A Study to Assess The Effectiveness of The Planned Teaching Programme To The Family Members on Knowledge Regarding Prevention and Management of Constipation In Geriatric Clients in Selected Community At Mangalore

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ABSTRACT

Constipation is a common complaint among older people and a frequent concern for their health care providers. This study is to assess the effectiveness of planned teaching programme to the family members on knowledge regarding prevention and management of constipation in geriatric clients in selected community at Mangalore. An evaluative approach with one group pre-test post-test design was used for the study. Using purposive sampling technique, 60 family members of geriatric clients were selected and data was collected using demographic proforma and structured knowledge questionnaire. The results revealed that, inpre-test majority (100%) of the family members had inadequate knowledge on prevention and management of constipation. In post-test, majority (91.7%) of the family members of geriatric clients had adequate knowledge. The study concluded that planned teaching programme was an effective measure to improve the knowledge of the family members of the geriatric clients regarding prevention and management of constipation.

Introduction:

Old age is an integral part of human life. It is unavoidable, undesirable and problem ridden phase of life. Ageing is a time of numerous illness and common disability. Old people have limited regenerative capability and are more prone to disease, syndromes, and sickness than other age groups.1

Constipation is a chronic problem in many patients all over the world. In some groups of patients such as the elderly, constipation is a significant health-care problem, but in the majority of cases chronic constipation is an aggravating, but not life-threatening or debilitating complaint that can be managed in primary care with cost-effective control of symptoms.2

The incidence of constipation is over 10% worldwide and over 15% in India. Around 2% of the population suffers recurrent and constant constipation and is more common in women than in men. Twenty-six percent of women and 16 percent of men 65 years and older consider themselves constipated. In people over 84, the reported incidence is 34 and 26 percent, respectively.3

Constipation is due to a number of factors, including low-fibre diets, limited fluid intake, low calorie intake, impaired mobility and cognitive disorders, stress, resisting the urge to have a bowel movement, which is sometimes the result of pain from hemorrhoids.4

A variety of non-pharmacological approaches to constipation have been evaluated including massage, exercise, biofeedback, diet etc. Exercise is an integral feature of bowel management programs, if lack of physical activity is a factor in the development of constipation. Dietary management (increasing fluid and fibre) remains the most effective treatment for constipation.5

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To find out the association of knowledge level on the pre-
vention and management of constipation among family members of geriatric clients with the selected demographic variables.

**Methodology:**

**Setting:** The study was conducted in Bondel PHC in Mangalore.

**Population:** Family members of the geriatric client.

**Sample size:** 60

**Sampling technique:** purposive sampling technique

**Research design:** One group pre-test – post-test design

**Tools:**
- Demographic Proforma
- Structured knowledge questionnaire

**Data collection method:**
- Prior to the data collection, permission was obtained from the concerned authorities for conducting the study.
- Subjects were selected according to the selection criteria
- Written consent was obtained from the subjects and confidentiality was assured.
- First day, the pre-test data was obtained using the self-administered structured knowledge questionnaire.
- Second day, the planned teaching programme was administered through LCD
- Seventh day, the post-test was conducted using the same knowledge questionnaire.

**Results of the study**

The highest percentage (33.3%) of subjects were in the age group of 41-50 years and 60% were females. Maximum percentage (36.6%) of family members had pre-university education. Highest percentage (58.3%) of the family members were married. Maximum percentage (51.7%) of the family members belonged to nuclear family. Highest percentage (43.3%) of family members were professionals and 35% of the family members belonged to the income group of Rs. 10,001-15,000.

The post-test knowledge range (12-17) was significantly higher than the pre-test knowledge range (7-12). The mean post-test knowledge score (15.53±1.32) was higher than the mean pre-test knowledge score (8.86±1.53).

The study revealed that planned teaching programme was effective in improving the knowledge of family members of geriatric clients. It indicated that PTP was effective strategy in improving the knowledge of the family members of geriatric clients.

**Conclusion:**

The present study proves that the family members of geriatric clients lacked adequate knowledge regarding the prevention and management of constipation. The planned teaching programme is effective strategy in improving the knowledge of the family members of geriatric clients.

**Table 1: Mean, Mean Difference, Standard Deviation and ‘t’ Values of Pre-test and Post-test Knowledge Scores**

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Mean</th>
<th>SD</th>
<th>Mean Difference</th>
<th>‘t’ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>8.86</td>
<td>1.53</td>
<td>6.67</td>
<td>24.24*</td>
</tr>
<tr>
<td>Post-test</td>
<td>15.53</td>
<td>1.32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table value: $t_{59}=2.001$, $P<0.05$ * Significant

**Table 2: Area-wise Mean, Mean Difference, SD and ‘t’ value of Pre-test and Post-test Knowledge Scores of the Family Members of the Geriatric Clients on Prevention and Management of Constipation**

<table>
<thead>
<tr>
<th>Area</th>
<th>Pre-test Mean</th>
<th>Pre-test SD</th>
<th>Post-test Mean</th>
<th>Post-test SD</th>
<th>Mean Diff</th>
<th>‘t’ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning and causes</td>
<td>1.80</td>
<td>0.725</td>
<td>3.28</td>
<td>0.66</td>
<td>1.48</td>
<td>11.596*</td>
</tr>
<tr>
<td>Clinical features and symptoms</td>
<td>0.95</td>
<td>0.529</td>
<td>1.26</td>
<td>0.60</td>
<td>0.31</td>
<td>7.3755*</td>
</tr>
<tr>
<td>Prevention and management of constipation</td>
<td>6.11</td>
<td>1.46</td>
<td>10.98</td>
<td>1.44</td>
<td>4.87</td>
<td>18.178*</td>
</tr>
</tbody>
</table>

* Significant  ‘t’59 value=2.001, $P<0.05$

**Table 3: Association of Pre-test and Post-test Knowledge Scores with the Selected Demographic Variables**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Demographic Variables</th>
<th>df</th>
<th>Table Value</th>
<th>Calculated $\chi^2$ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age</td>
<td>2</td>
<td>5.991</td>
<td>0.2426</td>
</tr>
<tr>
<td>2.</td>
<td>Gender</td>
<td>1</td>
<td>3.841</td>
<td>2.542</td>
</tr>
<tr>
<td>3.</td>
<td>Education</td>
<td>2</td>
<td>5.991</td>
<td>0.2424</td>
</tr>
<tr>
<td>4.</td>
<td>Marital status</td>
<td>1</td>
<td>3.841</td>
<td>0.0078</td>
</tr>
<tr>
<td>5.</td>
<td>Type of family</td>
<td>1</td>
<td>3.841</td>
<td>1.6000</td>
</tr>
<tr>
<td>6.</td>
<td>Occupation</td>
<td>2</td>
<td>5.991</td>
<td>0.5012</td>
</tr>
<tr>
<td>7.</td>
<td>Monthly income</td>
<td>1</td>
<td>3.841</td>
<td>0.2298</td>
</tr>
</tbody>
</table>

NS: Not significant
REFERENCE