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Study to assess the knowledge regarding the early identification and management of dementia among accredited social health activist

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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 of accredited social health activist regarding dementia, as they are the frontline health personnel to early identify and manage by referral services.

Methodology: A descriptive study design adapted, using simple random sampling technique, 140 accredited social health activists were selected, and a knowledge questionnaire consists of 30 questions was designed which was reliable and valid to assess the knowledge of accredited social health activist regarding dementia early identification and management.

Results: Out of 140 accredited social health activist, 13 of them scored two score; 10 of them scored three score; 26 of them scored four score; 33 of them scored five score; 21 of them scored six score; 23 of them scored seven score; 11 of them scored eight score; 3 of them scored nine score, almost all accredited social health activist had inadequate knowledge regarding dementia early identification and management

Conclusion: The study concludes that the knowledge of accredited social health activist was inadequate hence, training accredited social health activist regarding of dementia is essential and vital for community early referral for better life of our senior citizens.

Keywords: dementia, identification, management, accredited social health activist

Introduction

Background and Objective

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 years¹.

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 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 regarding early identification and management of dementia among Accredited Social Health Activist.

Methodology

A descriptive study was adopted to assess the knowledge regarding early identification and management of dementia

among Accredited Social Health Activist, a total of 140 Accredited Social Health Activist were selected using simple random sampling technique, the setting of the study was at District training center, Raichur were 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 and 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 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 obtained score was analyzed using SPSS 16.0 version.

Results

Table 1: The findings of the demographic variables

| Sl No | Demographic Variable | | Numbers | Percentage |
|-------|-------------------------------|-------------------|---------|------------|
| 1 | Age | 20 to 30 years | 108 | 77.14 |
| | | 31 to 40 years | 24 | 17.14 |
| | | 41 to 50 years | 08 | 5.71 |
| 2 | Highest Qualification | Primary education | 16 | 11.42 |
| | | High school | 83 | 59.28 |
| | | Pre-university | 27 | 19.28 |
| | | Degree | 14 | 10.00 |
| 3 | Annual Income | 8000 | 27 | 19.28 |
| | | 10000 | 95 | 67.85 |
| | | 12000 | 16 | 11.42 |
| | | 13000 | 02 | 1.42 |
| 4 | Marital Status | Married | 136 | 97.14 |
| | | Widow | 04 | 2.85 |
| 5 | Work Experience | One year | 25 | 17.82 |
| | | Two years | 54 | 38.57 |
| | | Three years | 27 | 19.28 |
| | | Four years | 17 | 12.14 |
| | | Five years | 14 | 10.00 |
| | | Nine years | 02 | 1.42 |
| | | Twelve years | 01 | 0.71 |
| 6 | Previous training in dementia | | NIL | |
| 7 | Family memb | er with dementia | NIL | |
| 8 | Friend with dementia | | NIL | |

Table 2: Findings relating to the knowledge level regarding early identification and management of the accredited social health activist

| Sl No | Knowledge Score | | Interpretation | Numbers |
|-------|-----------------|-----------------|----------------|---------|
| 1 | 00 to 15 | (Less than 50%) | Inadequate | 140 |
| 2 | 16 to 22 | (51% to 75%) | Moderate | NIL |
| 3 | 23 to 30 | (More than 75%) | Adequate | NIL |

The knowledge score of the Accredited Social Health Activist was scores between 00 to 15, out of 140 Accredited Social Health Activist, 13 of them scored two score; 10 of them scored three score; 26 of them scored four score; 33 of them scored five score; 21 of them scored six score; 23 of them scored seven score; 11 of them scored eight score; 3 of them scored nine score.

The maximum knowledge score obtained was 9 out of 30

questions, which depicted that almost all of them had inadequate knowledge.

Discussion

The present study found that 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 found that all of the Accredited Social Health Activist had inadequate knowledge regarding early identification and management of dementia.

Conclusion

The present study concludes that the knowledge of accredited social health activist who are the backbone of the community referral services have inadequate knowledge of dementia, its identification and management at early period.

Recommendation

The knowledge of Accredited Social Health Activist have to be improved by continuing education, by workshop, training as the identification of dementia is essential and vital for community early referral for better life of our senior citizens.

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