



## Assessment of Knowledge, Attitude and Perception of Risk Factors among the Geriatric Population in South India

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### Abstract

Now a days quality of life among elder population is very important concern area, which reflects specific geriatric population health status of well being. Aging is a global phenomenon, and it is occurring at a faster rate in Asia than in other continent. Population aging in Asia is associated with an increasingly large number of elderly people in the region since Asia is the most populated region in the world. This accelerated graying of society in Asia will generate a great variety of unique experiences in human history and healthcare, which merits serious academic reporting. The Asia Pacific League of Clinical Gerontology and Geriatrics (APLCGG) were founded to promote international research in gerontology and geriatrics, especially from the Asia Pacific region. Present Quasi experimental study was planned to assess the possible complications of risk factors among the geriatric population and to create the awareness regarding the various common geriatric problems. Accordingly 400 subjected were enrolled and required data collected after getting required ethical approval. Current study results clearly showed a significant difference among the participants of before and after intervention, that is only 38.33% have answered during the first visit (before) and after intervention 80% have answered. Providing education to elder persons and house hold population regarding geriatric risk factors is very important in order to overcome geriatric complications. However, as per the study result it is clear that very few population of south India are aware of geriatric risk factors. In order to improve geriatric quality of life regular medical champ about geriatric population should periodically organized and patient information leaf let should be phenomenalisised in patient favor.

**Keywords:** Geriatrics; Risk Factors; Assessment; KAP; South India

### Abbreviation

APLCGG: Asia Pacific League of Clinical Gerontology and Geriatrics.

### Introduction

Now a days quality of life among elder population is very important concern area, which reflects specific geriatric population health status of well being. Population aging is a global phenomenon, and it is occurring at a faster rate in Asia than in other continent. Population aging in Asia is associated with an increasingly large number of elderly people in the region since Asia is the most populated region in the world. This accelerated graying of society in Asia will generate a great variety of unique experiences in human history and healthcare, which merits serious academic reporting. The Asia Pacific League of Clinical Gerontology and Geriatrics (APLCGG) was founded to promote international research

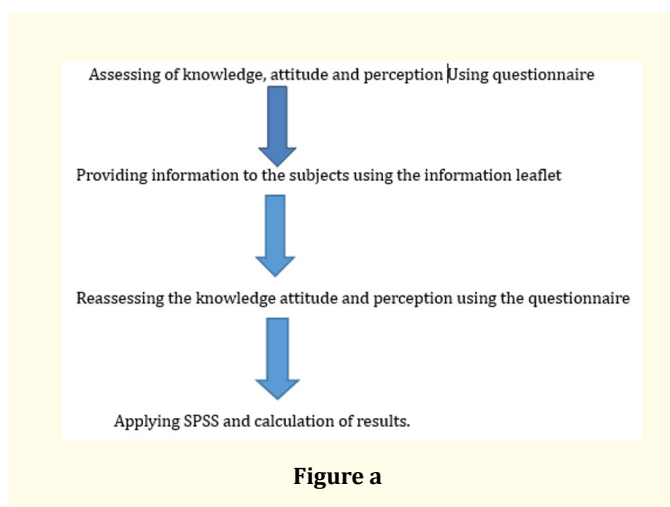
in gerontology and geriatrics, especially from the Asia Pacific region. In India, the geriatric population is expected to increase from 76.6 million in 2006 to 173.1 in 2026. This segment of the population faces multiple problems in India. Medical and psychological problems are considered to be disabling for the elderly population. Falls are considered one of the more serious problems among all age groups. A fall is defined as "unexpectedly coming to rest on the ground or floor, which excludes intentional change to the rest in expected posture". It is a common geriatric syndrome leading to morbidity and mortality. Frequent falls are prior cause of mortality and morbidity in the geriatric age group, which acts as a markable stages of physical and psychological status. In India, the prevalence of falls has been estimated as 14.53%. Starting from age of 45 onwards, chronic and non-communicable conditions begin to account for the majority of morbidities and mortalities. Population aging is

a reality ever more present in most countries, leading transitions of society itself. Chronic conditions consist of non-communicable conditions, long-term mental disorders, and on-going physical/ structural impairment, as well as persistent communicable conditions such as tuberculosis and human immunodeficiency virus infections/acquired immunodeficiency syndrome which were also included recently.

**Methodology**

Around 400 subjects were enrolled from different clinical settings of south India, retrospective Quasi experimental study design was selected. Duration of study was six months. subjects included with specific selective criteria like age group above 50 years, Population with less than two present risk factors, Capable of handling questionnaire mentally and physically and excluded population with multiple risk factors, Chronic ill patients, past history of mental or physical abnormalities.

**Procedure**



After completion of the data collection, statistical tool SPSS was applied to calculate the standard deviation, p-value and t-value. Using these values, the results were obtained which are tabulated under the results section.

**Results**

A total of 300 subjects from different areas of south India were included in the study who belong to the streams of geriatric age group. (Table 1-6 and figure 1-3)

Place → Gender ↓	<b>Clinical settings</b>	<b>PHC</b>	<b>Community region</b>	<b>Total</b>
Male	120	40	60	220
Female	30	20	30	80
Total	150	60	90	300

**Table 1:** Study sites and no. of gender specification in each region.

Age group	No. of subjects	% of the subjects
50-55	80	26.66
56-60	80	26.66
61-65	30	10
66-70	30	10
ABOVE 70	80	26.667
TOTAL	300	100

**Table 2:** Percentage of the Subjects.

Age (N)	Before		After	
	Answered	Unanswered	Answered	Unanswered
50-55 (80)	25 (31.25%)	55 (68.75%)	65 (81.25%)	15 (18.75%)
56-60 (80)	32 (40%)	48 (60%)	68 (85%)	12 (15%)
61-65 (30)	12 (40%)	18 (60%)	24 (80%)	06 (20%)
66-70 (30)	16 (53.33%)	14 (46.66%)	28 (93.3%)	02 (6.6%)
ABOVE 70 (80)	30 (37.5%)	50 (62.5%)	55 (68.75%)	25 (31.25%)

**Table 3:** Percentage of the POPULATION answered before and after the intervention.

Q. No	Before		After	
	Answered	Unanswered	Answered	Unanswered
06	158	142	258	42
07	95	205	279	21
08	136	164	256	44
09	70	230	300	00
10	0	300	265	35

**Table 4:** Answering pattern of Attitude related questions by the students before and after intervention.

Q. NO	Before		After	
	Answered	Unanswered	Answered	Unanswered
11	12	288	265	35
12	90	210	290	10
13	15	285	50	250
14	125	175	289	11
15	18	282	290	10

**Table 5:** Answering pattern of Perception related questions by the subjects before and after intervention.

(N) Total samples	Paired differences				t- value	Difference	p- value	
	Mean	Std. deviation	Std. mean error	95% confidence interval of difference				
				lower				Upper
300	-12.29	3.46	0.200	-12.69	-11.90	-61.39	299	0.001

Table 6: mean deviation and p – value of paired t – test.

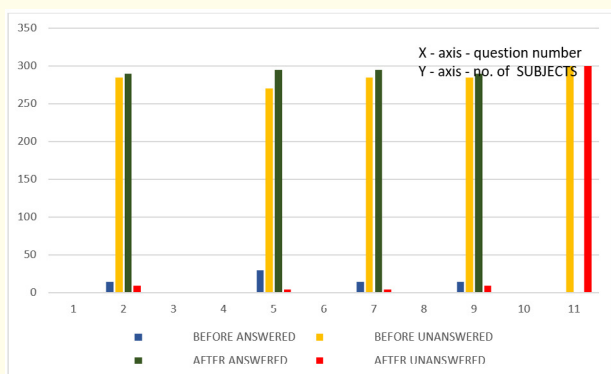


Figure 1: Answering pattern of Knowledge related questions by the SUBJECTS before and after.

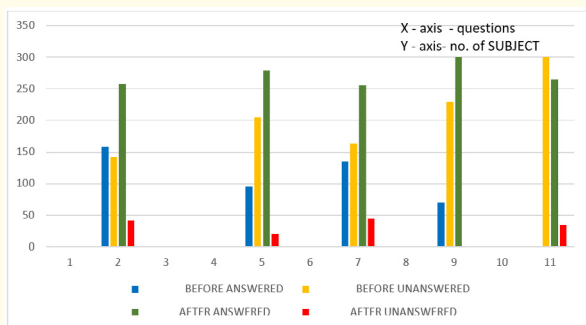


Figure 2: Answering pattern of Attitude related questions by the students before and after Intervention.

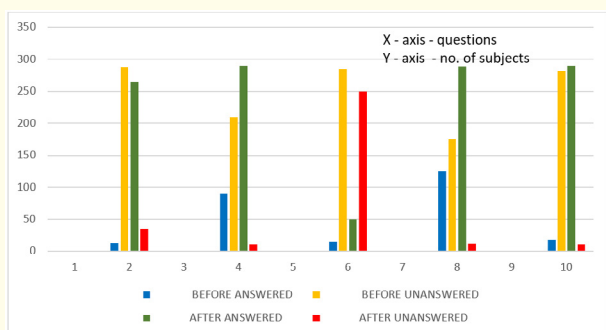


Figure 3: Answering pattern of Perception related questions by the students before and after intervention.

### Discussion

Geriatric population is one of the most excepted age group of risk factors of patient quality of life. However knowledge about risk factors in elderly population among south Indians is not to the sufficient level. Related factors like attitude and practice show impact in geriatric risk assessment study. The distrustful attitude about suspected risk factors has to be overcome by this study. By the current study analysis it has been clearly stated a significant difference among the participants of pre and post intervention.

The present study states that only 38.33% have responded during the pre visit (before) and post(after) intervention 80% have answered. Currently according to present study only a very few are aware of geriatric risk factors. This overall study defines about concept of older age risk factors. By which many of the medical conditions can be economically and therapeutically justified. Based on the first survey visit (before) it is clear that very few geriatric population are aware about geriatric risk factors in their concern areas. Comparing pre interventional visit (before) with post interventional visit (after) survey showed a significant change by implementation of risk factor information leaflet awareness tool, which resulted a p - 0.001 considered as statically very significant. By the study analysis it is clarified that geraitirc risk factors awareness model has been justified which has no comparision with previous studies [1-15].

### Conclusion

By the current study it is clear that there are no proper updating information centers or community awareness champ was conducted about possible geriatric risk factors. Providing education to elder persons and house hold population regarding geriatric risk factors is very important in order to overcome geriatric complications. However, as the awareness about geriatric risk factors among south Indian population is not at significant level. In order to enhance regular medical champ about geriatric population should periodize and benefits of leaf let should be phenomenised in patient favour. So it could be concluded that the knowledge about risk factor plays a major role in both statistically and practically in upgrading patient quality of life.

Clinical pharmacist as a health care professional reflects significant role in improving pharmaceutical care specifically to enhance elder quality of life, the current practice of pharmacy surely needs an improvement considering geriatric population as a special crite-

tion, as a way to implement and improve pharmaceutical care with the main focus of improving patient quality of life.

### Conflict of Interest

Absolutely we don't have any conflict of interest.

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