"A STUDY TO ASSESS THE PERCEPTION REGARDING HEALTHY LIVING STRATEGIES AMONG ELDERLY IN A SELECTED HOSPITAL, KOLAR WITH A VIEW TO CONDUCT GROUP HEALTH EDUCATION."

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PROJECT REPORT SUBMITTED TO

Sri Devaraj Urs College of Nursing Tamaka, Kolar,

As a Part of Curriculum Requirement for

the Degree of Basic BSc (N)

UNDER THE GUIDANCE OF

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TAMAKA, KOLAR.

2020-2021

DECLARATION BY THE CANDIDATES

We hereby state that project entitled **"A study to assess the perception regarding healthy living strategies among elderly in a selected hospital, Kolar with a view to conduct group health education",** is a bonafide and genuine research work carried by the students of IIIrd year BSc (N) students under the guidance of **Mrs. VANI R**, Assistant professor, Department of Nursing Foundation, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

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Acknowledgement

"I would maintain that thanks are the highest form of thought, and gratitude is happiness doubled by wonder "

- Gilbert K. Chesterton

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ABSTRACT

TITLE: "A study to assess the perception regarding healthy living strategies among elderly in a selected hospital, Kolar with a view to conduct group health education."

BACKGROUND: The strategies are intended to help people live longer, more independent, and self-sufficient lives. The current study sought to analyse and compare perceptions of Strategies for healthy life among the elderly.

METHODS: The study was a descriptive survey that used a structured self-administered questionnaire to assess people's perceptions on healthy living practises. 100 senior people from a selected hospital in Kolar were recruited for the pilot and main studies, with data collected using a tablet computer sampling strategy of convenience.

Results: The study's aims were to examine perception of geriatric clients regarding healthy living strategies and certain demographic characteristics. Conclusions are offered under the following headings based on the study's aims.

1. According to the first goal of the study, perception of healthy living strategies among the elderly in a selected hospital Kolar was assessed and categorised as: good perception (72%), moderate perception (26%), and bad perception (2%).
2. According to the second objective of the study, finding the suggestion between perception and designated demographic variables was done, and the results revealed that there is a statistically significant association between marital status (x^2=8.5996, df =3, p=0.35116) and health checkup done in the past (x^2=9.2597, df=3, p=.02603) and no association between Age(x^2=7.6142,df=3,p=.054697), Gender (x^2=0.3704, df=1,p=.542784),Qualification(x^2=6.188,df=5,p=0.2883532) Type of the family (x^2 =1.2688,df =3,p=.736552),History of Co-Morbid Condition (x^2=0.4841df =1,p= .486557) Physical Activity (x^2= 0.0901,df =1,p=.763994),Personal Habits(x^2=0.662,df=1,p=.415853),Source of information (x^2=7.401,df=3, p=0.0601575) thus the assumption is rejected, whereas only with regard to marital status (**x^2=8.5996,df =3, p=0.35116**) and a previous health check up (**x^2 =9.2597, df=3, p=.02603**) is **statistically significant** because the calculated value was greater than the table value.

TABLE OF THE CONTENTS

Chapter	Titles	Page No.
1	Introduction	**01-05**
2	Objectives	**06-08**
3	Review of literature	**09-14**
4	Methodology	**15-20**
5	Data analysis and interpretation	**21-37**
6	Conclusion	**38-42**
7	Bibliography	**43-45**
8	Annexures	**46-97**

LIST OF TABLE

SL. No	TABLES	Page No.
1.	Frequency and Distribution of Socio-demographic variables of the study sample	**23**
2.	Association between Demographic variables with perception regarding healthy living strategies.	**32**
3.	Distribution of samples according to the overall level of perception	**34**

LIST OF FIGURES

Sl. No	FIGURES	Page No
1	Schematic representation of research methodology	19
2	Percentage distribution of elderly according to their age	25
3	Percentage distribution of elderly according to their gender	25
4	Percentage distribution of elderly according to their qualification	26
5	Percentage distribution of elderly according to their marital status	26
6	Percentage distribution of elderly according to their type of family	27
7	Percentage distribution of elderly according to their History of Co-Morbid Condition	27
8	Percentage distribution of elderly according to their Health Check Up Done In Past	28
9	Percentage distribution of elderly according to their Physical activity	28
10	Percentage distribution of elderly according to their personal habits	29
11	Percentage distribution of elderly according to their source of information	29
12	Overall level of perception of study participants	32

LIST OF ANNEXURES

Sl.no	ANNEXURE	Page no.
1.	Ethical clearance from Institution committee	**47**
2.	Permission letter for conducting research study.	**49**
3.	Certificate of statistician	**51**
4.	Letter requesting opinions and suggestions of experts for establishing content validity of research tool	**52**
5.	Content validity certificate	**54**
6.	Tool	**55**
7.	List of validators	**66**
8.	Formula used	**68**
9.	Certificate of kannada editing	**69**
10.	Lesson Plan	**70**
11.	Master sheet	**85**
12.	Certificate of plagiarism	**97**

CHAPTER-I

INTRODUCTION

“Research is creating new knowledge”

-Neil Armstrong.

“A little progress each day adds up to big results”

-SATYA NANI.

Old age is a phase of life cycle characterized by its own developmental issues, many of which are concerned with loss of physical ability, mental acuity, friends, loved ones, status, and power. In the meantime, old age is associated with the accumulation of wisdom and opportunity to pass that one to future generations. One of the tasks that informs Erik Eriksson’s view of healthy old age as a time of integrity and not a time of despire.

According to the National Council on Aging (2014), 92 percent of older persons have at least one chronic disease (such as heart disease or diabetes), and 77 percent have at least two.(1) The ability to control these diseases and adjust to accompanying physical or psychological changes is critical for a thorough grasp of good ageing.(1)

Rowe and Kahn characterised effective ageing as the absence of sickness, normal physical and cognitive functioning, and social participation.

Self-perception of health, psychological and social resources, coping strategies, and the ability to adjust to life's changes are crucial themes in effective ageing. As a result, the health of older persons might be seen as a dichotomy between objective and subjective perceptions.

“International Day for Elderly” (UN) is celebrated every year on **1st October**. It is observed to focus on the importance of senior citizens who are neglected in our society. It emphasizes on our responsibilities towards the elder in order to make their lives happier with dignity and respect. The theme for 2021- **“Digital equity for all ages”** (2)

Present day global statistics document that, 125 million people are aged more than 80 years. By 2050, and there will be around 120 million exclusively in China compare to 434 million people distributed across globally. It is observed that, by 2050, 80% of all older people will be in low- and middle-income countries. [3]

The Healthy Ageing Program is a work programme that helps to implement adding Years to Life and Life to Years: A Health Promotion Strategy for Older People. The Healthy Ageing Program's goals are to improve life expectancy from 60 to 80 years old, people's health from 60 to 80 years old, the lives and autonomy of older people who are already affected by sickness and impairment, and to increase the expectation of a healthy and pleasurable old age.

Healthy living strategies for the elderly generally have three basic aims:

1. Maintaining and increasing functional capacity
2. Maintaining or improving self-care and
3. Stimulating one's social network

The goal of these measures is to help people live longer, more independent, and self-sufficient lives.

The global rectangularization of the life expectancy curve, combined with a significant growth in the proportion of the population reaching old age, compels society to get a better grasp of how to ensure health and quality of life in old age.

NEED FOR STUDY

“Learning is not the product of teaching. Learning is the product of the activity of learners”

-John Holt.

Healthy Aging is the process of improving possibilities for physical, social, and mental health in order to enable older individuals to participate fully in society and enjoy an independent and high quality of life. It is about learning, sharing best practises, and developing strategies and policies to support the individual well-being and personal growth of older people.

In today’s world, the youths are seen forgetting their moral duties towards elders. During old age, people need the utmost love and care. Caring for elderly is not only a responsibility but also a moral duty. As the body ages, it becomes prone to medical conditions. Ageing cannot be prevented, but we can learn how to deal with arising conditions for great health of our loved ones. So, the main motivation for choosing this course is to learn how to care for the elderly and improve their quality of life.

The Healthy Ageing Program is a work programme that helps to implement Adding Years to Life and Life to Years: A Health Promotion Strategy for Older People. The Healthy Ageing Program's goals are to improve life expectancy from 60 to 80 years old, people's health from 60 to 80 years old, the lives and autonomy of older people who are already affected by sickness and impairment, and to increase the expectation of a healthy and pleasurable old age.[5]

The WHO's emphasis on extending life expectancy has resulted in a significant increase in the worldwide elderly population, both in relative and absolute terms. The increasing number of elderly persons will challenge global, national and local resources in the future. The focus on active aging has made it a matter of increasing urgency to identify ways of maintaining elderly persons' health and well-being.

The elderly have long been overlooked as a target audience for health promotion programmes. The need to promote health among the elderly was first recognised in the 1990s. After 2001, when WHO experts uniformly declared the necessity of a healthy lifestyle at all stages of life, health promotion programmes aimed at the elderly began to increase in number. Exercising, quitting smoking and limiting alcohol consumption, participating in learning activities, and integrating into the community have all been shown to help prevent the development of many diseases and the loss of functional capacity, thus improving quality of life and increasing life expectancy.

Based on the gaps identified, the elderly population is likely to increase in the future with a definite shift in disease pattern, ie. from communicable to non-communicable, and it is high time that the health care system gears a definite need to emphasise the fact that disease and disability are not part of old age and that help must be sought to address the health problems. The concept of healthy ageing through healthy living techniques, which covers preventive, promotive, curative, and rehabilitative elements of health, should be promoted among the aged. As a result, the investigators were compelled to perform a research study to promote healthy living practises among the elderly.[6]

CHAPTER-II

OBJECTIVES

TITLE OF THE TOPIC

"A STUDY TO ASSESS THE PERCEPTION REGARDING HEALTHY LIVING STRATEGIES AMONG ELDERLY IN A SELECTED HOSPITAL, KOLAR WITH A VIEW TO CONDUCT GROUP HEALTH EDUCATION."

OBJECTIVES

- To assess the perception regarding healthy living strategies among elderly by using perception questionnaire.
- To find out the association between perception scores regarding healthy living strategies with selected demographic variables.

RESEARCH HYPOTHESIS

The following hypotheses will be tested at 0.05 level of significance.

H_1: There will be a significant association between perception scores regarding healthy living strategies and selected demographic variables.

Assumption:

Elderly perception score regarding healthy living strategies may increase, which lead to successful aging.

Delimitation:

The study was limited to:

- The study is limited to senior citizens aged above 60 years.
- Perception questionnaire restricts the response of subjects.

Operational definitions:

Perception

Perception in this study refers to the elderly's views and attitudes toward healthy living practises, which will be examined using a perception questionnaire.

Healthy living strategies: enabling oneself to take control over their health and its determinants, and their health which is assessed by Lifestyle and behaviour modifications. [32]

In this study **Healthy living strategies** refers to the improvements in multidimensional perspective with physical, psychological, social and spiritual wellbeing among elderly which will best assessed through perception scores.

Elderly: It refers to ages nearly/ surpassing the life expecting of human beings.

In this study it refers to elderly group falls between the age group 60-80 years for health services at RLJH & RC.

Group health education: In this study, health education regarding healthy living techniques was provided to senior people aged 60 to 80 at RLJH and RC.

CHAPTER-III

REVIEW OF LITERATURE

“Our review of the literature says this appears to be bigger than in the past”.

-Bob Dietz.

The Review of literature are classified under two headings

Studies related to perception on Health living strategies among elderly

A qualitative study to investigate older individuals' opinions on healthy living and their interactions with health providers. In the Netherlands, 18 semi-structured interviews were conducted with elderly persons (aged 55-98). The transcripts were analysed using the framework analysis method. The data revealed three themes: (a) healthy living: daily routines and remaining active, (b) enacting healthy living: embracing and adapting, and (c) healthy living contact with health professionals: autonomy and reciprocity. According to the report, older folks like to live active and independent lives and enjoy healthy living holistically. When speaking about healthy living, health practitioners should focus on developing an equitable trust relationship and on positive health outcomes such as autonomy and self-sufficiency.[7]

A qualitative study on Understanding of health and preventive experiences for a tailored approach conducted among the Elderly in German. Four focus groups (N = 42 participants) and 12 personal interviews (women and men in two age groups: 65-75 years and 76 years) were held. Participants were drawn from a stratified random sample of 200 people from two districts of a major German metropolis using routine data from a local health insurance fund. The study centred on the participants' understanding of health and disease prevention. Focus group videos were recorded and analysed utilising mind mapping techniques. The interviews were digitally recorded, verbatim transcribed, and submitted to qualitative content analysis. There was a gender-specific approach profile found. Men preferred competitive and exercise-oriented activities more than women, and they related healthy ageing with mobility and physical activity. Women, on the other hand, had a broader notion of

healthy ageing, which encompassed not only physical activity but also a balanced diet, relaxation/wellness, memory training, and independent living; they favoured holistic and socially oriented services over performance-based ones.[8]

A study was carried out to analyse the health and social concerns of the elderly in a Gujarati urban region. A total of 311 elderly persons 60 years old and above were interviewed using a pre-tested schedule. Around 66% of the patients belonged to the age group of 60-69 years old. Nearly 13% of the respondents were illiterate. Around 56% of people said they were unhappy in life. Approximately 44% of respondents stated that they were not loved by family members. The study's findings revealed a need for geriatric counselling clinics that can address their physical and psychological requirements.[9]

A qualitative study conducted on elderly patient's perceptions of care in the emergency department. Patient's perception and satisfaction are areas of growing concern in health care research, but little has been reported from the perceptive of elderly persons. The goal of this study was to describe older patients' perceptions of care using a descriptive study approach. Twelve elderly people were interviewed following a treatment episode in one of three emergency department in the western united states and data were submitted to content analysis according to qualitative interpretive methodology. The finding support some aspects of existing literature and offer additional information regarding care of elderly person in the emergency department.[10]

A qualitative study on Understanding of health and preventive experiences for a tailored approach conducted among the Elderly in German. Four focus groups (N = 42 participants) and 12 personal interviews (women and men in two age groups: 65-75 years and 76 years) were held. Participants were drawn from a stratified random sample of 200 people from two districts of a major German metropolis using routine data from a local health insurance fund. The study centred on the participants' understanding of health and disease prevention. Focus group videos were recorded and analysed utilising mind mapping techniques. The interviews were digitally recorded, verbatim transcribed, and submitted to qualitative content analysis. There was a gender-specific approach profile found. Thus, the study recommends that in order to inspire older persons to participate in preventative care, gender-specific needs must be considered.[11]

A -study was conducted to examine the Impact of Quality of Life on the Health of Older People from a Multidimensional Perspective, with a sample size of 500 people drawn at random from the province of Granada's major day centres for the elderly (Spain). For the inferential analysis, the CUBRECAVI questionnaire, a multidimensional scale of health and quality of life, as well as the Katz and Garca measure questionnaires, are used to assess quality of life, with the findings from the meta-analysis and validation tests indicating that participants have a positive perception of their quality of life, taking into account health, leisure, environmental quality, functional capacity, level of satisfaction, social support, social networks, and other factors. As a result, the study indicated that multidimensional evaluation is an excellent technique for assessing the elderly's quality of life as well as their objective and subjective health.

A scoping review was carried out to determine the classification of health promotion and disease prevention strategies aimed at the elderly. The search strategy included the reviews published from January 2000 to April 2015 based on the identification of interventions reported as health promotion, primary disease prevention, screening or social support. Out of 334 systematic reviews addressed -182 of them assessed interventions belonging to health promotion, 219 to primary prevention, 34 to screening and 35 to social support. The study reveals that, More emphasis is required on area of health promotion include Health education, Behavior modification, Health communication. [13]

The scoping review approach is used to examine the distribution and trends in health promotion research, as well as the use and contribution of eHealth technology in geriatric health promotion. The study includes six search databases: PubMed, CINAHL, the Cochrane Library, EMBASE, Pub Psych, and ERIC (EBSCOhost), and studies published from January 2015 to October 2019, written in English, were included and analyzed. The study's findings show that the amount of literature on boosting health for the elderly has grown, and that certain sorts of interventions are still preferred in current health promotion initiatives for older persons. The most commonly used methods were found to be health promotion (n = 322), followed by screening (n = 264), primary prevention (n = 114), and finally social support (n = 72). Beyond the above interventions, Health technology is also used in health promotion activities to prevent the elderly from falling and to improve home safety. The study emphasized that more rigorous research is needed in different areas, especially in older populations, various professions, women, and people with dementia.[14]

Using explicit systematic literature review technique, a systematic literature review on Health literacy programmes for older individuals in increasing the health and well-being of older adults was undertaken. Using the Rychetnik et al. guiding questions and the Population Intervention Comparison Outcome framework, a systematic online search of current publications on programmes focusing on health literacy in the older adult population was conducted. The search found nine papers, four of which described functional (n = 4) and five of which described interactive (n = 5) health literacy programmes. Overall, the selected papers revealed favourable benefits in supporting older individuals' health literacy skills. According to the study's findings, more high-quality studies with clear and solid research methodologies are required to develop and assess evidence-based interactive health literacy programmes aimed specifically at older persons.[15]

A focus group study was used to undertake a qualitative research design on the perspectives of older adults on ageing well. Seven focus groups with a total of 56 participants were held (aged 63–81 years). Braun and Clarke's qualitative interpretative thematic technique was used to evaluate the data. The findings were broken down into three basic themes: "feeling of well-being," "having good physical health," and "maintaining good mental health." Participants thought that positive qualities such as joy, independence, having a life purpose, self-possessed satisfaction, and financial security, in addition to being socially involved and experiencing good bodily and mental health, influence ageing well. The study's findings helps to have a better understanding of older individuals' viewpoints on ageing successfully. Physical activity, participation in social and leisure activities, healthy eating habits, a sense of purpose in life, and intellectual engagement are all aspects that contribute to ageing well.[16]

CHAPTER IV

RESEARCH METHODOLOGY

“It is important to get results from experiments but the most important is the process in getting that result.”

- **Dr. Nik Ahmad Nizam.**

“Research can be undertaken in any kind of environment, as long as you have the interest. I believe that true education means fostering the ability to be interested in something.”

- Sumio Lijima

Research methodology is the background for directing the study. This chapter contracts through explanation of the methods, research approaches, design, area of the study, population, sample and sampling techniques, sample Size, Standards for sample selection, data collection instruments, development of tool.

RESEARCH APPROACH

Research approach is the whole design including assumption, the process of inquiry, the type of data collected and the measuring of finding.

The research approach used in the study was Quantitative survey approach.

RESEARCH DESIGN

Researchers referred to do research strategy complete idea for gaining answer towards examination questions (or) for research test hypothesis.

The research design, adopted for this study was remained Descriptive survey design.

VARIABLES:

- **Research variables:** perception regarding healthy living strategies
- **Baseline variables:** Age, Gender, Qualification, marital status, type of family, history of co- morbid condition, health check up done in past, physical activity, personal habits, source of information.

SETTING:

The term setting refers to specific place where data collection occurs.

This investigation was conducted at R.L. Jalappa Hospital &Research Centre in Tamaka, Kolar.

POPULATION: The term population means in which the target population represent the entire group or all the elements like individuals or objective that need certain criteria for inclusion of the study.

The population for this study was R.L. Jalappa Hospital &Research Centre, Tamaka, Kolar.

SAMPLE: Elderly people age group of 60-80 years

SAMPLE SIZE: The sample size consists of 100.

SAMPLING TECHNIQUE: Convenience sampling technique

SAMPLING CRITERIA:

- **INCLUSION CRITERIA:**
    - Included the elderly who were seeking health services.
    - Belonging to elderly age group of 60-75 years.
    - Abled to speak and understand Kannada or English.
- **EXCLUSION CRITERIA:**
    - who are having physical disability and terminally ill.
    - Who are not willing to participate in the study.

DATA COLLECTION TOOL:

The adopted tool consisted of the following sections.

- **SECTION A:** Proforma on sociodemographic variables
- **SECTION B:** Assessment of perception regarding healthy living strategies among elderly by perception questionnaire.

METHOD OF DATA COLLECTION:

Written permission was obtained by concerned authorities and Participants.

The data was gathered in the following stages:

STEP 1: Ethical clearance was obtained from research and ethical committee of institution.

STEP 2: Written permission was obtained from the Medical super indent of hospital.

STEP 3: Data was gathered by the researcher based on inclusion and exclusion criteria.

STEP 4: Formal permission from Participants was obtained prior to the data collection.

STEP 5: Perception regarding healthy living strategies was obtained by perception questionnaire i.e., five-point Likert scale.

SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

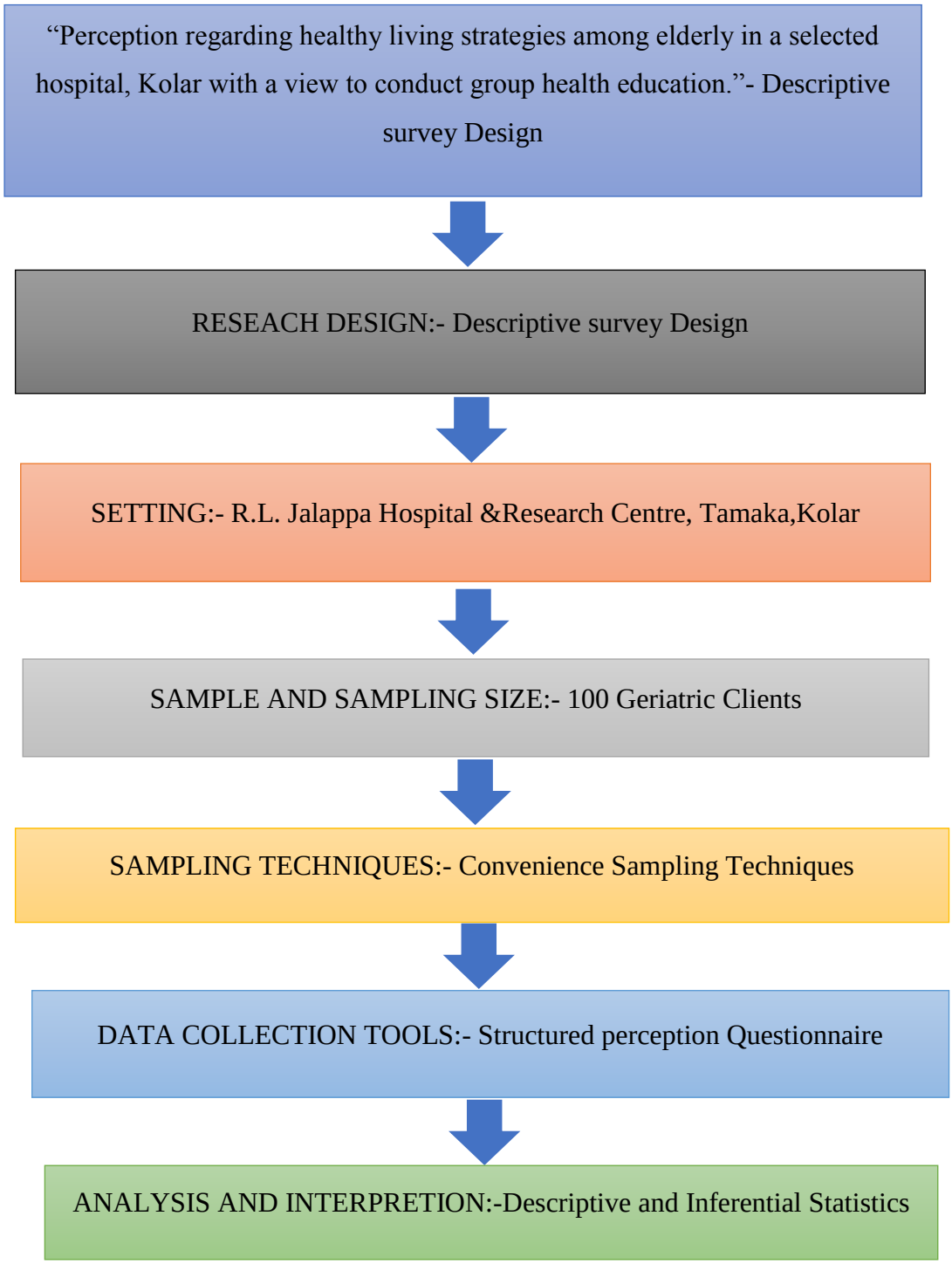

Fig. 1 SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

PLAN FOR DATA ANALYSIS:

The data gained was analyzed by Using descriptive and inferential statistics in completing the objectives of the study.

ETHICAL CLEARANCE:

Ethical clearance was granted from the institution ethical committee, Sri Devaraj Urs College of Nursing and to conduct the study permission got from medical superintendent, RL Jalappa Hospital and RC. Information was taken from study participants before collecting the data.

SUMMARY:

This chapter of methodology has dealt on research approach, research design, settings, population, sample size and sampling technique, description of the tool, data collection, plan for data analysis and ethical aspects with regard to organizing research.

CHAPTER - V

DATA ANALYSIS AND INTERPRETATION

“If you don’t know how to ask the right question, you discover nothing”

- W. Edward Deming.

“Research is what I am doing when I don’t know what I am doing”

- David Ogily

This part deals with the data enquiry and interpretation of the study findings. Data analysis is process of inspecting, cleaning, transforming, and modeling data with the goal of discovering useful information, suggesting conclusion and supporting decision making.

Based on the aims of the study of findings are organized as Follows:

- **SECTION A:** Proforma on socio demographic variables
- **SECTION B:** Assessment of perception regarding healthy living strategies among elderly by perception questionnaire.

TABLE -1: Frequency and distribution of Sociodemographic variables of the study

n=100

SI. No.	Demographic characteristics	Frequency	Percentage (%)
1.	**Age**		
	1) 60-65 Years	16	16%
	2) 66-70 Years	**59**	**59%**
	3) 71-75 Years	18	18%
	4) 76-80 Years	7	7%
2.	**Gender**		
	1. Male	**51**	**51%**
	2. Female	49	49%
3.	**Qualification**		
	A) Postgraduate	2	2%
	B) Graduate	6	6%
	C) PUC\ Diploma	21	21%
	D) High School	21	21%
	E) Primary	21	21%
	F) No Formal Education	**29**	**29%**
4.	**Marital Status**		
	A) Married	**46**	**46%**
	B) Unmarried	13	13%
	C) Divorce	8	8%
	D) Widowed	33	33%
5.	**Type Of Family**		
	A) Nuclear Family	**55**	**55%**
	B) Joint Family	30	30%
	C) Extended Family	10	10%
	D) Any Other Specify	5	5%

6.	**History Of Co-Morbid Condition**		
	A) With Co-Morbid Condition	**78**	**78%**
	B) Without Co-Morbid Condition	22	22%
7.	**Health Check Up Done In Past**		
	A) 6 Months	17	17%
	B) 1 Year	27	27%
	C) 2 Year	**28**	**28%**
	D) 5 Year	**28**	**28%**
8.	**Physical Activity**		
	A) Yes	**80**	**80%**
	B) No	20	20%
9.	**Personal Habits**		
	1.Bad habits	**69**	**69%**
	2.No bad habits	31	31%
10.	**Source Of Information**		
	Health Professionals	2	2%
	Family /Friends/ Neighbours	**83**	**83%**
	Mass Media	11	11%
	Any Other	4	2%

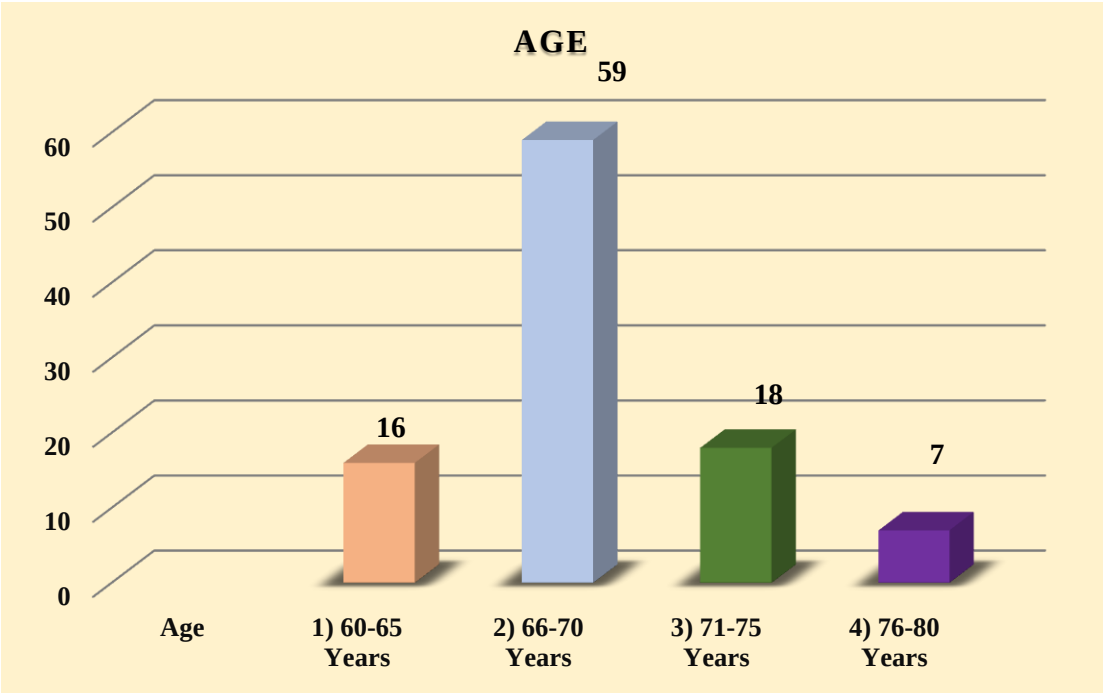

FIG 2: Percentage distribution of elderly according to their age

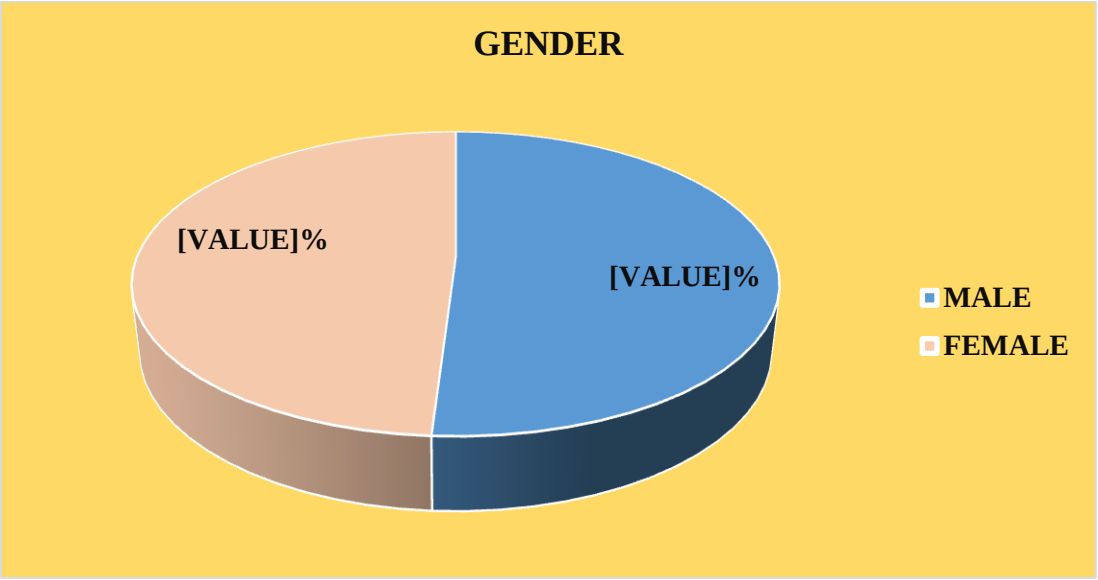

FIG 3: Percentage distribution of elderly according to their gender

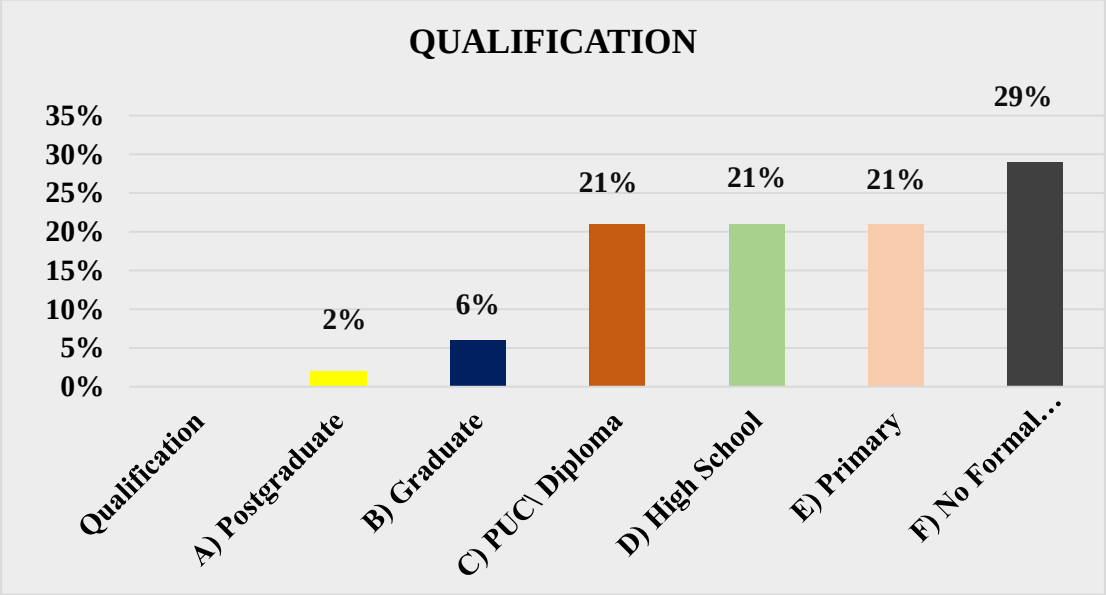

FIG 4: Percentage distribution of elderly according to their qualification

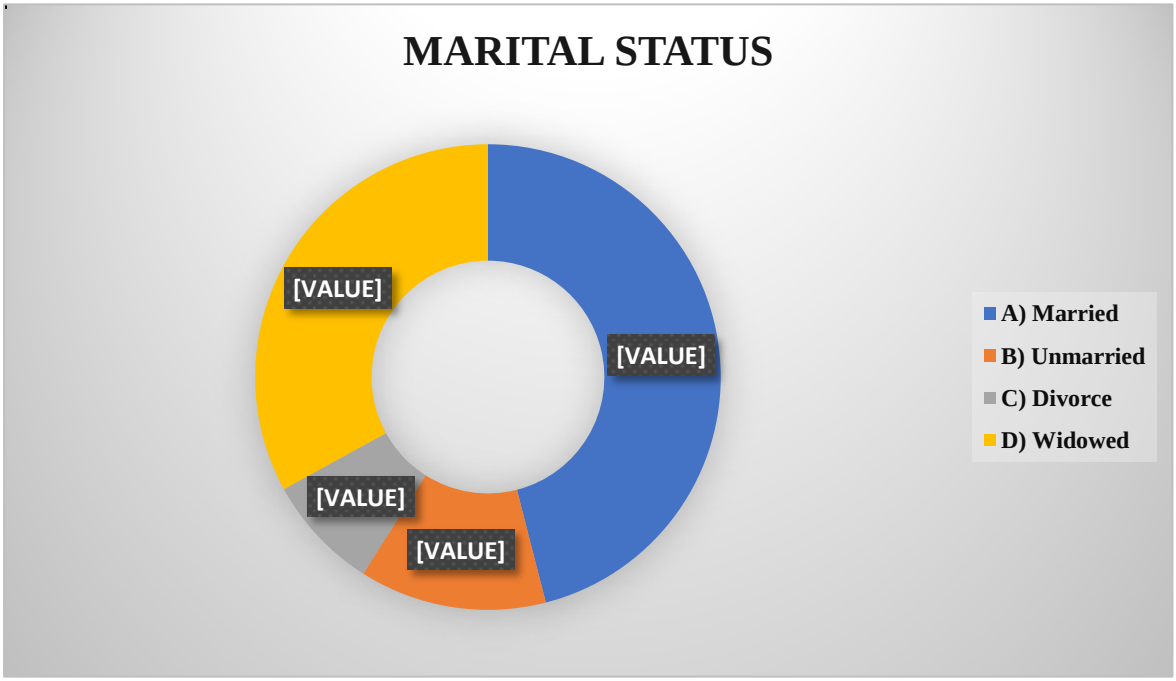

FIG 5: Percentage distribution of elderly according to their marital status

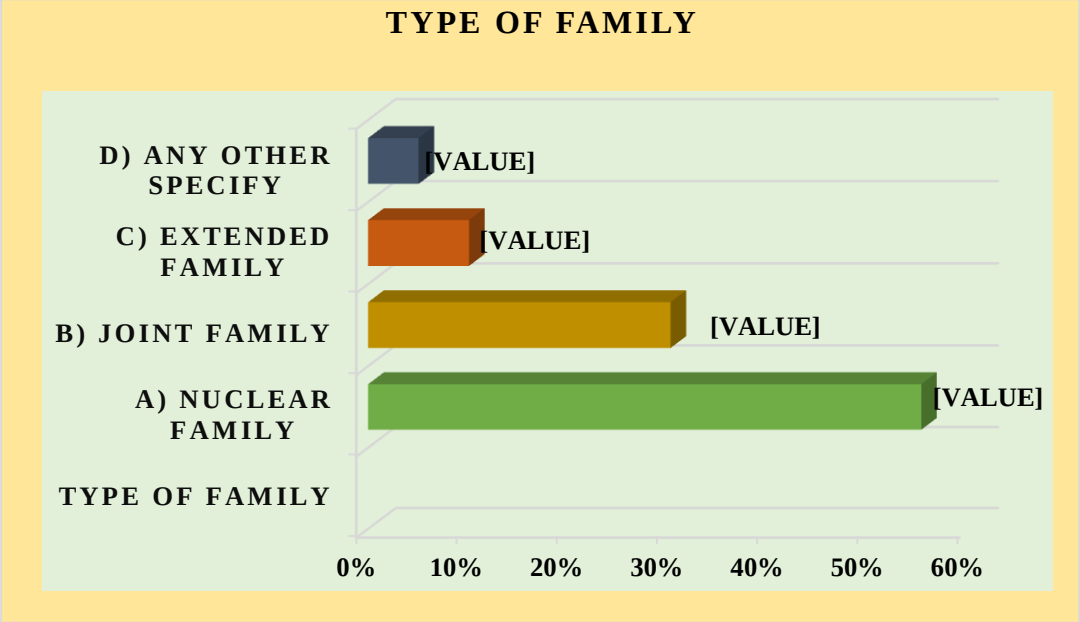

FIG 6: Percentage distribution of elderly according to their type of family

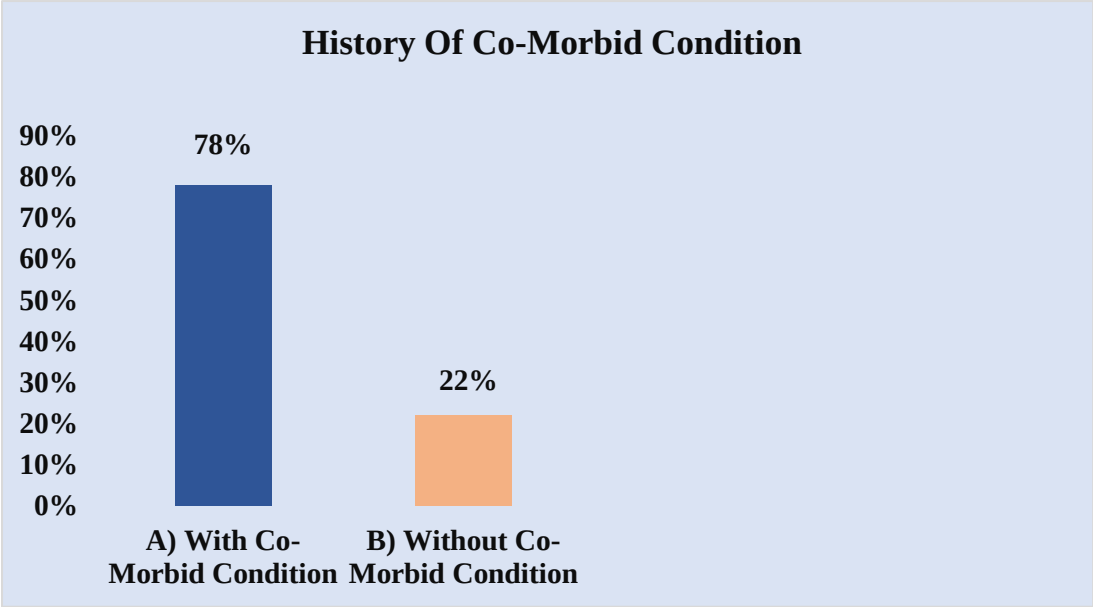

FIG 7: Percentage distribution of elderly according to their History of Co-Morbid Condition

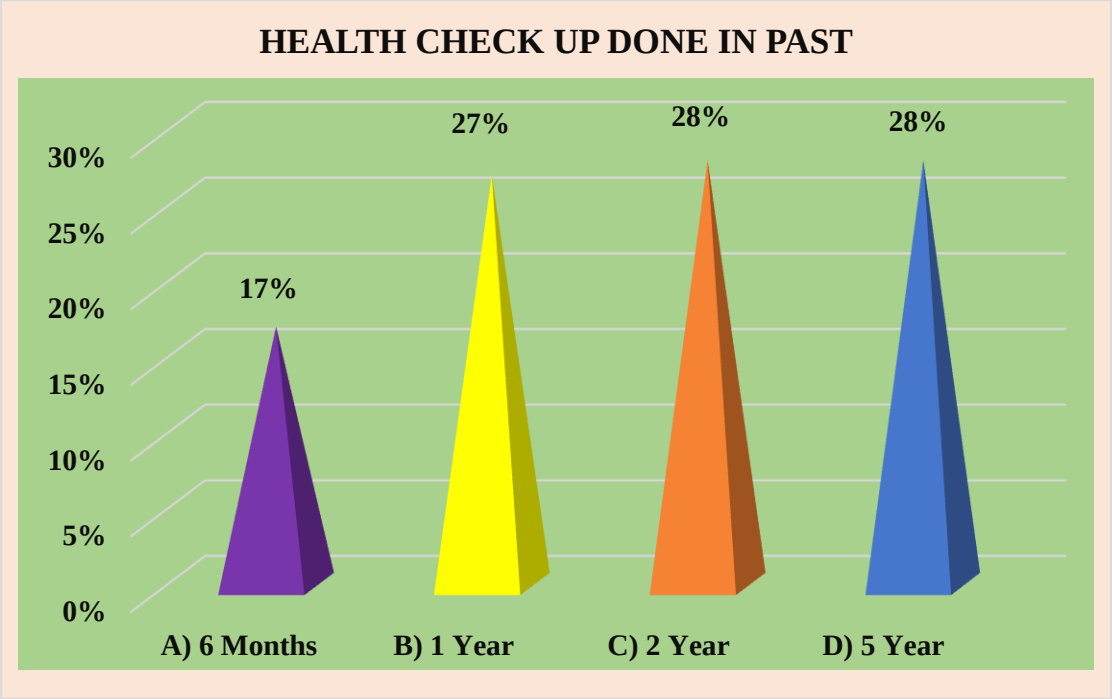

FIG 8: Percentage distribution of elderly according to their Health Check Up Done In Past

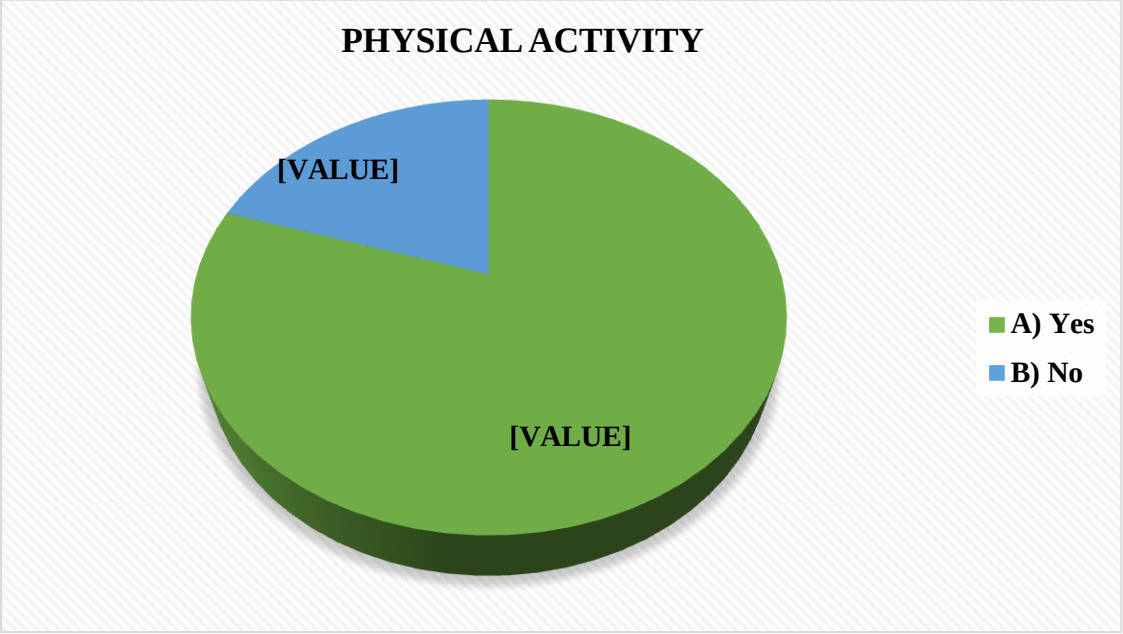

FIG 9: Percentage distribution of elderly according to their Physical activity

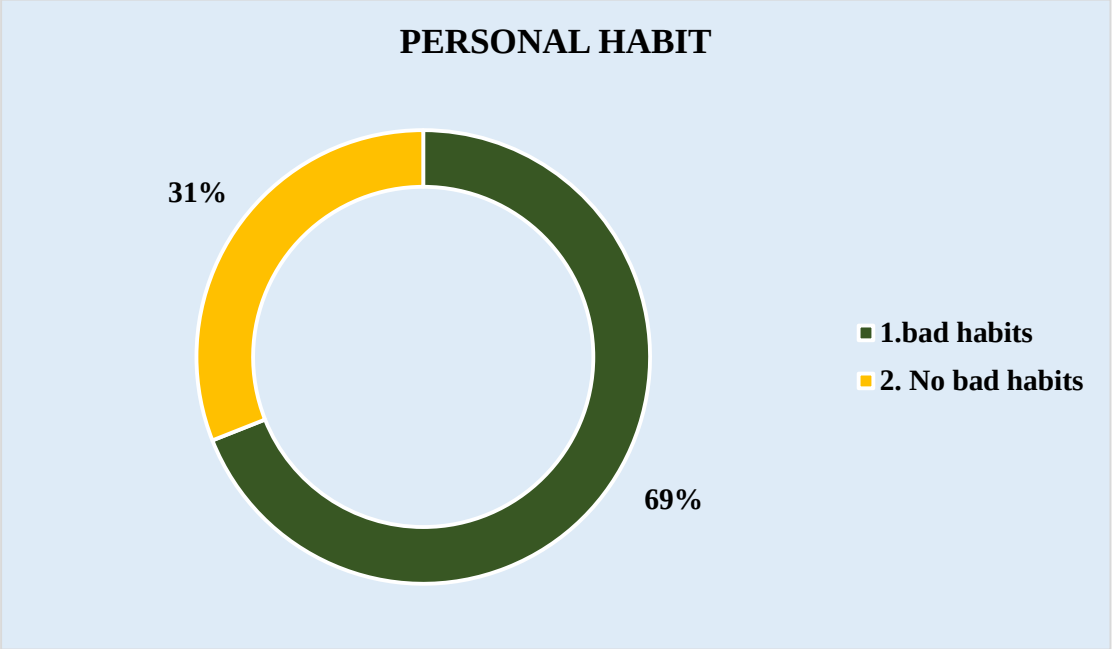

FIG 10: Percentage distribution of elderly according to their personal habits

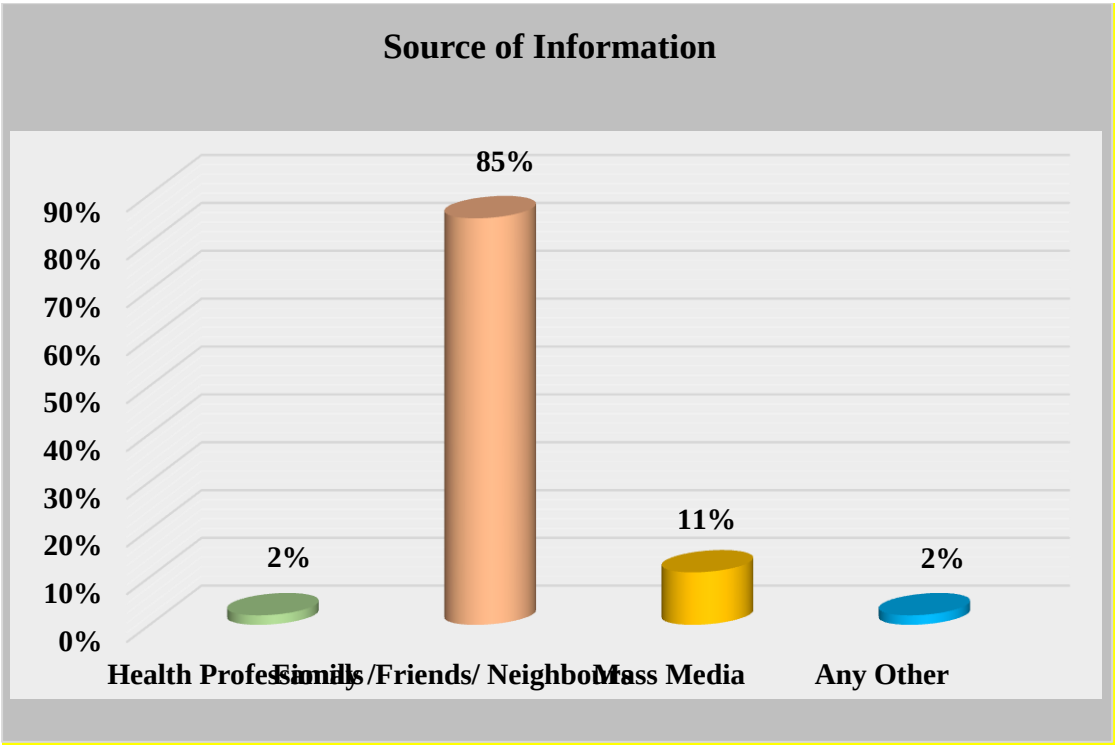

FIG 11: Percentage distribution of elderly according to their source of information

1. Age

Majority 59% of participants were between the age group of 66-70 years, 18% of participants were between the age group of 71-75 years, 16% participants were between the age group of 60-65 years, and 7% participants were between the age group of 76-80 years.

2. Gender

Most of the participant that is 51% were males and 49% were females.

3. Qualification

Out of 100 participants, 2% were postgraduate, 6% were graduate, 21% were PUC\ diploma, 21% were high school, 21% were primary, 29 % were no formal education.

4. Marital Status

About 46% participants are married, 13% participants are unmarried, 8% are participants divorce, 33% participants are widowed.

5. Type of Family

Most of the participants, that is 55% are from nuclear family, 30% are from joint family, 10% are from extended family and 5% are any other specify.

6. History of Co-Morbid Condition

About 78% participants are having co-morbid condition and 22% participants are not having co-morbid condition.

7. Health Check Up Done in Past

Out of 100% participants 17% are going 6 months once in a year for health check up, 27% are going once in a year for health check-up, and 28% are going once in 2 years for health check-up and 28% are going once in 5 years for health check-up.

8. Physical Activity

Majority of 80% participants do physical activity and 20% participants will not do physical activity.

9. Personal Habits

About 69% participants have bad habits and 31% participants have no bad habits

10. Source of Information

At about 2% of observers, get information from health professionals, 85% of information gets from Family /Friends/ Neighbours, 11% of information gets from Mass Media, 2% of information gets from other source.

TABLE -2 =Distribution of samples according to overall level of perception.

Perception	Frequency (f)	Percentage (%)
Good	72	72%
Moderate	26	26%
Poor	2	2%
Total	100	100%

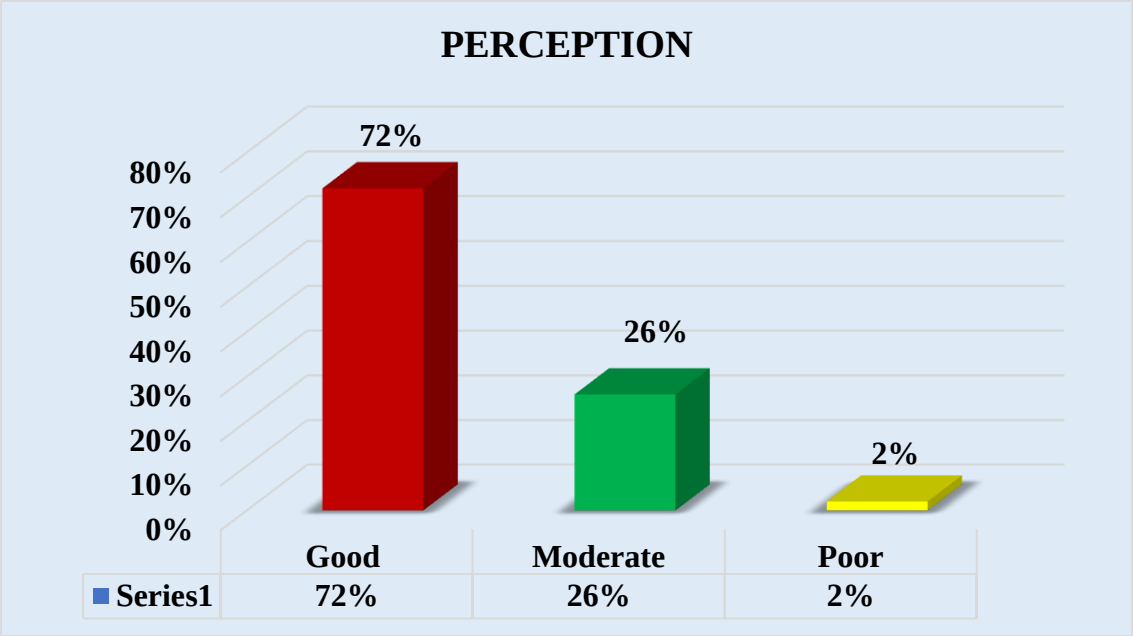

FIG 12: Overall level of perception of study participants

This section deals by the data investigation and explanation of the study findings. As per the objective of the study, regarding the information of healthy living strategies among elderly were considered and the result revealed that, **72%** of the

study participants have good perception, **26%** of the study participants have moderate perception and **2%** of the study participants have poor perception.

The association between socio demographic variables and perception related to healthy living strategies were assessed and the findings found a substantial relationship between the marital status and health check-up done in past regarding healthy living strategies and there is no statistically significant link between age, gender, qualification, type of family, history of co- morbid condition, physical activity, personal habits, sources of information.

Table 3. Association between Demographic variables with perception regarding healthy living strategies.

SI. No	Demographic Variables	Perception level		X^2 calculated value	df	P value	Inference
		Below or equal to Median (≤120)	Above Median (>120)				
1.	**Age**						
	1) 60-65 Years	7	9	7.6142	3	.054697	NS
	2) 66-70 Years	37	22				
	3) 71-75 Years	5	13				
	4) 76-80 Years	3	4				
2.	**Gender**						
	1. Male	25	26	0.3704	1	.542784	NS
	2. Female	27	22				
3.	**Qualification**						
	A) Postgraduate	1	1	6.188	5	0.28835	NS
	B) Graduate	1	5			32	
	C) PUC\ Diploma	8	13				
	D) High School	13	8				
	E) Primary	12	9				
	F) No Formal Education	17	12				
4.	**Marital Status**						
	A) Married	31	15	8.5996	3	.035116	*SS
	B) Unmarried	4	9				
	C) Divorce	3	5				

	D) Widowed	14	19				
5.	**Type Of Family**						
	A) Nuclear Family	31	24	1.2688	3	.736552	NS
	B) Joint Family	16	14				
	C) Extended Family	4	6				
	D) Any Other Specify	2	3				
6.	**History Of Co-Morbid Condition**						
	A) With Co-Morbid Condition	42	36	0.4841	1	.486557	NS
	B) Without Co-Morbid Condition	10	12				
7.	**Health Check Up Done In Past**						
	A) 6 Months	4	13	9.2597	3	.02603	*SS
	B) 1 Year	16	11				
	C) 2 Year	13	15				
	D) 5 Year	19	9				
8.	**Physical Activity**						
	A) Yes	41	39	0.0901	1	.763994	NS
	B) No	11	9				
9.	**Personal Habits**						
	1.bad habits	34	35	0.662	1	.415853	NS
	2. No bad habits	18	13				
10.	**Source Of Information**						
	Health Professionals	0	2	7.401	3	0.06015	NS
	Family	47	36			75	

	/Friends/Neighbours Mass Media	5 0	6 4				

NOTE: P<0.05, *SS-Statically significant, NS-Non significant, Table value Df- 1(3.84), Df – 3(7.82), Df – 5(11.07).

Age: At the 5% level of significance, the calculated x2value (7.6142) is smaller than the table value (7.82). As a result, there is no significant relationship between participants' ages and their opinion of healthy living practises.

Gender: The obtained x2 value (0.3704) which is less that the table value (3.84) at 5% level of significant. As a result, there is no significant relationship between participant qualification and perception of healthy living practices.

Qualification: The obtained x2 value (6.188) which is less that the table value (11.07) at 5% level of significant. As a result, there is no significant relationship between participant qualification and perception of healthy living practices.

Marital status: The obtained x2 value (8.5996) which is more that the table value (7.82) at 5% level of significant. As a result, there is a substantial relationship between participants marital status and their opinion of healthy living practices.

Type of family: The obtained x2 value (1.2688) which is less that the table value (7.82) at 5% level of significant. As a result, there is no significant relationship between the type of family of participants and their assessment of healthy living practices.

History of co-morbid: The obtained x2 value (0.4841) which is less that the table value (3.84) at 5% level of significant. As a result, there is no significant relationship

between participants' co-morbid history and their perception of healthy living techniques.

Health checkup done in past: The obtained x2 value (9.2597) which is more that the table value (7.82) at 5% level of significant. As a result, there is a substantial relationship between participants' previous health checkups and their impression of healthy living strategies.

Physical activity: The obtained x2 value (0.0901) which is less that the table value (3.84) at 5% level of significant. As a result, there is no significant relationship between participants' physical activity and their opinion of healthy living practices.

Personal habits: The obtained x2 value (0.662) which is less that the table value (3.84) at 5% level of significant. As a result, there is no significant relationship between participants' personal habits and their opinion of healthy living practices.

Source of information: The obtained x2 value (7.401) which is less that the table value (7.82) at 5% level of significant. As a result, there is no significant relationship between participants' information sources and their opinion of healthy living techniques.

CHAPTER – VI

CONCLUSION

Research is to see what everybody else has seen, and to think what nobody else has thought.

-(Albert Szent- Gyorgyi)

“Enough research will tend to support your conclusions.”

- Arthur Bloch

This chapter presents the summary, conclusions and its implication recommendation. A present education was directed to measure the perception on regarding healthy living strategies among, elderly in a selected hospital Kolar with a view to conduct group health education. A descriptive study design was approved to assess the perception concerning healthy living strategies among, elderly in a selected hospital Kolar

The study was showed at selected hospital, Kolar. The section size of study was 100 elderly of selected hospital Kolar. The study's section size was 100 seniors from a designated hospital in Kolar. The convenience sampling technique was used to choose the study sample. The facts were composed from samples by using a structured Perception Qestionnaire.

Created on the objectives of the study conclusion are presented under following points.

1. As per the first objective of the study, perception regarding healthy living strategies among elderly in a selected hospital, Kolar was separated into three parts category i.e., Good perception was 72%, Moderate perception was 26% and Bad perception 2%.
2. As per the second objective of the study findings, perception and designated demographic variables was done and result revealed that, there is a statistical significance association found for variables such as marital status (x^2=8.5996,df =3, p=0.35116) and Health checkup done in past (x^2=9.2597,df=3,p=.02603) and found no statistical significance difference for remaining variables as follows

Age(x^2=7.6142,df=3,p=.054697),Gender(x^2=0.3704,df=1,p=.542784),Qualification(x^2=6.188,df=5,p=0.2883532) Type of the family (x^2 =1.2688,df =3,p=.736552),History of Co-Morbid Condition (x^2=0.4841df =1,p= .486557) Physical Activity (x^2= 0.0901,df =1,p=.763994),Personal Habits(x^2=0.662,df=1,p=.415853),Source of information (x^2=7.401, df=3, p=0.0601575).

NURSING IMPLICATIONS

- The consequences of the study can be used in the following areas of nursing profession.

NURSING PRACTICES

- Nursing professionals working in the hospital as well as in the community set up should educate the elderly about healthy living strategies.
- Nursing professional play a key role in enhancing the perception regarding healthy living strategies among elderly.

NURSING EDUCATION

1. Education is the base of knowledge. As a nurse educator they are abundant opportunities to educate the elderly about healthy living strategies.
2. The student nurses from college of nursing should be encouraged to conduct health education, role play etc.

NURSING ADMINISTRATION

- It strives to structure nursing work in a way that supports nurse's being present for patients and families.
- Providing information about ageing related problems and importance's of healthy living strategies.

NURSING RESEARCH

1) Nursing research is urgently needed to improve the health of nurses. If not only helps the nurses in improving their knowledge but also refine quality of care provided to society.
2) This study assists nurse researchers in carrying out investigations on the enhancement of health, perception, and knowledge of the elderly.

RECOMMENDATIONSS OF THE STUDY

1. A Similar Study can be replicated on a large sample in different types of setting.
2. A similar study can be conducted using teaching method.
3. A similar study can be conducted with control group.

LIMITATIONS

1. The sample size was limited up to 100.
2. The study limited to only considering the perception about healthy living strategies for elderly.

SUMMARY

1. This chapter deals with overall study analysis, implications, limitations, and recommendation to improve the perception of healthy living strategies.

2. Based on the findings revealed and proceeding the study the above recommendation was communicated to progress the perception regarding healthy living strategies in elderly.

CHAPTER VII

BIBLIOGRAPHY

Each source that I read, I would look through the biblioghaphy and the foot notes,and use that as a map for the next thing I would read.

- Alexander chee

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ANNEXURES

ANNEXURE-I

Ethical clearance Certificate

SRI DEVARAJ URS COLLEGE OF NURSING TAMAKA, KOLAR – 563 103.	Format No.	IEC 01
	Issue No.	02
INSTITUTIONAL ETHICS COMMITTEE	Rev No.	01
	Date	01-09-18

Meeting No- 07 Ref. No. SDUCON/IEC/72/2021-22

This is to certify that the institutional Ethics Committee of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has examined and unanimously approved the following research projects

Sl. No.	Name of Topic	Guide	Investigator	Remarks
1	"A Study To Assess The Impact Of Electronic Gadgets On The Lifestyle Factors Among School Going Children During Covid Pandemic"	DR.Lavanya Subhashini	Abhishek d.c Aien bobby Aiswarya saji Akhila sajumon Aksa e biju Sandra surendran Tigy t thomas Vaswathi gope Vijayalakshmi c.n Kavya	Accepted
2	"A study to assess the perception regarding healthy living strategies among elderly in a selected hospital, Kolar with a view to conduct group health education."	Mrs. Vani.R	Ajay kumar Alka mathew Alphymol Anittamol Sreevidhya Sujitha nair Suhasini Sumi. S, Sweety varghese Lavanya	Accepted

11	A study to assess the attitude on nursing profession and its practice among newly enrolled students at selected college, Kolar	Prof. Mary Minerva	Athira s Mareena joseph Preethi Maria varghese Meghana L Merlin elizabeth Nanditha c Naveenkumar k s Sreelakshmi	Accepted

Sl. No.	Name	Signature
1	Dr.V.Lakshmaiah	Absent
2	Dr. Mohan	Absent
3	Dr.Bhuvana	present
4	Mr.Sridhar	Absent
5	Mr.Suresh	present
6	Swamy Acharyananda Avadutha	present
7	Mrs.Lakshmi	Absent

Member Secretary
MEMBER SECRETARY
... COMMITTEE
... COLLEGE OF NURSING
TAMAKA KOLAR - 563103.

Chairperson
CHAIR PERSON
IEC (Human studies)

ANNEXURE-II

Letter Requesting permission to conduct research study

FROM,

Research students,
IIIrd year BSc (N)
Sri Devaraj Urs College of nursing,
Tamaka, Kolar – 563103.

TO,

The Medical Superintendent,
R.L. Jalappa Hospital & Research Center
Tamaka, Kolar – 563103.

Forwarded through:

The principal
Sri Devaraj Urs College of Nursing
Tamaka, Kolar – 563103

Respected madam,

Sub: Requesting permission to conduct research study in RL Jalappa Hospital & Research Center Tamaka, Kolar.

We, the undersigned IIIrd year BSc. (N) students of Sri Devaraj Urs College of Nursing Tamaka, Kolar has selected the below mentioned topic for our research project as a partial fulfilment for Bachelors of Nursing.

Title of the topic:

"A study to assess the perception regarding healthy living strategies among elderly in a selected hospital, Kolar with a view to conduct group health education."

With regard to above, we request you to grant permission to collect data from geriatric patients of hospital. Further we assure you that we will collect the data from the patient without disturbing the hospital rules and regulations and the information collected from the patients will be kept confidential.

Hence, we request your good self to kindly consider for needful approval.

Thanking you,

Your sincerely,

Enclosures:

1. Objectives & Study
2. Tools
   (a). Sociodemographic proforma
   (b). Perception questionnaire on healthy Living strategies among elderly.

Mr. AJAY KUMAR

Ms. ALKA MATHEW

Ms. ALPHYMOL V S

Ms. ANITTAMOL FRANCIS

Ms. SREEVIDHYA V S

Ms. SUJITHA R NAIR

Ms. SUHASINI

Ms. SUMI S

Ms. SWEETY VARGHESE

Mrs. LAVANYA

Date:
Place: Tamaka, Kolar

FROM,

Research students,
III year BSc (N),
Sri Devaraj Urs College of nursing,
Tamaka, Kolar – 563103

TO,

The Medical Superintendent,
R.L. Jalappa Hospital & Research Center
Tamaka, Kolar – 563103

Forwarded through:

The Principal
Sri Devaraj Urs College of Nursing
Tamaka, Kolar – 563103

Respected madam,

Sub: Requesting permission to conduct research study in RL Jalappa Hospital & Research Center Tamaka, Kolar.

We, the undersigned IIIrd year BSc. (N) students of Sri Devaraj Urs College of Nursing Tamaka, Kolar has selected the below mentioned topic for our research project as a partial fulfillment for Bachelors of Nursing.

Title of the topic:

"A study to assess the perception regarding healthy living strategies among elderly in a selected hospital, Kolar with a view to conduct group health education."

With regard to above, we request you to grant permission to collect data from geriatric patients of hospital. Further we assure you that we will collect the data from the patient without disturbing the hospital rules and regulations and the information collected from the patients will be kept confidential.

Hence, we request your goodself to kindly consider for needful approval.

Thanking you,

Your's sincerely,

Mr. Ajay Kumar
Miss. Alka Mathew
Miss. Alphymol
Miss. Anittamol Francis
Miss. Sreevidhya
Miss. Sujitha Nair
Miss. Suhasini
Miss. Sumi S
Miss. Sweety Varghese
Mrs. Lavanya

Enclosures:

1. Objectives & Study
2. Tools
   (a). Sociodemographic proforma
   (b). Perception questionnaire on healthy Living strategies among elderly.

permitted for a month.
12/4/22

Date: 31/03/2022
Place: Tamaka, Kolar

Forwarded for needful approval to Principal, SDUCON
31/03/2022

Forwarded to M.S, RLJH&RC
a request to permit students
to collect data
05/04/22

ANNEXURE-III

CERTIFICATE OF STATISTICIAN

CERTIFICATE FROM STATISTICIAN

I hereby certify that I have provided statistical guidance in analysis to III rd year B.sc [N] students, for the research study titled as " **A study to assess the perception regarding healthy living strategies among elderly in a selected hospital, Kolar with a view to conduct a group health education**" at Sri Devaraj urs college of nursing Tamaka, Kolar.

Place: Tamaka, Kolar

Date:

Signature of expert

Mr.S. Ravishankar
Asst.Professor, Statistics
Dept. of Community Medicine
SDUMC, Kolar-563103

ANNEXURE-IV

LETTER REQUESTING OPINION AND SUGGESTIONS OF EXPERTS FOR ESTABLISHING FOR CONTENT VALIDITY FOR RESEARCH TOOL.

From,

IIIrd year Bsc. and IInd year PB.bsc.Nursing students
Sri Devaraj Urs College Of Nursing
Tamaka Kolar- 563103

To,

Respected Madam/Sir

Subject: Request for expert opinion and suggestions to establish content validity of the research tool.

We Mr.Ajay Kumar, Ms.Alka Mathew, Ms Alphymol, Ms Anittamol Francis, Ms.Sreevidhya, Ms. Sujitha R Nair, Ms.Suhasini, Ms.Sumi.S, Ms.Sweety Varghese and Mrs.Lavanya the IIIrd year B.Sc and IInd year PB.Bsc nursing students of Sri Devaraj Urs College Of Nursing have selected the following research topic as a partial fulfillment for the requirement for award of Bachelors of Science in nursing.

Here with, we enclose,

Title: "A STUDY TO ASSESS THE PERCEPTION REGARDING HEALTHY LIVING STRATEGIES AMONG ELDERLY IN A SELECTED HOSPITAL, KOLAR WITH A VIEW TO CONDUCT GROUP HEALTH EDUCATION."

1. Objectives of the study

- To assess the perception regarding healthy living strategies among elderly by using perception questionnaire.
- To find out the association between perception scores regarding healthy living strategies with selected demographic variables.

2. Tool

Part A: Socio-Demographic Performa

Part B: Perception questionnaire on Healthy living strategies

We humbly request you to go through the tool and give your valuable suggestions and opinion. Kindly suggest modifications, additions and deletions, if any, in the remark column.

Thanking you,

Yours sincerely,

Place:

Date:

Mr. AJAY KUMAR

Ms. ALKA MATHEW

Ms. ALPHYMOL V S

Ms. ANITTAMOL FRANCIS

Ms. SREEVIDHYA V S

Ms. SUJITHA R NAIR

Ms. SUHASINI

Ms. SUMI S

Ms. SWEETY VARGHESE

Mrs. LAVANYA

ANNEXURE V

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool and information pamphlet of 2nd group of 3 yr. BSC (N), students of Sri Devaraj Urs College of Nursing Tamaka, Kolar , who are undertaking a research project as a partial fulfillment of Bachelor of science in nursing degree

"A STUDY TO ASSESS THE PERCEPTION REGARDING HEALTHY LIVING STRATEGIES AMONG ELDERLY IN A SELECTED HOSPITAL, KOLAR WITH A VIEW TO CONDUCT GROUP HEALTH EDUCATION."

DATE **Signature of the Validator**

PLACE: Tamaka, Kolar

ANNEXURE VI

PART A. SOCIODEMOGRAPHIC PROFORMA:

INSTRUCTIONS:

Dear participants do not write your name in any of these pages. The answer given by you will be kept confidential. No one will know your answer. Kindly answer or place a tick mark (√) or fill in where ever necessary pertaining to you. There is no right or wrong answers.

1. **Age (in years) _____**

2. **Gender**

   a.Male

   b.Female

3. **Educational status/Qualification**

   a.Postgraduate

   b.Graduate

   c.PUC/Diploma

   d.High school

   e.Primary

   f. No formal education

4. **Marital status**

   a.Married

   b.Unmarried

   c.Divorce

   d.Widowed

5. **Type of Family**

   a.Nuclear family

   b.Joint family

   c.Extended family

   d.Any other Specify _____

6. **History of Co-morbid conditions if any specify _____**

7. **Health checkup done in past _____**

   a.6 months

   b.One year

   c.Two years

   d.Five years

8. **How often do you involve in physical activity please specify frequency_____and the type of activity _____**

9. **Personal Habits specify _____**

10. **Source of Information**

    a.Health professionals

    b.Family/Friends/Neighbours

    c.Mass media

    d.Any other specify_____

Section B: 5- Likert Scale to Assess the Perception Regarding Healthy Living Strategies Among elderly

Instructions:

Please read the following statements/items and give your opinion by placing tick mark (✓) in the appropriate column which is required to know your opinion that most closely corresponds. There is no wrong answer; each response will be considered.

(5= strong agreement, 4=agreement, 3= Uncertain, 2= Disagreement, 1= strong disagreement). You may choose any number from 1 to 5

Sl.No	I Feel/Believe That	SA(5)	A(4)	U(3)	D(2)	SD(1)
I	**Perception of Aging &Health**					
1.	I think happiness is the key for the healthy life					
2.	I think self-care plays important role in healthy living strategies					
3.	I believe it is important to have a healthy living strategies					
	I consider to take all the necessary precautions to lead a healthy life.					
5.	I believe, healthy living strategies will increase life span					
6.	I think growing older will eventually change persons mood and behaviour					

II	**Lifestyle practices**					
7.	I believe waking early in the morning can keep me healthy					
8.	I think that walking can be helpful to reduce health complication					
9.	I believe eating fruits and vegetable leads to healthy living					
10.	I believe that healthy life style practices keeps me healthy & fit					
11.	I think exercise can be very effective in treating health problems					
12.	I believe medication and relaxation techniques can help to improve my ability to control stress and anxiety.					
13.	I believe that exercising regularly helps to improve memory as well as thinking skill.					
14.	I believe skipping my food can affect my health					
15.	I believe that intake of milk, ghee, cheese are good for health					
16.	I think I am careless at sometimes to take my medicines					
17.	I get stressed whenever changes are					

	made to my medicine					
18.	I believe practicing Yoga /exercising regularly makes us to stay healthy					
19.	I think I am careless at sometimes to take my medicines					
20.	I think maintaining hygienic practices will helps to lead a healthy life					
III	**Social Interaction & financial circumstances**					
21.	I think family problems can affect my health					
22.	I think that all elderly aged people should participate in the society activities for healthy lifestyle					
23.	I believe that spending time with my family keeps one happy and comfortable					
24.	I find it difficult to afford the daily expenses with my pension amount					
25.	My children & grandchildren always help me financially					
IV	**Spirituality**					
26.	I think superstitions can harm the person's health					
27.	I believe our emotions, thoughts and					

	behavior plays an important role in our health					
28.	I believe god will take care of my health					
29.	I believe regular prayers will increase the life span					

ಭಾಗ A. ಸೋಶಿಯೊಡೆಮೊಗ್ರಾಫಿಕ್ ಪ್ರೊಫಾರ್ಮಾ

ಸೂಚನೆಗಳು:

ಆತ್ಮೀಯ ಭಾಗವಹಿಸುವವರು ಈ ಯಾವುದೇ ಪುಟಗಳಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರನ್ನು ಬರೆಯಬೇಡಿ. ನೀವು ನೀಡಿದ ಉತ್ತರವನ್ನು ಗೌಪ್ಯವಾಗಿಡಲಾಗುವುದು. ನಿಮ್ಮ ಉತ್ತರ ಯಾರಿಗೂ ತಿಳಿಯುವುದಿಲ್ಲ. ದಯವಿಟ್ಟು ಉತ್ತರಿಸಿ ಅಥವಾ ಟಿಕ್ ಮಾರ್ಕ್ (√) ಇರಿಸಿ ಅಥವಾ ನಿಮಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಅಗತ್ಯವಿರುವಲ್ಲಿ ಭರ್ತಿ ಮಾಡಿ. ಸರಿ ಅಥವಾ ತಪ್ಪು ಉತ್ತರಗಳಿಲ್ಲ.

1. ವಯಸ್ಸು (ವರ್ಷಗಳಲ್ಲಿ) _____

2. ಲಿಂಗ

a.ಪುರುಷ

ಬಿ.ಮಹಿಳೆ

3. ಶೈಕ್ಷಣಿಕ ಸ್ಥಿತಿ/ಅರ್ಹತೆ

a.ಸ್ನಾತಕೋತ್ತರ

ಬಿ.ಪದವೀಧರ

ಸಿ.ಪಿಯುಸಿ/ಡಿಪ್ಲೊಮಾ

ಡಿ.ಹೈಸ್ಕೂಲ್

ಇ.ಪ್ರಾಥಮಿಕ

ಎಫ್. ಔಪಚಾರಿಕ ಶಿಕ್ಷಣವಿಲ್ಲ

4. ವೈವಾಹಿಕ ಸ್ಥಿತಿ

a.ವಿವಾಹಿತ

ಬಿ.ಅವಿವಾಹಿತ

c.ವಿಚ್ಛೇದನ

d.ವಿಧವೆ

5. ಕುಟುಂಬದ ಪ್ರಕಾರ

a.ವಿಭಕ್ತ ಕುಟುಂಬ

ಬಿ.ಅವಿಭಕ್ತ ಕುಟುಂಬ

c.ವಿಸ್ತೃತ ಕುಟುಂಬ

d.ಬೇರೆ ಯಾವುದಾದರೂ _____ ಸೂಚಿಸಿ

6. ಯಾವುದಾದರೂ _____ ಅನ್ನು ನಿರ್ದಿಷ್ಟಪಡಿಸಿದರೆ ಸಹ-ಅಸ್ವಸ್ಥ ಸ್ಥಿತಿಗಳ ಇತಿಹಾಸ

7. ಹಿಂದೆ _____ ಆರೋಗ್ಯ ತಪಾಸಣೆ ಮಾಡಲಾಗಿದೆ

a.6 ತಿಂಗಳ

b.ಒಂದು ವರ್ಷ

ಸಿ.ಎರಡು ವರ್ಷಗಳು

ಡಿ.ಐದು ವರ್ಷಗಳು

8. ನೀವು ಎಷ್ಟು ಬಾರಿ ದೈಹಿಕ ಚಟುವಟಿಕೆಯಲ್ಲಿ ತೊಡಗುತ್ತೀರಿ ದಯವಿಟ್ಟು ಆವರ್ತನ_____ ಮತ್ತು ಚಟುವಟಿಕೆಯ ಪ್ರಕಾರವನ್ನು ಸೂಚಿಸಿ _____

9. ವೈಯಕ್ತಿಕ ಅಭ್ಯಾಸಗಳು _____ ಸೂಚಿಸುತ್ತವೆ

10. ಮಾಹಿತಿಯ ಮೂಲ

a.ಆರೋಗ್ಯ ವೃತ್ತಿಪರರು

b.ಕುಟುಂಬ/ಸ್ನೇಹಿತರು/ನೆರೆಹೊರೆಯವರು

c. ಸಮೂಹ ಮಾಧ್ಯಮ

d.ಬೇರೆ ಯಾವುದಾದರೂ ನಿರ್ದಿಷ್ಟಪಡಿಸಿ_____

ವಿಭಾಗ ಬಿ: 5- ವಯಸ್ಸಾದವರಲ್ಲಿ ಆರೋಗ್ಯಕರ ಜೀವನ ತಂತ್ರಗಳ ಬಗ್ಗೆ ಗ್ರಹಿಕೆಯನ್ನು ನಿರ್ಣಯಿಸಲು ಲೈಕರ್ಟ್ ಸ್ಕೇಲ್

ಸೂಚನೆಗಳು:

ದಯವಿಟ್ಟು ಕೆಳಗಿನ ಹೇಳಿಕೆಗಳು/ಐಟಂಗಳನ್ನು ಓದಿ ಮತ್ತು ನಿಮ್ಮ ಅಭಿಪ್ರಾಯವನ್ನು ಅತ್ಯಂತ ನಿಕಟವಾಗಿ ಅನುರೂಪವಾಗಿರುವ ನಿಮ್ಮ ಅಭಿಪ್ರಾಯವನ್ನು ತಿಳಿಯಲು ಅಗತ್ಯವಿರುವ ಸೂಕ್ತವಾದ ಅಂಕಣದಲ್ಲಿ ಟಿಕ್ ಮಾರ್ಕ್ (✓) ಹಾಕುವ ಮೂಲಕ ನಿಮ್ಮ ಅಭಿಪ್ರಾಯವನ್ನು ನೀಡಿ. ತಪ್ಪು ಉತ್ತರವಿಲ್ಲ; ಪ್ರತಿ ಪ್ರತಿಕ್ರಿಯೆಯನ್ನು ಪರಿಗಣಿಸಲಾಗುತ್ತದೆ.

(5= ಬಲವಾದ ಒಪ್ಪಂದ, 4=ಒಪ್ಪಂದ, 3= ಅನಿಶ್ಚಿತ, 2= ಭಿನ್ನಾಭಿಪ್ರಾಯ, 1= ಬಲವಾದ ಭಿನ್ನಾಭಿಪ್ರಾಯ). ನೀವು 1 ರಿಂದ 5 ರವರೆಗಿನ ಯಾವುದೇ ಸಂಖ್ಯೆಯನ್ನು ಆಯ್ಕೆ ಮಾಡಬಹುದು

Sl.No	ಭಾವಿಸುತ್ತೇನೆ/ನಂಬುತ್ತೇನೆ	5	4	3	2	1
I	**ನಾನು ವಯಸ್ಸಾದ ಮತ್ತು ಆರೋಗ್ಯದ ಗ್ರಹಿಕೆ**					
1.	ಆರೋಗ್ಯಕರ ಜೀವನಕ್ಕೆ ಸಂತೋಷವು ಕೀಲಿಯಾಗಿದೆ ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ					
2.	ಆರೋಗ್ಯಕರ ಜೀವನ ತಂತ್ರಗಳಲ್ಲಿ ಸ್ವ-ಆರೈಕೆಯು ಪ್ರಮುಖ ಪಾತ್ರ ವಹಿಸುತ್ತದೆ ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ					
3.	ಆರೋಗ್ಯಕರ ಜೀವನ ತಂತ್ರಗಳನ್ನು ಹೊಂದಿರುವುದು ಮುಖ್ಯ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					
4.	ಆರೋಗ್ಯಕರ ಜೀವನವನ್ನು ನಡೆಸಲು ಅಗತ್ಯವಿರುವ ಎಲ್ಲಾ ಮುನ್ನೆಚ್ಚರಿಕೆಗಳನ್ನು ತಗೆದುಕೊಳ್ಳಲು ನಾನು ಪರಿಗಣಿಸುತ್ತೇನೆ.					
5.	ಆರೋಗ್ಯಕರ ಜೀವನ ತಂತ್ರಗಳು ಜೀವಿತಾವಧಿಯನ್ನು ಹೆಚ್ಚಿಸುತ್ತವೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					
6.	ವಯಸ್ಸಾದವರು ಅಂತಿಮವಾಗಿ ವ್ಯಕ್ತಿಯ ಮನಸ್ಥಿತಿ ಮತ್ತು ನಡವಳಿಕೆಯನ್ನು ಬದಲಾಯಿಸುತ್ತಾರೆ ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ					
II	**ಜೀವನಶೈಲಿ ಅಭ್ಯಾಸಗಳು**					
7.	ಬೆಳಿಗ್ಗೆ ಬೇಗ ಏಳುವುದು ನನ್ನನ್ನು ಆರೋಗ್ಯವಾಗಿರಿಸುತ್ತದೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					

8.	ಆರೋಗ್ಯದ ತೊಡಕನ್ನು ಕಡಿಮೆ ಮಾಡಲು ವಾಕಿಂಗ್ ಸಹಾಯಕವಾಗಬಹುದು ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ					
9.	ಹಣ್ಣುಗಳು ಮತ್ತು ತರಕಾರಿಗಳನ್ನು ತಿನ್ನುವುದು ಆರೋಗ್ಯಕರ ಜೀವನಕ್ಕೆ ಕಾರಣವಾಗುತ್ತದೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					
10.	ಆರೋಗ್ಯಕರ ಜೀವನ ಶೈಲಿಯ ಅಭ್ಯಾಸಗಳು ನನ್ನನ್ನು ಆರೋಗ್ಯಕರವಾಗಿ ಮತ್ತು ಫಿಟ್ ಆಗಿರಿಸುತ್ತದೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					
11.	ಆರೋಗ್ಯ ಸಮಸ್ಯೆಗಳಿಗೆ ಚಿಕಿತ್ಸೆ ನೀಡಲು ವ್ಯಾಯಾಮವು ತುಂಬಾ ಪರಿಣಾಮಕಾರಿ ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ					
12.	ಒತ್ತಡ ಮತ್ತು ಆತಂಕವನ್ನು ನಿಯಂತ್ರಿಸುವ ನನ್ನ ಸಾಮರ್ಥ್ಯವನ್ನು ಸುಧಾರಿಸಲು ಔಷಧಿ ಮತ್ತು ವಿಶ್ರಾಂತಿ ತಂತ್ರಗಳು ಸಹಾಯ ಮಾಡುತ್ತವೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ.					
13.	ನಿಯಮಿತವಾಗಿ ವ್ಯಾಯಾಮ ಮಾಡುವುದರಿಂದ ನೆನಪಿನ ಶಕ್ತಿ ಹಾಗೂ ಆಲೋಚನಾ ಕೌಶಲ್ಯವನ್ನು ಸುಧಾರಿಸಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ.					
14.	ನನ್ನ ಆಹಾರವನ್ನು ಬಿಟ್ಟುಬಿಡುವುದು ನನ್ನ ಆರೋಗ್ಯದ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರಬಹುದು ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					
15.	ಹಾಲು, ತುಪ್ಪ, ಚೀಸ್ ಸೇವನೆ ಆರೋಗ್ಯಕ್ಕೆ ಒಳ್ಳೆಯದು ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					
16.	ನನ್ನ ಔಷಧಿಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ನಾನು ಕೆಲವೊಮ್ಮೆ ಅಸಡ್ಡೆ ಹೊಂದಿದ್ದೇನೆ ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ					
17.	ನನ್ನ ಔಷಧಿಗೆ ಬದಲಾವಣೆಗಳನ್ನು ಮಾಡಿದಾಗಲೆಲ್ಲಾ ನಾನು ಒತ್ತಡಕ್ಕೆ ಒಳಗಾಗುತ್ತೇನೆ					
18.	ಯೋಗಾಭ್ಯಾಸ/ನಿಯಮಿತವಾಗಿ ವ್ಯಾಯಾಮ ಮಾಡುವುದರಿಂದ ನಾವು ಆರೋಗ್ಯವಾಗಿರುವಂತೆ ಮಾಡುತ್ತದೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					
19.	ನನ್ನ ಔಷಧಿಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ನಾನು ಕೆಲವೊಮ್ಮೆ ಅಸಡ್ಡೆ ಹೊಂದಿದ್ದೇನೆ					

	ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ					
20.	ನೈರ್ಮಲ್ಯದ ಅಭ್ಯಾಸಗಳನ್ನು ನಿರ್ವಹಿಸುವುದು ಆರೋಗ್ಯಕರ ಜೀವನವನ್ನು ನಡೆಸಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ					
III	**ಸಾಮಾಜಿಕ ಸಂವಹನ ಮತ್ತು ಹಣಕಾಸಿನ ಸಂದರ್ಭಗಳು**					
21.	ಕುಟುಂಬದ ಸಮಸ್ಯೆಗಳು ನನ್ನ ಆರೋಗ್ಯದ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರಬಹುದು ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ					
22.	ಆರೋಗ್ಯಕರ ಜೀವನಶೈಲಿಗಾಗಿ ಎಲ್ಲಾ ಹಿರಿಯ ವಯಸ್ಸಿನ ಜನರು ಸಮಾಜದ ಚಟುವಟಿಕೆಗಳಲ್ಲಿ ಭಾಗವಹಿಸಬೇಕು ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ					
23.	ನನ್ನ ಕುಟುಂಬದೊಂದಿಗೆ ಸಮಯ ಕಳೆಯುವುದು ಒಬ್ಬನನ್ನು ಸಂತೋಷದಿಂದ ಮತ್ತು ಆರಾಮದಾಯಕವಾಗಿರಿಸುತ್ತದೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					
24.	ನನ್ನ ಪಿಂಚಣಿ ಮೊತ್ತದೊಂದಿಗೆ ದೈನಂದಿನ ಖರ್ಚುಗಳನ್ನು ಭರಿಸಲು ನನಗೆ ಕಷ್ಟವಾಗುತ್ತಿದೆ					
25.	ನನ್ನ ಮಕ್ಕಳು ಮತ್ತು ಮೊಮ್ಮಕ್ಕಳು ಯಾವಾಗಲೂ ನನಗೆ ಆರ್ಥಿಕವಾಗಿ ಸಹಾಯ ಮಾಡುತ್ತಾರೆ					
IV	**ಆಧ್ಯಾತ್ಮಿಕತೆ**					
26.	ಮೂಢನಂಬಿಕೆಗಳು ವ್ಯಕ್ತಿಯ ಆರೋಗ್ಯಕ್ಕೆ ಹಾನಿಯಾಗಬಹುದು ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ					
27.	ನಮ್ಮ ಭಾವನೆಗಳು, ಆಲೋಚನೆಗಳು ಮತ್ತು ನಡವಳಿಕೆಯು ನಮ್ಮ ಆರೋಗ್ಯದಲ್ಲಿ ಪ್ರಮುಖ ಪಾತ್ರ ವಹಿಸುತ್ತದೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					
28.	ದೇವರು ನನ್ನ ಆರೋಗ್ಯವನ್ನು ನೋಡಿಕೊಳ್ಳುತ್ತಾನೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					
29.	ನಿಯಮಿತ ಪ್ರಾರ್ಥನೆಗಳು ಜೀವಿತಾವಧಿಯನ್ನು ಹೆಚ್ಚಿಸುತ್ತದೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ					

ANNEXURE VII

LIST VALIDATORS

1. Dr. G Vijayalakshmi
   Principal
   SDUCON

2. Dr. Zeanath Careina.J
   CNO of R. L. J. H & HOD of MSN
   SDUCON

3. Dr. Lavanya Subhashini.
   Asso. Prof. &HOD of Pediatric Nursing
   SDUCON

4. Mrs. Mary Minerva
   Prof. & HOD of CHN
   SDUCON

5. Mrs. Jairakini Aruna
   Prof. & HOD of MHN
   SDUCON

6. Mrs. Punitha Gopi
   Asso. Prof. & HOD of FON
   SDUCON

7. Dr. Malathi K. V
   Asso. Prof. of CHN
   SDUCON

8. Mr. Rajesh R
   Asso. prof. of MHN
   SDUCON

9. Mrs. Gayathri K v
   Asso.prof. of OBG
   SDUCON

1. Mrs. Sumana Yesupriya
   Asso. Prof. of CHN
   SDUCON

ANNEXURE VIII

FORMULA USED

Chi-Square (χ^2) Formula

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

O = the frequencies observed

E = the frequencies expected

$\sum$ *= the 'sum of'*

ANNEXURE IX

CERTIFICATE OF KANNADA EDITING .

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr. Ajay Kumar, Ms. Alka Mathew, Ms. Alphymol, Ms. Anittamol, Ms. Sreevidhya, Ms. Sujitha Nair, Ms. Suhasini, Ms. Sumi S, Ms. Sweety Varghese, Mrs. Lavanya, 3rd year bsc nursing of Sri Devaraj Urs College of Nursing ,Tamaka ,Kolar .Has done a dissertation study interest **"A study to assess the perception regarding healthy living strategies among elderly in a selected hospital, Kolar with a view to conduct group health education."**

This Study was edited for Kannada language appropriateness by:

Date :

Place : Tamaka ,Kolar

ಮುಖ್ಯೋಪಾಧ್ಯಾಯರು
ಅಂಬಸಾದ್ರಿ ಪ್ರೌಢ ಶಾಲೆ ಎಮ್ಮೇನತ್ತ
ಮುಳಬಾಗಿಲು (ತಾ), ಕೋಲಾರ ಜಿಲ್ಲೆ

Signature

ANNEXURE X

LESSONPLAN

HEALTH EDUCATION

NAME OF THE TOPIC: Health promotion strategies among elderly.

NAME OF THE GUIDE: Mrs. Vani R (HOD Of Nursing Foundation Dept.)

VENUE: R L Jalappa Hospital Tamaka, Kolar.

METHOD OF AV AIDS: Charts, Flash cards.

GENERAL OBJECTIVES:

At the end of session, clients will be able to gain knowledge, improve the perception by understanding about health promotion strategies among elderly, and use this knowledge and improved perception in their daily to day activities of healthy living.

SPECIFIC OBJECTIVES:

The client will able to,

1. Introduce the health promotion strategies.
2. Define elderly

3. Enumerate the importance of health promotion strategies.
4. Enlist health promotion strategies among elderly
    - Physical activities
    - Diet style and healthy diet
    - Socialization
    - Fall prevention
    - Stress and pain
    - Medication and follow up
    - Spiritual
    - Health schemes

Sl. No.	Time	Specific objective	English content	Kannada content	Teachers Activity	Clients Activity	AV Aids	Evaluation
1.	3 min	Introduce the healthy promotion strategies	**Introduction** A man's life is normally divided into five main stages namely infancy, childhood, adolescents, adulthood, and old age. In each of these stages an individual has to find himself in different situations and face different problems. The old age is not without problems. In old age physical strength deteriorates, mental stability diminishes; money power becomes bleak coupled with negligence from the younger generation.	**ಪರಿಚಯ** ಮನುಷ್ಯನ ಜೀವನವನ್ನು ಸಾಮಾನ್ಯವಾಗಿ ಶೈಶವಾವಸ್ಥೆ, ಬಾಲ್ಯ, ಹದಿಹರೆಯದವರು, ಪ್ರೌಢಾವಸ್ಥೆ ಮತ್ತು ವೃದ್ಧಾಪ್ಯ ಎಂದು ಐದು ಮುಖ್ಯ ಹಂತಗಳಾಗಿ ವಿಂಗಡಿಸಲಾಗಿದೆ. ಈ ಪ್ರತಿಯೊಂದು ಹಂತಗಳಲ್ಲಿ ಒಬ್ಬ ವ್ಯಕ್ತಿಯು ವಿಭಿನ್ನ ಸಂದರ್ಭಗಳಲ್ಲಿ ತನ್ನನ್ನು ಕಂಡುಕೊಳ್ಳಬೇಕು ಮತ್ತು ವಿಭಿನ್ನ ಸಮಸ್ಯೆಗಳನ್ನು ಎದುರಿಸಬೇಕಾಗುತ್ತದೆ. ವೃದ್ಧಾಪ್ಯವು ಸಮಸ್ಯೆಗಳಿಲ್ಲದೆ ಇಲ್ಲ. ವಯಸ್ಸು ಆಗುತ್ತ ಆಗುತ್ತ ದೈಹಿಕ ಶಕ್ತಿ ಹದಗೆಡುತ್ತದೆ, ಮಾನಸಿಕ ಸ್ಥಿರತೆ ಕಡಿಮೆಯಾಗುತ್ತದೆ; ಯುವ ಪೀಳಿಗೆಯ ನಿರ್ಲಕ್ಷ್ಯದ ಜೊತೆಗೆ ಹಣದ ಶಕ್ತಿಯು ಮಂಕಾಗುತ್ತದೆ.				

2.	3 min	Define elderly	**Definition** Elderly or old age consist of ages nearing or surpassing the average life span of human beings. In India above 60 years of age is considered as old age.	**ವ್ಯಾಖ್ಯಾನ** ವಯಸ್ಸಾದವರು ಅಥವಾ ವೃದ್ಧಾಪ್ಯವು ಮಾನವರ ಸರಾಸರಿ ಜೀವಿತಾವಧಿಯನ್ನು ಸಮೀಪಿಸುತ್ತಿರುವ ಅಥವಾ ಮೀರಿಸುವ ವಯಸ್ಸನ್ನು ಒಳಗೊಂಡಿರುತ್ತದೆ. ಭಾರತದಲ್ಲಿ 60 ವರ್ಷ ಮೇಲ್ಪಟ್ಟವರನ್ನು ವೃದ್ಧಾಪ್ಯ ಎಂದು ಪರಿಗಣಿಸಲಾಗುತ್ತದೆ.	Defined elderly	Listening	blackboard	What is elderly?
3.	4 min	Enlist the Importance of health promotion strategies among elderly	**Importance of health promotion for elderly** • Increasing awareness of health issues • Promoting healthier behaviours • Creating supportive environments • Developing preventing strategies • Encouraging early detection and treatment	**ಹಿರಿಯರಿಗೆ ಆರೋಗ್ಯ ಪ್ರಚಾರದ ಪ್ರಾಮುಖ್ಯತೆ** • ಆರೋಗ್ಯ ಸಮಸ್ಯೆಗಳ ಅರಿವನ್ನು ಹೆಚ್ಚಿಸುವುದು • ಆರೋಗ್ಯಕರ ನಡವಳಿಕೆಗಳನ್ನು ಉತ್ತೇಜಿಸುವುದು • ಬೆಂಬಲ ವಾತಾವರಣವನ್ನು ಸೃಷ್ಟಿಸುವುದು • ತಡೆಗಟ್ಟುವ ತಂತ್ರಗಳನ್ನು ಅಭಿವೃದ್ಧಿಪಡಿಸುವುದು	Enlisted importance of health promotion strategies among elderly	Listening	chart	What are the importance of health promotion for elderly?

				• ಆರಂಭಿಕ ಪತ್ತೆ ಮತ್ತು ಚಿಕಿತ್ಸೆಯನ್ನು ಪ್ರೋತ್ಸಾಹಿಸುವುದು				
4.	3 min	Enlist Health promotion strategies among elderly	▪ Physical Activities ▪ Diet style and healthy diet ▪ Socialization ▪ Fall prevention ▪ Stress and pain ▪ Medication and follow up ▪ Spiritual ▪ Health schemes	▪ ದೈಹಿಕ ಚಟುವಟಿಕೆಗಳು ▪ ಆಹಾರ ಶೈಲಿ ಮತ್ತು ಆರೋಗ್ಯಕರ ಆಹಾರ ▪ ಸಾಮಾಜಿಕೀಕರಣ ▪ ಪತನ ತಡೆಗಟ್ಟುವಿಕೆ ▪ ಒತ್ತಡ ಮತ್ತು ನೋವು ▪ ಔಷಧಿ ಮತ್ತು ಅನುಸರಣೆ ▪ ಆಧ್ಯಾತ್ಮಿಕ ▪ ಆರೋಗ್ಯ ಯೋಜನೆಗಳು.	Enlisted health promotion strategies among elderly	Listening	Charts	List out the health promotion strategies among elderly?

5.	15 min	Explain Health promotion strategies among elderly	 **Physical Activities** • An elderly person in their daily life to be exercise 150min per week. This includes • Walking, • Yoga, • Gardening, etc. **Diet style and healthy diet** • A healthy diet can help to maintain a healthy weight, stay	**ದೈಹಿಕ ಚಟುವಟಿಕೆಗಳು** • ವಯಸ್ಸಾದ ವ್ಯಕ್ತಿಯು ತಮ್ಮ ದೈನಂದಿನ ಜೀವನದಲ್ಲಿ ವಾರಕ್ಕೆ 150 ನಿಮಿಷ ವ್ಯಾಯಾಮ ಮಾಡಬೇಕು. • ಇದು ವಾಕಿಂಗ್ ಅನ್ನು ಒಳಗೊಂಡಿದೆ, • ಯೋಗ, • ತೋಟಗಾರಿಕೆ, ಇತ್ಯಾದಿ **ಆಹಾರ ಶೈಲಿ ಮತ್ತು ಆರೋಗ್ಯಕರ ಆಹಾರ** • ಆರೋಗ್ಯಕರ ಆಹಾರವು ಆರೋಗ್ಯಕರ ತೂಕವನ್ನು	Explained Health promotion strategies among elderly	Listening	Flash cards, Charts	Explain in detail about each health promotion strategies among elderly?

			energized and get the nutrients need. • The nutrients such as, protien, calcium, potassium, fibre, vitamins. • Protein rich foods: Egg, Chicken, Fish, Green peas, Spinach, Cauliflower, Kiwi • Calcium rich foods: Orange, papaya, cabbage, green leafy vegetables. • Fibre rich foods: Carrot, apple, banana, barley, sweet potatoes • Vitamin rich foods: Papaya, tomato, peanuts, milk. **Socialization** • Advice the elderly to socialize without people of there age • Advice to do extracurricular	ಕಾಪಾಡಿಕೊಳ್ಳಲು, ಶಕ್ತಿಯುತವಾಗಿರಲು ಮತ್ತು ಅಗತ್ಯವಿರುವ ಪೋಷಕಾಂಶಗಳನ್ನು ಪಡೆಯಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ. • ಪೋಷಕಾಂಶಗಳಾದ ಪ್ರೊಟೀನ್, ಕ್ಯಾಲ್ಸಿಯಂ, ಪೊಟ್ಯಾಸಿಯಮ್, ಫೈಬರ್, ವಿಟಮಿನ್ಸ್. • ಪ್ರೋಟೀನ್ ಭರಿತ ಆಹಾರಗಳು: ಮೊಟ್ಟೆ, ಕೋಳಿ, ಮೀನು, ಹಸಿರು ಬಟಾಣಿ, ಪಾಲಕ್, ಹೂಕೋಸು, • ಕ್ಯಾಲ್ಸಿಯಂ ಭರಿತ ಆಹಾರಗಳು: ಕಿತ್ತಳೆ, ಪಪ್ಪಾಯಿ, ಎಲೆಕೋಸು, ಹಸಿರು ಎಲೆಗಳ ತರಕಾರಿಗಳು.				

			activities **Fall prevention** • Have hand rails on both sides of the stairs and make sure they are tightly fastened • Make sure there is good lighting with light switches at the top and bottom of stairs • Keep areas where they walk tidy **Stress and pain**	• ಫೈಬರ್ ಭರಿತ ಆಹಾರಗಳು: ಕ್ಯಾರೆಟ್, ಸೇಬು, ಬಾಳೆಹಣ್ಣು, ಬಾರ್ಲಿ, ಆಲೂಗಡ್ಡೆ • ವಿಟಮಿನ್ ಭರಿತ ಆಹಾರಗಳು: ಪಪ್ಪಾಯಿ, ಟೊಮೆಟೊ, ಕಡಲೆಕಾಯಿ, ಹಾಲು. **ಸಾಮಾಜಿಕೀಕರಣ** • ಜನರಿಲ್ಲದೆ ಬೆರೆಯಲು ವಯಸ್ಸಾದವರಿಗೆ ಸಲಹೆ ನೀಡಿ • ಪಠ್ಯೇತರವಾಗಿ ಚಟುವಟಿಕೆಗಳು ಮಾಡಲು ವಯಸ್ಸಿನ ಸಲಹೆ ಇದೆ				

			• Advise them to communicate about their thoughts and worries **Medication and follow up:** • Advice the elderly to take medications which are prescribed by the doctor • Advice the elderly to have a balanced diet • Advice to go for regular check up • Advice to take medication on time **Spiritual:** • Practicing a religion can help slow cognitive decline and reduce or stabilize	**ಪತನ ತಡೆಗಟ್ಟುವಿಕೆ** • ಮೆಟ್ಟಿಲುಗಳ ಎರಡೂ ಬದಿಗಳಲ್ಲಿ ಕೈ ಹಳಿಗಳನ್ನು ಹೊಂದಿರಿ ಮತ್ತು ಅವುಗಳನ್ನು ಬಿಗಿಯಾಗಿ ಜೋಡಿಸಲಾಗಿದೆಯೆ ಎಂದು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ • ಮೆಟ್ಟಿಲುಗಳ ಮೇಲಾ್ಭಗ ಮತ್ತು ಕೆಳಭಾಗದಲ್ಲಿ ಬೆಳಕಿನ ಸ್ವಿಚ್‌ಗಳೊಂದಿಗೆ ಉತ್ತಮ ಬೆಳಕು ಇದೆ ಎಂದು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ • ಅವರು ಇರುವ ಪ್ರದೇಶಗಳನ್ನು ಇರಿಸಿ ಅಚ್ಚುಕಟಾ್ಟಗಿ ನಡೆಯಿರಿ **ಒತ್ತಡ ಮತ್ತು ನೋವು** • ಅವರ ಆಲೋಚನೆಗಳು ಮತ್ತು ಚಿಂತೆಗಳ ಬಗೆ್ಗ ಸಂವಹನ ನಡೆಸಲು ಅವರಿಗೆ				

			cognitive disorders • use of spirituality in daily life enables those with dementia to preserve relationship and maintain hope. **Health schemes** • Rastriya Vayoshri Yojana • Annuity Plans by LIC • Pradhan Mantri Vaya Vandana Yojana (PMVVY) • National programme for the Health Care of the Elderly • Vasishta Mediclaim Policy • Varishtha Pension Bima Yojana • Pradhan Mantri Jan Arogya yojana	ಸಲಹೆ ನೀಡಿ **ಔಷಧಿ ಮತ್ತು ಅನುಸರಣೆ** • ವಯಸ್ಸಾದವರಿಗೆ ಔಷಧಿಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಸಲಹೆ ನೀಡಿ • ವೈದ್ಯರು ಸೂಚಿಸಿದ ವಯಸ್ಸಾದವರಿಗೆ ಸಮತೋಲಿತ ಆಹಾರವನ್ನು ಹೊಂದಲು ಸಲಹೆ ನೀಡಿ • ನಿಯಮಿತ ತಪಾಸಣೆಗೆ ಹೋಗಲು ಸಲಹೆ • ಸಮಯಕ್ಕೆ ಸರಿಯಾಗಿ ಔಷಧಿಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಸಲಹೆ				

			• Senior Citizens Welfare Fund • Indira Gandhi National Old Age Pension Scheme.	**ಆಧ್ಯಾತ್ಮಿಕ** • ಧರ್ಮವನ್ನು ಅಭ್ಯಾಸ ಮಾಡುವುದು ಅರಿವಿನ ಅವನತಿಯನ್ನು ನಿಧಾನಗೊಳಿಸಲು ಮತ್ತು ಅರಿವಿನ ಅಸ್ವಸ್ಥತೆಗಳನ್ನು ಕಡಿಮೆ ಮಾಡಲು ಅಥವಾ ಸ್ಥಿರಗೊಳಿಸಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ • ದೈನಂದಿನ ಜೀವನದಲ್ಲಿ ಆಧ್ಯಾತ್ಮಿಕತೆಯ ಬಳಕೆಯು ಬುದ್ಧಿಮಾಂದ್ಯತೆ ಹೊಂದಿರುವವರಿಗೆ ಸಂಬಂಧವನ್ನು ಕಾಪಾಡಿಕೊಳ್ಳಲು ಮತ್ತು ಭರವಸೆಯನ್ನು ಕಾಪಾಡಿಕೊಳ್ಳಲು ಅನುವು ಮಾಡಿಕೊಡುತ್ತದೆ.				

				ಆರೋಗ್ಯ ಯೋಜನೆಗಳು ○ ರಾಷ್ಟ್ರೀಯ ವಯೋಶ್ರೀ ಯೋಜನೆ ○ ಎಲ್ಐಸಿಯಿಂದ ವರ್ಷಾಶನ ಯೋಜನೆಗಳು. ○ ಪ್ರಧಾನ ಮಂತ್ರಿ ವಯ ವಂದನಾ ಯೋಜನೆ (PMVVY) ○ ಹಿರಿಯರ ಆರೋಗ್ಯ ರಕ್ಷಣೆಗಾಗಿ ರಾಷ್ಟ್ರೀಯ ಕಾರ್ಯಕ್ರಮ ○ ವಸಿಷ್ಠ ಮೆಡಿಕೆ್ಲೈಮ್ ಪಾಲಿಸಿ ○ ವರಿಷ್ಠ ಪಿಂಚಣಿ ಬಿಮಾ ಯೋಜನೆ ○ ಪ್ರಧಾನ ಮಂತ್ರಿ ಜನ ಆರೋಗ್ಯ ಯೋಜನೆ ○ ಹಿರಿಯ ನಾಗರಿಕರ ಕಲ್ಯಾಣ ನಿಧಿ ○ ಇಂದಿರಾ ಗಾಂಧಿ ರಾಷ್ಟ್ರೀಯ ○ ವೃದ್ಧಾಪ್ಯ ಪಿಂಚಣಿ ಯೋಜನೆ				

6.	2 min		**Conclusion** Elderly people need care and comfort to lead a healthy life without worries and anxiety.	**ತೀರ್ಮಾನ** ವಯಸ್ಸಾದವರಿಗೆ ಚಿಂತೆ ಮತ್ತು ಆತಂಕವಿಲ್ಲದೆ ಆರೋಗ್ಯಕರ ಜೀವನ ನಡೆಸಲು ಕಾಳಜಿ ಮತ್ತು ಸೌಕರ್ಯದ ಅಗತ್ಯವಿದೆ.				

ANNEXURE-XI

MASTER SHEETS

Master Coding Demographic Variables

Age	Gender	Qualification	Marital status	Type of family	H/O of Co-morbid Condition	Recent health check up	Physical Activity	Frequency (weeks)	type	Habits	smoking	alcohol	tobaco chewing	other	Source Of Information
74	M	a	c	b	diabetics mellitus	b		0	No		1	0	1		b
72	F	c	b	a	hypertension	c		7	walking		0	0	0		b
80	M	c	a	a	diabetics mellitus	b		0	No		0	0	0		a
65	M	c	a	b	obesity	c		4	yoga		0	1	0		b
67	M	d	a	a	depression	b		6	walking		1	1	0		b
67	M	c	a	b	obesity	c		7	walking		1	1	0		b
70	F	e	d	a	No	d		7	walking		0	0	0		b
68	F	d	d	a	No	a		7	walking		0	0	0		b
68	F	e	d	a	obesity	b		7	walking		0	0	1		b
66	F	e	d	a	No	b		7	walking		0	0	1		b
68	M	f	a	a	No	c		0	No		0	0	1		b
70	M	e	a	b	hypertension	b		7	walking		1	0	1		b
70	F	f	b	a	No	d		7	walking		0	0	0		b
68	F	f	d	a	diabetics mellitus	c		7	walking		0	0	1		b
66	F	e	a	d	obesity	b		7	walking		0	0	0		b
69	M	e	a	a	hypertension	d		7	walking		1	0	1		b
70	F	e	d	c	obesity	d		0	No		0	0	0		b
68	F	f	a	a	hypertension	b		4	yoga		0	0	1		b
66	F	f	d	b	diabetics mellitus	b		4	yoga		0	0	0		b
69	M	e	a	b	No	d		7	walking		1	1	0		b
70	F	f	d	a	cataract	c		4	yoga		0	0	1		b
69	F	f	a	b	diabetics mellitus	d		7	walking		0	0	0		b
65	M	f	a	b	hypertension	a		7	walking		1	0	0		b
64	F	c	d	a	No	b		0	No		0	0	0		b

69	F	f	d	a	hypertension	b		4	yoga		0	0	1		b
65	F	f	a	a	obesity	b		7	walking		0	0	1		b
69	F	f	d	a	cataract	c		4	yoga		0	0	1		b
65	M	b	a	b	hypertension	c		7	walking		1	1	0		c
66	M	f	a	a	No	a		4	yoga		1	1	0		b
69	M	d	b	b	hypertension	d		7	walking		0	1	1		b
74	F	e	d	a	diabetics mellitus	c		0	No		0	0	1		b
69	F	e	a	a	hypertension	c		7	walking		0	0	0		b
66	F	d	a	a	obesity	b		4	yoga		0	0	0		b
68	F	b	b	b	hypertension	d		3	walking		0	0	1		c
68	F	d	a	a	diabetics mellitus	b		5	yoga		0	0	0		b
69	F	d	d	a	hypertension	b		0	No		0	0	1		b
75	F	d	d	a	No	a		4	yoga		0	0	1		b
68	F	f	d	d	obesity	b		7	walking		0	0	0		b
66	F	b	d	a	hypertension	a		4	yoga		0	0	1		b
69	M	b	b	a	diabetics mellitus	b		5	yoga		0	0	1		b
80	F	f	d	a	obesity	d		0	No		0	0	0		b
75	M	e	a	b	hypertension	a		7	walking		1	1	0		b
71	M	c	c	d	cataract	d		4	yoga		0	1	1		c
72	F	f	d	b	No	d		3	walking		0	0	1		b
65	F	f	d	a	hypertension	b		5	yoga		0	0	0		b
66	M	c	a	b	diabetics mellitus	c		6	walking		1	0	0		b
72	M	c	a	a	obesity	d		7	yoga		1	1	0		b
79	M	d	a	a	No	d		3	walking		0	0	0		b
65	F	d	d	a	No	c		2	yoga		0	0	1		b
75	M	d	d	a	cataract	d		5	walking		0	1	1		c

62	M	d	a	a	diabetics mellitus	a		0	No		1	1	0		b
60	F	f	a	b	No	c		7	walking		0	0	0		b
76	F	b	b	c	depression	d		4	yoga		0	0	0		d
74	M	d	a	a	cataract	d		7	walking		0	1	0		b
68	M	c	a	b	hypertension	a		3	yoga		1	1	0		b
70	M	c	a	c	depression	d		0	No		1	0	1		c
69	M	c	c	c	diabetics mellitus	d		2	yoga		0	1	1		c
67	F	e	d	a	hypertension	c		7	walking		0	0	0		b
72	M	e	d	d	obesity	a		3	yoga		1	1	0		b
72	M	e	a	b	diabetics mellitus	c		7	walking		1	0	0		b
69	M	c	b	b	hypertension	c		0	No		1	1	0		b
75	M	c	c	c	cataract	b		4	walking		0	1	1		d
63	M	d	a	c	parkinsonism	a		3	yoga		0	1	1		c
67	M	c	b	b	depression	c		5	walking		0	1	0		c
70	F	e	d	a	No	a		4	walking		0	0	0		b
70	F	f	d	a	diabetics mellitus	a		0	No		0	0	0		b
67	M	d	c	b	hypertension	c		4	walking		1	0	0		b
68	M	f	a	a	hypertension	d		3	walking		1	0	0		b
68	M	f	a	a	No	c		7	walking		1	0	1		b
70	M	e	a	b	hypertension	b		0	No		0	1	1		b
70	F	f	b	a	cataract	d		7	walking		0	0	0		b
68	F	f	d	a	diabetics mellitus	c		0	No		0	0	0		b
66	F	e	a	d	No	b		7	walking		0	0	0		b
72	M	c	a	a	obesity	d		7	yoga		0	1	1		b
79	M	d	a	a	depression	d		0	No		0	1	1		b
65	F	d	d	a	hypertension	c		2	yoga		0	0	0		b

75	M	d	d	a	cataract	d		0	No		0	1	0		c
62	M	d	a	a	No	a		3	yoga		0	1	0		b
60	F	f	a	b	No	c		7	walking		0	0	0		b
76	F	b	b	c	No	d		0	No		0	0	0		d
69	M	e	a	a	hypertension	d		7	walking		0	1	1		b
70	F	e	d	c	obesity	d		7	walking		0	0	0		b
68	F	f	a	a	hypertension	b		4	yoga		0	0	1		b
66	F	f	d	b	diabetics mellitus	b		4	yoga		0	0	1		b
69	M	e	a	b	obesity	d		7	walking		1	1	0		b
70	F	f	d	a	cataract	c		4	yoga		0	0	1		b
69	F	f	a	b	diabetics mellitus	d		7	walking		0	0	1		b
65	M	f	a	b	No	a		7	walking		0	1	0		b
69	M	c	b	b	hypertension	c		5	yoga		0	1	1		b
75	M	c	c	c	cataract	b		0	No		0	1	1		d
63	M	d	a	c	parkinsonism	a		3	yoga		0	1	1		c
67	M	c	b	b	depression	c		5	walking		0	1	1		c
70	F	e	d	a	No	a		4	walking		0	0	0		b
70	F	f	d	a	diabetics mellitus	a		7	walking		0	0	0		b
67	M	d	c	b	hypertension	c		4	walking		1	0	0		b
74	M	a	c	b	diabetics mellitus	b		6	walking		1	0	1		b
72	F	c	b	a	hypertension	c		0	No		0	0	1		b
80	M	c	a	a	diabetics mellitus	b		0	No		1	1	0		a
65	M	c	a	b	obesity	c		4	yoga		1	0	1		b
67	M	d	a	a	No	b		6	walking		0	1	1		b

SL NO	PAH	Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Total	LP	Q.7	Q.8	Q.9	Q.10	Q.11	Q.12	Q.13	Q.14	Q.15	Q.16	Q.17	Q.18	Q.19	Q.20	Total	SI & FC	Q.21	Q.22	Q.23	Q.24	Q.25	Total	S	Q.26	Q.27	Q.28	Q.29	Total	(i2+y2 +af2= al2)	Mean =am/ 126
1		5	4	5	5	5	4	23		5	4	5	4	5	5	5	4	5	4	4	5	4	4	63		5	5	4	4	5	23		5	4	5	4	18	127	4.884615385
2		5	4	5	4	5	5	23		4	5	5	5	4	4	5	5	5	5	5	4	5	5	66		5	4	5	5	5	24		5	4	4	5	18	131	5.038461538
3		5	4	5	5	4	5	23		5	5	5	5	5	5	5	5	5	4	4	4	4	4	65		3	4	5	4	4	20		5	4	3	2	14	122	4.692307692
4		4	3	4	4	3	3	17		5	5	5	4	4	3	4	4	3	4	3	4	3	4	55		3	3	4	2	4	16		3	4	3	4	14	102	3.923076923
5		4	3	4	4	4	3	18		5	5	5	5	4	3	4	3	3	4	4	3	4	4	56		3	4	4	3	4	18		4	3	3	4	14	106	4.076923077
6		5	4	4	5	5	4	22		5	4	5	4	5	5	4	4	4	4	5	5	5	4	63		5	4	5	5	5	24		5	4	4	4	17	126	4.846153846
7		4	3	4	4	3	4	18		5	4	5	5	4	3	4	4	3	4	4	3	4	4	56		3	4	4	2	4	17		4	3	3	4	14	105	4.038461538
8		4	3	4	4	3	4	18		5	5	5	5	4	3	4	3	3	4	4	3	4	3	55		4	3	4	2	4	17		3	4	3	4	14	104	4
9		5	5	4	5	5	4	23		5	4	5	4	4	4	4	3	5	4	5	4	5	4	60		5	4	5	5	5	24		5	5	4	5	19	126	4.846153846
10		5	4	4	5	5	4	22		5	4	5	4	3	4	5	4	5	4	5	5	4	5	62		5	4	5	4	5	23		5	4	4	5	18	125	4.807692308
11		5	4	5	5	5	5	24		5	4	5	4	5	4	5	4	5	4	5	4	5	4	63		5	4	5	5	4	23		5	4	5	3	17	127	4.884615385
12		4	4	5	3	3	4	19		4	5	2	3	1	2	2	1	2	1	3	1	2	1	30		3	4	3	2	1	13		3	3	2	1	9	71	2.730769231
13		5	4	5	5	4	5	23		5	5	4	5	5	4	5	4	5	4	5	4	5	4	64		3	5	4	5	2	19		3	2	4	5	14	120	4.615384615
14		5	5	4	5	4	4	22		5	5	5	5	4	4	5	5	5	5	5	4	5	4	66		5	3	5	4	5	22		5	5	4	4	18	128	4.923076923

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30		5	4	5	5	5	4	23		5	5	5	4	5	4	5	4	5	4	5	4	5	4	64		5	5	5	4	5	24		4	4	5	4	17	128	4.923076923
31		4	5	5	5	5	5	25		4	4	5	5	5	5	4	5	4	5	5	5	4	5	65		5	4	5	5	5	24		4	5	5	4	18	132	5.076923077
32		4	5	4	3	4	4	20		5	4	4	4	5	4	3	4	3	4	4	4	3	5	56		3	4	3	5	3	18		4	3	3	4	14	108	4.153846154
33		4	5	4	5	4	4	22		4	5	4	3	4	4	5	4	3	4	4	4	3	5	56		4	3	4	3	5	19		4	4	3	5	16	113	4.346153846
34		5	4	5	5	4	5	23		5	4	5	4	5	4	5	4	5	4	5	5	4	5	64		4	5	5	4	5	23		4	5	4	5	18	128	4.923076923
35		4	3	3	3	4	4	17		4	4	4	5	4	3	4	3	3	4	4	3	3	4	52		3	5	3	3	4	18		4	4	3	3	14	101	3.884615385
36		4	3	4	3	3	4	17		4	5	5	4	4	3	4	4	3	4	4	3	4	3	54		3	4	3	3	4	17		4	3	2	3	12	100	3.846153846
37		4	5	5	4	5	5	24		5	5	5	4	4	5	5	4	5	4	4	3	4	4	61		5	5	5	4	5	24		4	5	4	5	18	127	4.884615385
38		5	4	5	5	4	5	23		5	5	5	5	4	5	4	5	4	5	4	5	4	5	65		5	4	5	4	5	23		4	5	3	2	14	125	4.807692308
39		5	4	5	5	4	5	23		5	5	5	5	5	5	5	5	4	4	4	5	4	5	66		4	4	5	5	4	22		5	5	4	4	18	129	4.961538462
40		5	4	5	5	5	4	23		5	5	4	5	5	5	4	5	5	5	5	5	4	4	66		5	5	5	4	5	24		5	5	4	5	19	132	5.076923077
41		4	3	3	4	3	4	17		5	5	5	4	4	3	4	4	3	4	4	3	3	4	55		3	4	3	3	5	18		3	4	3	2	12	102	3.923076923
42		5	5	5	5	5	5	25		5	5	5	5	5	5	5	5	5	5	4	5	4	4	67		5	5	4	4	5	23		4	5	5	4	18	133	5.115384615
43		5	5	4	5	5	5	24		4	5	4	4	4	5	5	4	5	4	5	4	5	5	63		4	4	4	5	5	22		5	4	5	5	19	128	4.923076923
44		4	5	4	5	4	5	23		5	3	5	4	5	3	4	5	4	4	5	3	5	3	58		5	5	5	4	5	24		5	4	4	3	16	121	4.653846

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ANNEXURE-XII

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