



ASSESS THE IMPACT OF AWARENESS PACKAGE ON SLEEP DEPRIVATION AND PROMOTING ACTIVITIES AMONG SENIOR CITIZENS IN RURAL AREA BHOPAL

¹Debasish Behera, ²Dr Shikha Shrivastav

¹Ph.D Scholar, ²Professor

¹Department of Nursing, ²Department of Nursing,

¹Mansarover Global University, Sehore, Madhya Pradesh, India, ²Mansarover Global University, Sehore, Madhya Pradesh, India

ABSTRACT

The current study has been undertaken to assess knowledge score regarding sleep deprivation and promoting activities among Senior citizens by awareness package in Bhopal. The research design used for study was pre- experimental in nature. The tool for study was self-structured knowledge questionnaire which consists of 2 parts- PART- I consisted questions related to Socio-demographic data; PART-II consisted of self -structured knowledge questionnaire to assess knowledge score regarding sleep deprivation and promoting activities among Senior citizens. The data was analyzed by using descriptive & inferential statistical methods. The most significant finding was that 26.5% of Senior citizens were having average knowledge regarding sleep deprivation and promoting activities whereas 73.5% had good knowledge after post-test. It was suggested that nurses must educate Senior citizens regarding sleep deprivation and promoting activities.

Keyword-Impact, Sleep deprivation and promoting activities, senior citizens.

I. Introduction

As you get older, your sleep habits usually change. Most people discover that as they get older, it gets harder for them to fall asleep. They awaken earlier in the morning and more frequently during the night. Sleep duration is either unchanged or marginally reduced (6.5–7 hours a night). You might have trouble falling asleep and end up staying in bed longer overall. Older people often feel like they sleep lighter than they did when they were younger because of the sudden changes in sleep-wake patterns. Less time is spent sleeping soundly and dreamlessly. On average, older adults wake up three or four times every night. They are also more aware of being awake. Older people wake up more often because they spend less time deep sleep. Other causes include needing to get up and urinate (nocturia), anxiety, and discomfort or pain from long-term (chronic) illnesses. Sleep difficulty is an annoying problem. Long-term (chronic) insomnia is a major cause of auto accidents and depression. Because older people sleep more lightly and wake up more often, they may feel deprived of sleep even when their total sleep time has not changed. Sleep deprivation can eventually cause confusion and other mental changes. It is treatable, though. You can reduce symptoms when you get enough sleep. Sleep problems are also a common symptom of depression. See a health care provider to find out whether depression or another health condition is affecting your sleep.

II. Objective of the study

1. To assess the pre-test & post-test Knowledge score regarding sleep deprivation and promoting activities among Senior citizens.
2. To assess impact of awareness package on knowledge regarding sleep deprivation and promoting activities among Senior citizens.
3. To find out association between pre-test knowledge score regarding sleep deprivation and promoting activities among Senior citizens with their selected demographic variables.

III. Hypotheses:

RH₀: There will be no significant difference between pretest & post-test knowledge score on sleep deprivation and promoting activities among Senior citizens.

RH₁: There will be significant difference between pretest & post-test knowledge score on sleep deprivation and promoting activities among Senior citizens.

RH₂: There will be significant association between pre-test score on sleep deprivation and promoting activities among Senior citizens with their selected demographic variables.

IV. Assumption

1. Senior citizens may have deficit knowledge regarding sleep deprivation and promoting activities.
2. Awareness package will enhance knowledge of Senior citizens regarding sleep deprivation and promoting activities.

V. Methodology

An quantitative evaluative approach was used and pre-experimental one group pre-test post-test research design was used for the study. The samples consisted of 98 Senior citizens selected by Non probability convenient sampling technique. The setting for the study was Gram Dham kheda sarvdharm kolar road, Bhopal. Data was gathered with help of demographic variables & administering a self-structured knowledge questionnaire by analyst prior & after awareness package. Post-test was done after seven days of pre-test. Data were analysis using descriptive & inferential statistics.

VI. Analysis and interpretation

SECTION-I Table -1 Frequency & percentage distribution of samples according to their demographic variables.

n = 98

S. No	Demographic Variables	Frequency	Percentage
1	Age in Years		
a.	61-65	30	30.6
b.	66-70	55	56.1
c.	71-75	11	11.2
d.	76-80	2	2.0
2	Educational Status		
a.	No formal education	13	13.1
b.	Primary	12	12.2
c.	Secondary	32	32.7
d.	Higher secondary	38	38.8
e.	UG & PG	3	3.3
3	Family income		
a.	15000-20000	27	27.6
b.	200001-25000	35	35.7
c.	Above 25000	36	36.7
4	Previous knowledge related to sleep deprivation and promoting activities		
a.	Yes	13	13.3
b.	No	85	86.7

SECTION-II- Table- 2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects:

Category and test Score	Frequency (N=98)	Frequency Percentage (%)
POOR (1-10)	83	84.7
AVERAGE (11-20)	15	15.3
GOOD (21-30)	0	0.0
TOTAL	98	100.0

The present table 2.1.1 concerned with the existing knowledge regarding sleep deprivation and promoting activities among Senior citizens were shown by pre-test score and it is observed that most of the Senior citizens 83 (84.7%) were poor (01-10) knowledge & some Senior citizens have 15 (15.3%) were from average category.

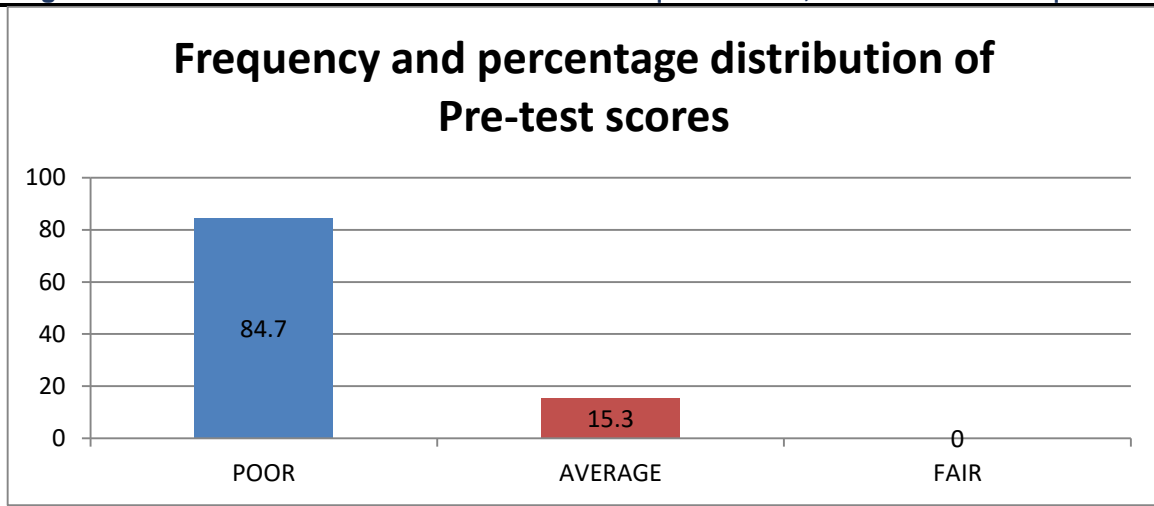


FIG.-2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects

Table-2.1.2. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores:

Knowledge Pre -test	Mean (\bar{X})	Std Dev (S)
Pre-test score	1.15	0.36

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was 1.15 ± 0.36 while in knowledge regarding sleep deprivation and promoting activities among Senior citizens in Gram Dham kheda sarvdharm kolar road.

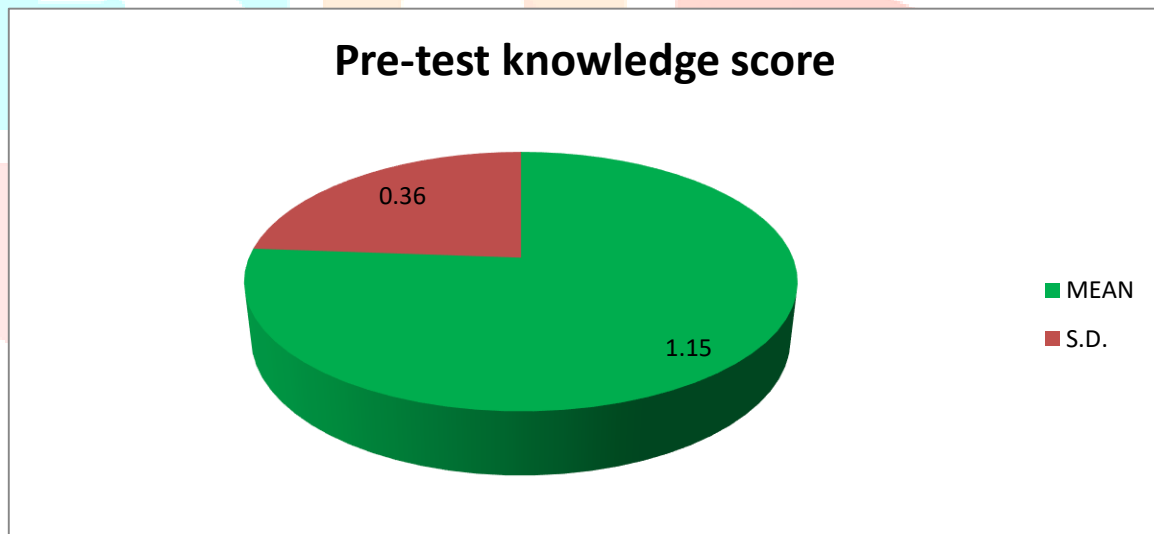


FIG.-2.1.1. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores

Table-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects:

Category and post-test Score	Frequency (N=98)	Frequency Percentage (%)
POOR (01-10)	0	0.0
AVERAGE (11-20)	26	26.5
GOOD (21-30)	72	73.5
TOTAL	98	100%

The present table 2.2.1 concerned with the existing knowledge regarding sleep deprivation and promoting activities among Senior citizens was shown by post test score and it is observed that most of the Senior citizens 72 (73.5%) were **GOOD** (21-30) knowledge & other Senior citizens have 26 (26.5%) category which are **AVERAGE** (11-20) posttest knowledge score in present study.

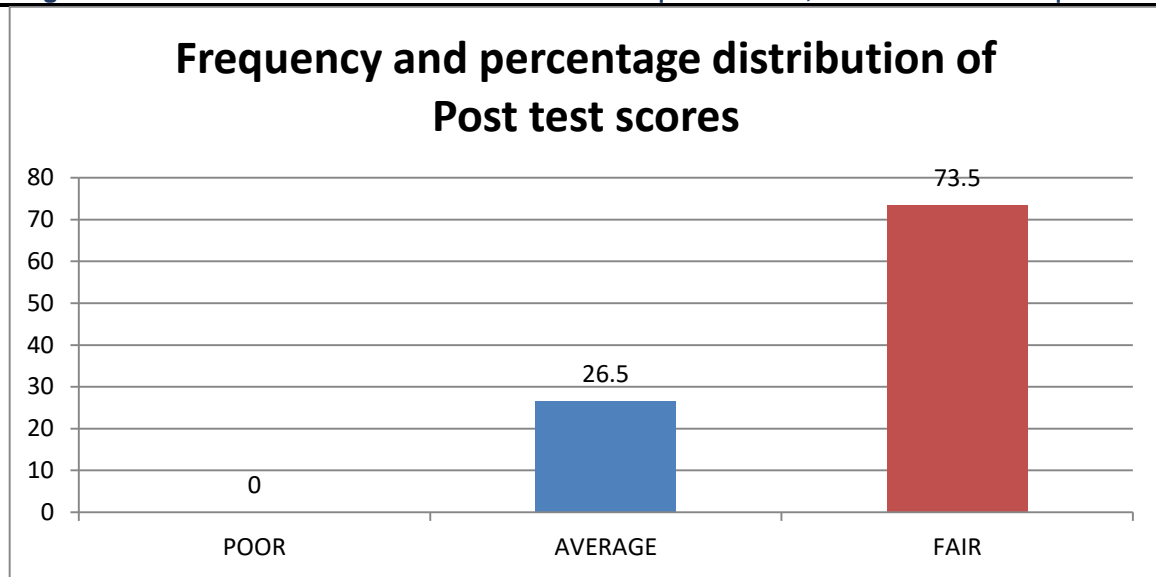


FIG.-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects

Table-2.2.2. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores:

Knowledge Test	Mean (\bar{X})	Std Dev (S)
Post-test score	2.73	0.44

The information regarding mean, percentage of mean and SD of post test scores in shown in table 2.2.2 knowledge in mean post test score was 2.73 ± 0.44 while in knowledge regarding sleep deprivation and promoting activities among Senior citizens in Gram Dham kheda sarvdharm kolar road.

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill 2nd objective of the present study.

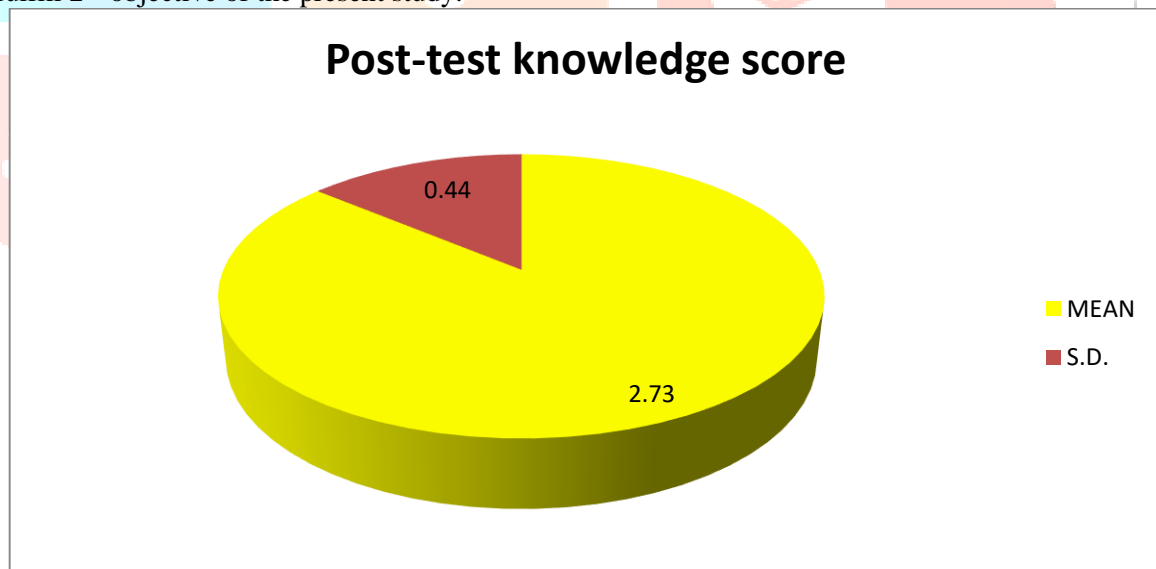


FIG.-2.2.2. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores:

TABLE 2.2.3: Impact of awareness package by calculating Mean, SD, Mean Difference and 't' Value of Pre-test and Post-test knowledge.

Knowledge Score of Senior citizens	Mean (\bar{X})	S. D. (s)	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	1.15	0.36	0.05	97	-29.22	P<0.0001*
Post-test	2.73	0.44				

When the mean and SD of pre-test & post-test were compared & 't' test was applied. It can be clearly seen that the 't' value was -23.30 and p value was 0.0001 which clearly show that awareness package was very effective in enhancing the knowledge of Senior citizens.

SECTION-III Association of knowledge scores between test and selected demographic variables:

Table- 3.1 Association of age of Senior citizens with pre-test scores:

Age (in years)	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
61-65	27	3	0	30
66-70	44	11	0	55
71-75	10	1	0	11
76-80	2	0	0	2
Total	83	15	0	98
$X^2=2.27$		$p>0.05$ (Insignificant)		

The association of age & test scores is shown in present table 3.1. The probability value for Chi-Square test is 2.27 for 3 DF which indicated insignificant value ($p>0.05$). Hence, it is identified that there is insignificant association between age & test scores. Moreover, it is reflected that age isn't influenced with current problem.

Table- 3.2 Association of educational status with pre-test scores:

Educational status	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
No formal	8	5	0	13
Primary	10	2	0	12
Secondary	28	4	0	32
Higher sec.	34	4	0	38
UG & PG	3	0	0	3
Total	83	15	0	98
$X^2= 6.80$		$p>0.05$ (Insignificant)		

The association of educational status & test score is shown in present table 3.2. The probability value for Chi-Square test is 6.80 for 4 degrees of freedom which indicated educational status and test scores. Moreover, it is reflected that educational status isn't influenced with present problem.

Table- 3.3 Association of family income with pre-test scores:

Family income	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
15000-20000	24	3	0	27
20001-25000	30	5	0	35
Above 25000	29	7	0	36
Total	83	15	0	98
$X^2=0.87$		$p>0.05$ (Insignificant)		

The association of family income & test score is shown in present table 3.3. The probability value for Chi-Square test is 0.87 for 2 degrees of freedom which indicated family income and test scores. Moreover, it is reflected that family income isn't influenced with present problem.

Table- 3.4 Association of previous knowledge related to sleep deprivation and promoting activities with pre-test scores:

Previous Knowledge	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Yes	9	4	0	13
No	74	11	0	85
Total	83	15	0	98
$X^2 = 2.76$		$p > 0.05$ (Insignificant)		

The association of previous knowledge & test scores is shown in present table 3.4. The probability value for Chi-Square test is 2.76 for 1 degrees of freedom which indicated previous knowledge & test scores. Moreover, it is reflected that previous knowledge isn't influenced with current problem.

VII. Results

The result of this study indicates that there was a significant increase in post-test knowledge scores compared to pre-test scores of sleep deprivation and promoting activities. The mean percentage knowledge score was observed 1.15 ± 0.36 in pre-test & after implementation of awareness package post-test mean percentage was observed with 2.73 ± 0.44 .

VIII. Conclusion

Thus, after the analysis and interpretation of data we can conclude that the hypothesis RH1 that, there will be significance difference between pre-test knowledge score with post-test knowledge score among Senior citizens at ($P < 0.001$) is being accepted.

Furthermore, awareness package related to sleep deprivation and promoting activities among Senior citizens may consider as an effective tool when there is a need in bridging & modifying knowledge.

IX. Limitations

- This was limited to Gram Dham kheda sarvdharm kolar road.
- This was limited to 98 Senior citizens.