Population: All elderly.

Target Population: Elderly who are living in Kamakshi Nagar Nellore.

Accessible Population: Elderly between 60 - 75 yrs who are living in Kamakshi Nagar.

Sample size: The sample consists of 100 elderly.

Sampling technique

Non-probability convenient sampling technique.

Criteria for Sample Selection

Inclusion Criteria: Elderly who are

- ❖ In the age group of 60-75 years
- ❖ Both men and women
- ❖ Living in Kamakshi, Nellore.
- ❖ Willing to participate in the study
- ❖ Can understand and speak Telugu

Exclusion Criteria: Elderly who

- ❖ Have psychiatric illness
- ❖ Are unable to respond



Description of the instrument

Section - I: Demographic Data

Section - II: Structured questionnaire consists of 30 items based on meaning, risk factors, causes, symptoms, life style modification measures for life style diseases.

SCORE INTERPRETATION:

Grade	Score
A+ (Excellent)	91-100%
A (Very good)	81-90%
B+ (Good)	71-80%
B (Fair)	61-70%
C (Poor)	51-60%
D (Very poor)	Less than 50%

Data collection procedure

Formal permission was obtained from the principal, Narayana College of nursing, Institutional Ethics Committee, medical officer of primary health centre at Kamakshi Nagar, Nellore. The data was collected for the period of 4 weeks, 100 elderly who met the inclusion criteria was selected by Non-probability convenient sampling technique. The participants were seated comfortably either at their home or primary health centre. Nature and purpose of study was explained. Confidentiality of information was assured by taking informed consent from the participants. Demographic data was collected and knowledge on life style diseases was collected with structured questionnaires. Each participants 10-15 minutes took to respond all questions, 5 days in a week, 5 participants in a day 25 participants in a week and 100 participants in 4 weeks. The collected data was analyzed with descriptive and inferential statistics

Results and Discussion:

Table No-1: Frequency and percentage distribution of elderly based on age. (n=100)

Sl. No	Age in years	Fre (F)	Per (%)
1	60-63 yrs	32	32
2	64-67 yrs	26	26
3	68-71 yrs	28	28
4	72-75 yrs	14	14
Total		100	100

Table No-1: Shows that age of elderly 32 (32%) were 60-63 years, 26(26%) were 64-67 years, 28(28%) were 68-71years and 14(14%) were 72-75 years.

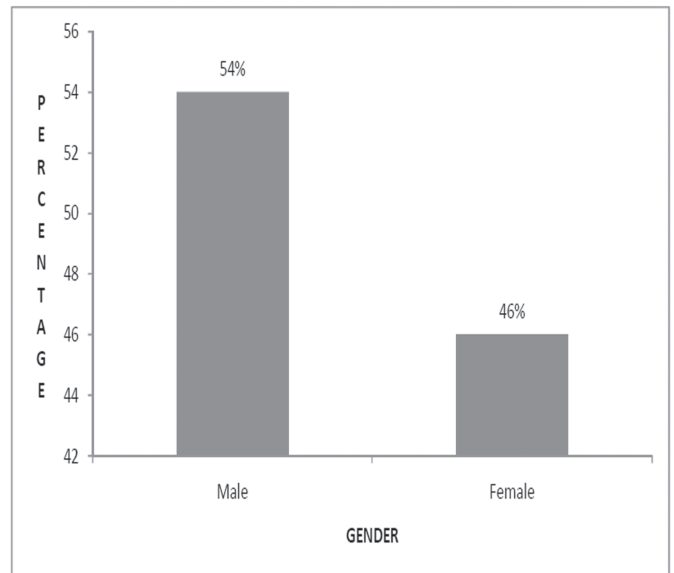


Figure no-1: Depicts that Percentage distribution of elderly based on Gender.

Table No:-2: Frequency and percentage distribution of elderly based on educational qualification. (n=50)

Educational Qualification	Fre(F)	Per (%)
No formal education	21	21
Primary education	34	34
Intermediate	39	39
Graduate	6	6
Total	100	100



Table no-2: Illustrates that educational qualification of elderly 21(21%) had no formal education, 34 (34%) had studied primary education, 39(39%) had studied intermediate and 6(6%) had studied graduate.

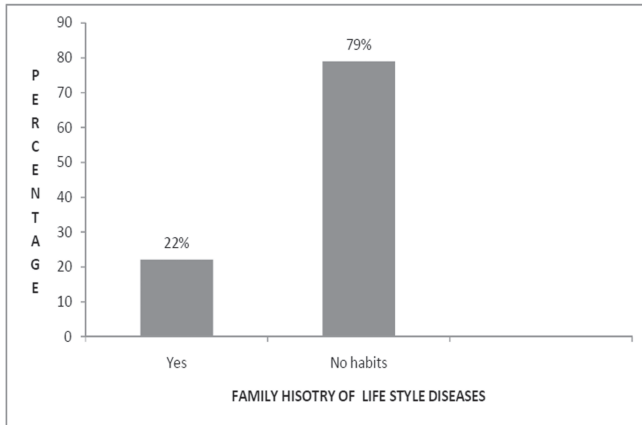


Figure No-2: Percentage distribution of elderly based on family history of Life Style Diseases.

Table No-3: Frequency and percentage distribution of the level of knowledge regarding Life style diseases among elderly. (n=100)

Level of Knowledge	Fre (F)	Per (%)
B+ (Good)	15	15
B (Fair)	32	32
C (Poor)	29	29
D (Very poor)	24	24
Total	100	100

Table No.: Elderly knowledge on life style diseases revealed that, 15(15%) had B+ grade (good) and 24(24%) had D grade (very poor) knowledge.

TABLE No-4: The Mean and standard deviation of knowledge score of elderly regarding life style diseases.

Criteria	Mean	SD
Level of Knowledge	9.24	2.032

Table No - 4: Illustrates that mean value of elderly 9.24 and with standard deviation is 2.032 of level of

knowledge on **life style diseases.**

There was significant association between the level of knowledge on life style diseases among elderly with selected demographic variable such as gender, education qualification, family history of life style diseases and not significantly associated with sources of information, age, occupation, family income, religion, marital status and co-morbid disease.

Conclusion: The study found that as many elderly had minimal knowledge regarding life style diseases and factors causing non communicable and chronic diseases. Create an awareness about importance of balanced diet, physical activity, rest, sleep and recreational and divertional activities for mental wellbeing will help elderly to have healthy life and it will significantly improve the elderly’s quality of life.

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