



**Research Article**

Clin Exp Pathol Res  
ISSN (e): 2663-8193  
ISSN (p): 2663-8185  
2019; 2(3): 01-04  
© 2019, All rights reserved  
www.ceprjournal.com

## Pilot Study to Assess the Effectiveness of Structured Teaching Program on Knowledge Regarding the Early Identification and Management of Dementia Among Accredited Social Health Activist

Veeresh VG<sup>1</sup>

<sup>1</sup> PhD Scholar, Maharaj Vinayak Global University, Jaipur, Rajasthan, India

### Abstract

**Introduction:** knowledge of early identification and management of dementia is important to achieve quality life of our senior citizen, hence present study aims to assess the knowledge and to find the effectiveness of planned teaching program on knowledge regarding early identification and management of dementia among accredited social health activist regarding dementia, as they are the frontline health personnel to early identify and manage by referral services. **Methodology:** A true experimental pretest-posttest with control group study design was adapted, using simple random sampling technique, 30 accredited social health activists were selected of which 15 were in experimental group and 15 were in control group respectively, the data was collected using a knowledge questionnaire consists of 30 questions which was reliable and valid to assess the knowledge of accredited social health activist regarding dementia early identification and management. The pretest was conducted to both the experimental and control group following which structured teaching program was given to experimental group, later after 30days of interval both the experimental and control group were given posttest, obtained scores were analyzed using SPSS 16.0version. **Results:** total 30 accredited social health activist (15 in experimental group; 15 in control group), the study found that the there was significant difference in mean pretest-posttest knowledge scores of experimental group and there was no change in mean pretest-posttest knowledge scores of control group. The study revealed structured teaching program was effective in improving knowledge level of accredited social health activist. **Conclusion:** The study concludes that the structured teaching program was effective in improving knowledge of accredited social health activist. Training of accredited social health activist regarding of dementia is essential and vital for community early referral and management.

**Keywords:** Dementia, Identification, Management, Accredited social health activist, Structured teaching program.

### INTRODUCTION

The world's population is ageing. Improvements in health care in the past century have contributed to people living longer and healthier lives. However, this has also resulted in an increase in the number of people with non-communicable diseases, including dementia. Current estimates indicate 35.6 million people worldwide are living with dementia. This number will double by 2030 and more than triple by 2050. Dementia doesn't just affect individuals. It also affects and changes the lives of family members. Dementia is a costly condition in its social, economic, and health dimensions. Nearly 60 percent of the burden of dementia is concentrated in low- and middle-income countries and this is likely to increase in coming years[1].

The cost of caring for people with dementia is likely to rise even faster than its prevalence, and thus it is important that societies are prepared to address the social and economic burden caused by dementia [1].

People suffering from dementia usually do know what they want; they just have trouble communicating it properly [2]. There is a lack of awareness and understanding of dementia, at some level, in most countries. It is often considered to be a normal part of ageing or a condition for which nothing can be done. This affects people with dementia, their caregivers and families, and their support structure in a number of ways. Low awareness levels contribute to stigmatization and isolation. Poor understanding creates barriers to timely diagnosis and to accessing ongoing medical and social care, leading to a large gap in treatment [1].

Prevention of disease can involve either, their elimination from the lifespan of the individual or their

**\*Corresponding author:**

**Veeresh VG**

PhD Scholar, Maharaj Vinayak  
Global University, Jaipur,  
Rajasthan, India

Email: [veereshvg@gmail.com](mailto:veereshvg@gmail.com)

postponement until later in the lifespan. Prevention and management of dementia is the attempt to avoid developing dementia. Although no cure for dementia is available, there are ways of decreasing the risk of developing dementia, including both lifestyle changes and medication.

Prevention and management is key of every public health related policy. The impressive growth of dementia in terms of incidence and prevalence occurred in the past recent years and their prospected epidemic marks for the immediate future are not the features characterizing this disease [3]. Awareness of health personnel helps them to find out early signs of dementia and help them to take preventive and management measures [4]. Creating awareness among Accredited Social Health activist will bring large group of community to early referral services and management which hampers the development of dementia, hence present study aims to assess the knowledge and effectiveness of structured teaching program on knowledge regarding early identification and management of dementia among Accredited Social Health Activist.

## METHODOLOGY

A true experimental pretest-posttest with control group study design was adapted, using simple random sampling technique, 30 accredited social health activists were selected of which 15 were in experimental group and 15 were in control group respectively, the setting of the study was at District training center where Accredited Social Health Activist will be deputed for the training. Method of data collection was done by structured questionnaire included demographic data and knowledge base question regarding identification and management of dementia, the designed tool consisted of thirty knowledge questions which was reliable and valid. The scoring was done by awarding each correct answer by one score and each wrong answer was given zero, the maximum score of questionnaire was thirty and minimum score was zero. The obtained scores were assessed for knowledge level by classifying them as inadequate knowledge score between 00 to 15 (less

than 50%), moderate knowledge score between 16 to 22 (51% to 75%) and adequate knowledge score between 23 to 30 (more than 75%) respectively. The pretest was conducted to both the experimental and control group following which structured teaching program was given to experimental group, later after 30days of interval both the experimental and control group were given posttest, obtained scores were analyzed using SPSS 16.0 version to assess the effectiveness of structured teaching program on knowledge of accredited social health activist regarding dementia early identification and management.

## RESULT

In the experimental group (Table:1), out of 15 accredited social health activists 9(60.00%) were in age group 20 to 30 years, majority of them were having high school 10 (66.66%), as their highest education, 11 (73.33%) of them annual income is ten thousand rupees, all of them were married, all of them had at least one year of previous experience. And none of them had previous training in dementia, none of their family member was living with dementia and none of their friends had dementia.

In the control group (Table:1), out of 15 accredited social health activists 12(80.00%) were in age group 20 to 30 years, majority of them were having high school 7(46.66%), SSLC as their highest education, 10(66.66%) of them annual income is ten thousand rupees, 14(93.33%) were married, all of them had at least one year of previous experience. And none of them had previous training in dementia, none of their family member was living with dementia and none of their friends had dementia.

In the experimental group (Table:2), for total knowledge score of 30, the pretest knowledge score has minimum score of 2, maximum score of 9, range at 7, mean of 5.33 and standard deviation of 1.95 and the posttest knowledge score has minimum score of 18, maximum score of 25, range at 7, mean of 21.53 and standard deviation of 2.20.

**Table 1:** The findings of the demographic variables of experimental and control group

N=30

SL NO	DEMOGRAPHIC VARIABLE		EXPERIMENTAL GROUP (n=15)	PERCENTAGE	CONTROL GROUP (n=15)	PERCENTAGE
1	Age	20 to 30 years	9	60.00%	12	80.00%
		31 to 40 years	6	40.00%	3	20.00%
2	Highest qualification	Primary School	1	6.66%	1	6.66%
		High school	10	66.66%	7	46.66%
		Pre-university	2	13.33%	4	26.66%
		Degree	2	13.33%	3	20.00%
3	Annual income	8000	2	13.33%	2	13.33%
		10000	11	73.33%	10	66.66%
		12000	2	13.33%	3	20.00%
4	Marital status	Married	15	100.00%	14	93.33%
		Widow	00	00.00%	1	6.66%
5	Work experience	One year	4	26.66%	4	26.66%
		Two years	5	33.33%	5	33.33%
		Three years	2	13.33%	2	13.33%
		Four years	2	13.33%	1	6.66%
		Five years	2	13.33%	3	20.00%
6	Previous training in dementia		NIL		NIL	
7	Family member with dementia		NIL		NIL	
8	Friend with dementia		NIL		NIL	

**Table 2:** Findings relating to the descriptive statistics knowledge scores of Accredited Social Health Activist regarding early identification and management of dementia

N=30

Knowledge scores (Total 30)	EXPERIMENTAL GROUP (n=15)					CONTROL GROUP (n=15)				
	Minimum score	Maximum score	Range	Mean	Standard deviation	Minimum score	Maximum score	Range	Mean	Standard deviation
PRETEST	2	9	7	5.33	1.95	4	8	4	6.07	1.22
POSTTEST	18	25	7	21.53	2.20	4	8	4	6.07	1.22

**Table 3:** Findings relating to the effectiveness of structured teaching program on knowledge regarding early identification and management of dementia

N=30

EXPERIMENTAL GROUP (n=15)					
	MEAN	STANDARD DEVIATION	df	't' value	p value
PRETEST	5.33	1.95	14	23.19	0.001
POSTTEST	21.53	2.20			
CONTROL GROUP (n=15)					
PRETEST	6.07	1.22	As Mean and Standard Deviation scores are similar, difference in mean cannot be computed.		
POSTTEST	6.07	1.22			

**Table 4:** Findings relating to the Mean% enhancement of knowledge score of experimental and control group

N=30

MAXIMUM SCORE (30)	EXPERIMENTAL GROUP (n=15)			CONTROL GROUP (n=15)		
	PRETEST MEAN %	POSTTEST MEAN %	MEAN % ENHANCEMENT	PRETEST MEAN %	POSTTEST MEAN %	MEAN % ENHANCEMENT
	16.66	63.33	46.66 %	16.66	16.66	00.00 %
	13.33	66.66	53.33 %	20.00	20.00	00.00 %
	16.66	73.33	56.66 %	20.00	20.00	00.00 %
	16.66	70.00	53.33 %	16.66	16.66	00.00 %
	23.33	73.33	50.00 %	23.33	23.33	00.00 %
	6.66	80.00	73.33 %	20.00	20.00	00.00 %
	26.66	83.33	56.66 %	13.33	13.33	00.00 %
	16.66	73.33	56.66 %	26.66	26.66	00.00 %
	23.33	76.66	53.33 %	23.33	23.33	00.00 %
	16.66	66.66	50.00 %	16.66	16.66	00.00 %
	20	60.00	40.00 %	16.66	16.66	00.00 %
	20	63.33	43.33 %	23.33	23.33	00.00 %
	6.66	66.66	60.00 %	26.66	26.66	00.00 %
	30	76.66	46.66 %	23.33	23.33	00.00 %
	13.33	83.33	70.00 %	16.66	16.66	00.00 %

**Table 5:** Findings relating to the knowledge level of accredited social health activist regarding early identification and management of dementia

N=30

KNOWLEDGE LEVEL			EXPERIMENTAL GROUP (n=15)		CONTROL GROUP (n=15)	
SCORE	PERCENTAGE	INTERPRETATION	PRE TEST	POST TEST	PRE TEST	POST TEST
00 - 15	Less than 50%	INADEQUATE	15	-	15	15
16 - 22	51% to 75%	MODERATE	-	10	-	-
23 - 30	More than 75%	ADEQUATE	-	5	-	-

In the control group (Table:2), for total knowledge score of 30, the pretest knowledge score has minimum score of 4, maximum score of 8, range at 4, mean of 6.07 and standard deviation of 1.22 and the posttest knowledge score has minimum score of 4, maximum score of 8, range at 4, mean of 6.07 and standard deviation of 1.22.

In the experimental group (Table:3), the pretest mean ± standard deviation is 5.33 ± 1.95 and posttest mean ± standard deviation is 21.53 ± 2.20 with degree of freedom is 14, the student t value is 23.19, p value is 0.001, The 95% Class Interval of difference mean was between 14.70 to 17.69

The difference in the mean signifies that the structured teaching was effective in improving the knowledge scores of accredited social health activist regarding early identification and management of dementia.

In the control group (Table:3), the pretest mean  $\pm$  standard deviation is  $6.07 \pm 1.22$  and posttest mean  $\pm$  standard deviation is  $6.07 \pm 1.22$ , the mean scores of pretest and posttest are similar, hence mean difference cannot be computed, this implies that there was no significant difference in knowledge scores.

In the experimental group (table: 4), the difference of pretest mean% and posttest mean% is mean% enhancement that is  $53.99 \pm 9.01$ , which implies that there was a significant improvement in the knowledge of each accredited social health activist regarding early identification and management of dementia.

In the control group (table: 4), the difference of pretest mean% and posttest mean% is zero, which implies that there was no change in their knowledge level regarding early identification and management of dementia and mean% enhancement was equal to zero.

In the (Table: 5), out of 15 accredited social health activists in experimental group, almost all of them had inadequate knowledge score in pretest. And in posttest knowledge score there were 10 accredited social health activists who had moderate knowledge score and 5 accredited social health activists had adequate knowledge score respectively. This implies that the difference in knowledge level is due to structured teaching program.

In the (Table: 5), out of 15 accredited social health activists in control group, all of them has inadequate knowledge level in pretest and posttest knowledge scores respectively.

## DISCUSSION

The present study found that in both experimental and control group, majority of the Accredited Social Health Activist were in age group of 20 to 30 years, most of them were having high school education, majority of them had annual income of ten thousand rupees, majority of them were married, all accredited social health activist had at least one year of work experience, none of them had previous training in the dementia, none of their family members were living with dementia and none of their friends were living with dementia.

The study signified that the structured teaching program was effective at student t value 23.19, p value 0.001 in bringing change in mean knowledge score of accredited social health activists in experimental group.

The mean% enhancement of experimental group was  $53.99 \pm 9.01$ , which implies that there was a significant improvement in the knowledge of each accredited social health activist regarding early identification and management of dementia. In contrast, the control group had no change in pretest-posttest knowledge mean scores and mean% enhancement of knowledge score was zero.

The knowledge level of 15 accredited social health activists in experimental group showed that in pretest almost all of them had inadequate knowledge scores. And in posttest out of 15 accredited social health activists 10 of them had moderate knowledge score and 5 had adequate knowledge score respectively. And in control group, out of 15 accredited social health activists, all of them have inadequate knowledge level in both pretest-posttest knowledge scores respectively.

## CONCLUSION

The present study concludes that the structured teaching program was effective in improving knowledge of accredited social health activist; this is proved by comparing the mean knowledge scores of experimental and

control group, the experimental group had significant change in the mean knowledge score and control group had no change in the mean knowledge scores.

## Recommendation

The study recommends that continuing education by workshop, training is essential for improving knowledge of Accredited Social Health Activists, so that early referral and management can be achieved.

## REFERENCES

1. Dementia: a public health priority. WHO Library Cataloguing-in-Publication. ISBN 978 92 4 156445 8 Available at URL- [http://www.who.int/about/licensing/copyright\\_form/en/index.html](http://www.who.int/about/licensing/copyright_form/en/index.html)
2. Yaffe K, Aisen P, Albert M, Anstey K. Dementia (Including Alzheimer's Disease) can be Prevented: Statement Supported by International Experts. *J Alzheimers Dis.* 2014;38:699–703.
3. Haan MN, Wallace R. Can dementia be prevented? Brain aging in a population-based context. *Annual Review of Public Health*, vol. 25, pp. 1–24, 2004.
4. Quality of life and depression in older people with dementia. Available from URL: [www.tnaionline.org/feb-10/](http://www.tnaionline.org/feb-10/)