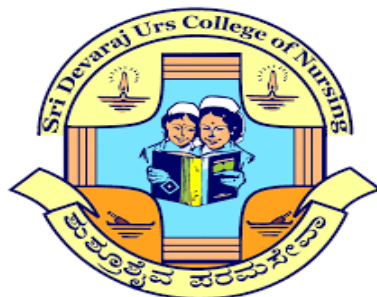**"A TRUE EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF ALOEVERA JUICE IN RELIEVING CONSTIPATION AMONG OLDER ADULTS IN A SELETED HOSPITAL, KOLAR."**

RESEARCH CONDUCTED BY

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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

Mrs. VANI R

ASSISTANT PROFESSOR

DEPARTMENT OF COMMUNITY HEALTH NURSING

SRI DEVARAJ URS COLLGE OF NURSING

TAMAKA, KOLAR.

2022-2023

DECLARATION BY THE CANDIDATES

We hereby state that project entitled "**A true experimental study to assess the effectiveness of aloe vera juice in relieving constipation among older adults in a selected hospital, Kolar"**, is a bonafide and genuine research work carried by the students of IIIrd year BSc (N) students under guidance of **Mrs. VANI R,** Assistant Professor, Department of Community Health Nursing, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

Signature of the candidates

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CERTIFICATION BY THE GUIDE

This is to certify that the project entitled "**A true experimental study to assess the effectiveness of aloe vera juice in relieving constipation among older adults in a selected hospital, Kolar"**, is a Bonafide research work done by **Mr. Abhilash R, Ms. Abiya Shibu, Ms. Adithya Murali, Ms. Akhila A, Ms. Aleena Biju, Ms. Algeena Jacob, Ms. Jinu John, Ms. Namitha Elza Jojo, Ms. Suma A, Ms. Tessa Saji, Ms. Treesa Benny, Ms. Usha L S** as a part of curriculum requirement for degree of Basic BSc (N) Program.

Signature of the Guide

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Assistant Professor

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Date: Sri Devaraj Urs College of Nursing

Place: Tamaka, Kolar.   Tamaka, Kolar.

ENDORSEMENT BY THE HOD AND THE PRINCIPAL

This is to certify that the project entitled "**A true experimental study to assess the effectiveness of aloe vera juice in relieving constipation among older adults in a selected hospital, Kolar"**, is a Bonafide research work done by **Mr. Abhilash R, Ms. Abiya Shibu, Ms. Adithya Murali, Ms. Akhila A, Ms. Aleena Biju, Ms. Algeena Jacob, Ms. Jinu John, Ms. Namitha Elza Jojo, Ms. Suma A, Ms. Tessa Saji, Ms. Treesa Benny, Ms. Usha L S** under the guidance of **Mrs. VANI R** Assistant Professor of Community Health Nursing ,Sri Devaraj Urs College of Nursing, Tamaka, Kolar in partial fulfillment of the requirement for the Degree Basic BSc Nursing.

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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

First, we praise and thank **"Almighty God"** for showering his blessing on us by giving the strength and wisdom for the successful completion of the study.

We thank **Dr. G Vijayalakshmi** Principal of Sri Devaraj Urs College of Nursing, Tamaka, Kolar, for giving learning atmosphere and constant support to conduct the study.

We express the gratitude to **Dr. Lavanya Subhashini** Vice Principal of Sri Devaraj Urs College of Nursing, Tamaka, Kolar, for guidance and support throughout our research work.

We thank to **Dr. Malathi K V** HOD of Community Health Nursing, Sri Devaraj Urs College of Nursing, Tamaka, Kolar for her encouragement, timely suggestion and support the study.

We express our sincere gratitude to all the **"HOD'S"** of various departments and all **Teaching faculty** of Sri Devaraj Urs College of Nursing for their encouragement, suggestions expert guidance in tool validation, which helped us to complete the study.

Our heartfelt thanks and gratitude to our research guide **Mrs. Vani R** Assistant Professor of Community Health Nursing, Sri Devaraj Urs College of Nursing who deserve respect and gratitude for her constant guidance, constructive suggestions and encouragement to undertake and complete the research work successfully.

Our special thanks to **Mr. Ravi Shankar** Statistician, Dept. of Community Medicine of Sri Devaraj Urs Medical College for his guidance and valuable suggestions in statistical analysis of data.

We express our gratitude to all the **MSc. Faculty** Sri Devaraj Urs College of Nursing for guidance and support throughout our research work.

We extend our special thanks to **Librarians** of Sri Devaraj Urs College of Nursing for helping in procuring relevant materials and books when required.

We express our gratitude to our **Office staffs** of Sri Devaraj Urs College of Nursing for helped us to complete the study.

We acknowledge and dedicated this project work to our loving **Parents** and a word of special thanks to our **Classmates** for their encouragement, timely help and cooperation throughout the study.

We express our sincere gratitude to our **Friends and well-wishers** for their timely help most of all for their prayers.

Thank you very much from all of us!

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ABSTRACT

Introduction: Aloe vera is commonly used as a potent laxative and as a substance to enhance gastrointestinal motility. Aloe vera can be used as a natural remedy for constipation with affordable prices among old age people. The aim of study was conducted to assess the effectiveness of aloe vera juice to relieve constipation among older adults.

Methods & Materials: For the present study, randomized control trial pretest posttest design was adopted. The subjects consist of 60 (30 experimental and 30 control) older adults from R.L. Jalappa Hospital and Research Centre. The pretest was conducted using Constipation Assessment Scale through Block Randomization sampling technique in both the groups. A freshly prepared aloe vera juice was given for period of 7 days. Posttest was conducted in both experimental and control group after 7 days. The data gathered were analyzed by descriptive and inferential statistical method using frequency, percentage, SD, Independent t test, paired t test.

Results: The presence & severity of constipation among older adults and effectiveness of aloe vera juice in relieving constipation in both experimental group & control group was assessed and categorized as 8 (26.6%) had no problem, 21 (70%) had moderate problem and 1 (3.3%) had severe problem in pretest of experimental group and posttest 28(93.3%) had no problem, 2(6.6%) had moderate problem and no severe cases. Whereas in control group, 3(10%) had no problem, 22(73.3%) had some problem and 5(16.6%) had severe problem in pretest and in posttest 2(10%) had no problem, 20(73.3%) had some problem and 8(16.6%) had severe problem. The association between pretest scores with selected demographic variables among older adults in experimental group & control group was done, and the results revealed that there is a statistically significant association between religion ($\chi^2 = 0.002$, p =0.960)

and source of information ($\chi^2 = 0.001$, p= 0.960) in experimental group and found no association in control group.

Conclusion: The study inference revealed that Aloe vera juice can improve the bowel pattern of the old age people with constipation. There is a significant relationship between effectiveness of aloe vera juice in relieving constipation among old age people.

CTRI Registered Trial: CTRI/2023/11/059828

Key words: Aloe vera, Constipation, Old Age.

TABLE OF THE CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ANNEXURES

CHAPTER -1

INTRODUCTION

"He who finds an herb has found a cure"

-MICHAEL BASSEY JOHNSON

Health is a dimension of human existence that remains in existence regardless of the presence of diseases. The maintenance and improvement of health, accordingly, depends not only on the efforts and lifestyle choices of the person. Health is, therefore, a positive concept emphasizing social and personal resources as well as physical capabilities.[1]

Aging is a complex multi-factorial process, where several factors may interact simultaneously and may operate at many levels of functional organization. During early middle age, many bodily functions begins to gradually decline. Traditionally age 65 has been designated as the beginning of old age.[2] It is associated with change in dynamic biological, physiological environmental, psychological, behavioral and social processes.[3]

Aloe vera is a succulent plant. It is considered to be most biologically active of the aloe species. More than 75 potentially active constituents have been identified in plant. The therapeutic claims for aloe vera cover broad range of conditions, the treatment of burn injuries, surgical wound healing, constipation, diabetes mellitus, ulcers and inflammation of Gastrointestinal Tract. The laxative effects are anthraquinone present in latex are a potent laxative. It increases intestinal water content, stimulates mucus secretion and increase intestinal peristalsis. Aloe vera latex is commonly used in the treatment of constipation.[4]

Constipation is defined as infrequent passage of stool or difficulty with evacuation of stool. It is associated with various symptoms including hard stools, straining, sensation of anorectal blockage, incomplete evacuation, abdominal discomfort and

2

bloating. Causes may include simple dehydration or inadequate fluid intake, metabolic disturbance, medication, neurological disorders, myopathic disorders and structural abnormalities. Risk factors for functional constipation include advanced age, low fiber diet, low socioeconomic status, immobility, abdominal or pelvic surgery and polypharmacy.[5]

Aloe vera is commonly used as a strong laxative and as a substance to improve gastrointestinal motility. Aloe vera may be potential therapeutic agents in patients with constipation- predominant irritable bowel syndrome or functional constipation. It can be used as a natural remedy for constipation, as in form of juice, gel or in capsule. Aloe latex is taken by mouth mainly as laxative for constipation, which help to empty the intestine naturally. Therefore, stimulant laxatives and osmotic laxatives along with lifestyle modification are the primary interventions in the management algorithm.[6]

NEED FOR THE STUDY

Chronic constipation appears to be very common in general population[7], although its prevalence varies depending on the diagnostic criteria, used estimates have been suggesting that 2% to 28% of Indian population suffer from chronic constipation with most estimates in the range of 12% to 19% chronic constipation disproportionately affects women compared with men (2:2:1) and the prevalence has been increased with the age factor.[12]

One study showed that older adults who consume fewer calories and meals are also more likely to suffer from constipation. Comorbid illnesses and nursing home residence are other risk factors for constipation.[8]

Constipation is a common complaint and challenge for older adults. The prevalence of constipation increases with age and differs among settings. In individuals 65 years of age or older in the community, the prevalence is 26% for women and 26% for men in those 84years of age and older. For long-term care residents, the prevalence is as high as 80%.

Older people are 5 times more likely than younger adults to have constipation, usually because of dietary factors, lack of exercise, use of medication and poor bowel habits, specific diseases, hormonal disturbances, loss of salts, damage of nerves and some other causes.[14] Constipation mostly affect often are women and adults in the age of 65 years and over.[16]

Hence, the investigator has decided to manage constipation by using home remedial measures with affordable prices among old age people with use of aloe vera. Because it is one of easily available medicinal aloe and had got many medicinal effects.

CHAPTER-II

OBJECTIVES

TITLE OF THE TOPIC

"A TRUE EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF ALOE VERA JUICE IN RELIVING CONSTIPATION AMONG OLDER ADULTS IN A SELECTED HOSPITAL, KOLAR."

OBJECTIVES

1. To assess the presence & severity of constipation among older adults in both experimental group & control group.
2. To evaluate the effectiveness of Aloe vera juice in relieving constipation among older adults in experimental and control group.
3. To determine the association between pretest scores with selected demographic variables among older adults in experimental group & control group.

RESEARCH HYPOTHESIS

H_1: There is significant effectiveness of aloe vera juice in relieving constipation.

H_2: There is a significant association between pretest scores with selected demographic variables.

Assumptions:

- Old age people suffer from constipation due to lack of exercise, dietary pattern and taking several medicines.

- Aloe Vera juice may improve the bowel pattern of the old age people.

- There will be a significant relationship between effectiveness of aloe vera juice in relieving constipation among old age people.

Operational definitions:

Effectiveness: Refers to significant improvement in the bowel patterns of the clients by using aloe vera juice foe a period of 7 days.

Aloe Vera: Aloe vera is an herb which is used for curing and healing many diseases as medicinal aloe with thick liquid found in leaf used to treat constipation with 5 – 10ml juice is mixed with 250ml of water and given to clients for a period of 7 days.

Constipation: Constipation is an irregular or difficult evacuation of bowel, usually associated with hardened feces.

Old Age: It refers to an individual, who is in the age group of 60 years admitted in R. L. Jalappa Hospital and Research Centre, Tamaka, Kolar.

CHAPTER – III

REVIEW OF LITERATURE

A cross sectional study was conducted to evaluate the effectiveness of aloe vera juice to relieve constipation at Gandhi Nagar community setting, with the aim of evaluating the effectiveness of aloe vera in relieving constipation in people aged 55 years and older. One group pre-test and posttest design were adopted to evaluate the effectiveness of Aloe vera juice. Aloe vera juice was provided to the clients, who met the inclusion criteria. The simple random sampling technique was adapted to select the samples and sample size was determined as 30. On pre-assessment, out of 30 samples 10 (33.33%) of them were moderate and 20 (66.67%) of them were severe. After administration of Aloe vera juice among the 30 old age people, 18 (60.00%) of them were mild and 12 (40.00%) of them were moderate. The study findings showed the following result. The pretest mean score was 35.20 with the standard deviation of 4.47 and posttest mean score was 22.53 with the standard deviation of 5.23. It shows the effectiveness of Aloe vera juice and prognosis in the client's condition. [22]

A Systematic review and Meta-analysis were conducted to evaluate the efficacy and safety of Aloe vera (AV) in patients with irritable bowel syndrome (IBS). MEDLINE, EMBASE, and Cochrane databases for studies dated between 1st January 1960 and 30th December 2017. Eligible randomized controlled trials (RCTs) compared Aloe Vera to placebo in patients with IBS. The primary outcome was standardized mean difference of the change in severity of IBS symptoms as measured by patient-rated scales. Secondary outcomes included response rate of IBS symptoms and adverse events. Heterogeneity among studies was assessed using Cochrane's Q and I2 statistics. Three RCTs with a total of 151 patients with IBS were included. The meta-analysis showed a significant difference for patients with AV compared to those with placebo regarding improvement in IBS symptom score (standardized mean difference, 0.41; 95% CI, 0.07–0.75; P = 0.020). Using intention-to-treat analysis, the

AV patients showed significantly better response rates of IBS symptoms compared to placebo (pooled risk ratio, 1.69; 95% CI, 1.05–2.73; P = 0.030). No adverse events related with AV were found in included studies. There was no significant heterogeneity of effects across studies (P = 0.900; I2 = 0%). The study proved that, Aloe Vera is effective and safe for the treatment of patients with IBS compared to placebo.[23]

An experimental study to assess the effectiveness of Herbal formula on improvement of upper and lower gastrointestinal symptoms and gut health in Australian adults with digestive disorders Nutrition Care (NC) Gut Relief formula contains a combination of herbs and nutrients including curcumin, Aloe vera, slippery elm, guar gum, pectin, peppermint oil, and glutamine shown to benefit the GI system. The 16-week pre-post study tested the hypothesis that, the NC Gut Relief formula would be tolerable and effective in improving GI symptoms and gut health in adults with digestive disorders. A total of 43 participants completed the study. After a control phase, participants took 5 g/d and then 10 g/d of the formula for 4 weeks. GI symptoms and GI health were assessed by a series of validated questionnaires. The NC Gut Relief Formula significantly improved the frequency and severity of upper and lower GI symptoms by 60%-80%, including indigestion, heartburn, nausea, constipation or diarrhea, abdominal pain, and troublesome flatulence, and significantly improved physical functioning, energy levels, mood, and sleep by 60%-80%. All participants with normal stool, 90% with hard stool, and 66% with soft stool recovered from intestinal permeability, evident by normal lactulose to mannitol ratios. The NC Gut Relief Formula generally improved microbial profile, with a marked increase in Lactobacillus, Clostridium. [25]

A multi-center cross sectional study to assess the epidemiological characteristics of constipation in elderly people in several regions of China, with aim to investigate the epidemiological characteristics of constipation in people aged 65 years and older in several regions of China, based on a cluster sampling design was conducted in four cities of China: Tianjin, Xiamen, Cangzhou and Harbin. A total of 5,222 cases (age ≥ 65 years) were recruited, and the survey was conducted *via* centralized and household questionnaires that included the following: basic demographic characteristics such as sex, age, education, marital status, living status and occupation; social activities; duration of sleep at night; duration of menstruation and delivery times (in females); and if the participant had constipation symptoms, the severity of constipation. Constipation was diagnosed according to the Rome IV criteria. Of the 5,222 participants, 919 were diagnosed with constipation. The prevalence of constipation was 17.60% in elderly people ≥65 years old. Prevalence increased with age and was significantly higher in females than males ($P < 0.05$). Prevalence was lower in the manual compared to the non-manual worker group, and significantly increased with decreasing duration of night sleep ($P < 0.05$). In conclusion the prevalence of constipation in the elderly people in four cities of China was 17.60%, and was significantly affected by age, sex and sleep duration at night.[21]

A study to demonstrate the effects of Aloe Vera on constipation with an objective to assess the effects of different forms of aloe efficient ways to use it. Aloe Vera can be used as a natural remedy for constipation, as in the form of juice, gel or mouth mainly as laxatives for constipation. A detailed study was carried out in volunteered people who were suffering from constipation. Sample size of the study was 20 people. 100-200milligrams of Aloe Vera latex taken by the patients who are suffering from constipation for two times per day in empty stomach for 20 days.

Results revealed that, there were considerable changes on constipated people. Before taking of aloe latex, out of 20 constipated patients, 14 had staining, 12 had rectal bleeding, 12 had rectal prolapse, 18 had pain during of stool. But after taking of aloe latex only 5 had staining, 6 had rectal bleeding, 4 had rectal prolapse and only4 had painful stool. Some of constipated patients didn't have any response on aloe vera latex and the constipation remain same as before. The study concluded that, Aloe Vera has a greater significant effect on constipation. Aloe latex is unarguably a good natural remedy for constipation, which increase the fluid in the intestine to soften the stools.[24]

A double-blind trial to evaluate the effect of aloe-vera in relieving constipation in the older adults with the aim of evaluate the effect of novel laxative preparation composed of celandine aloe vera and psyllium in patient with chronic constipation Thirty-five men and women were randomized to receive capsules containing celandine, aloe-vera psyllium or placebo, in a double blind trial lasting 28 days. Symptoms in the last 2 weeks of the treatment period were compared to those in the 14-day pre- trial basal period. In the celandine aloe-vera and psyllium group bowel movements became more frequent. The stools were softer and laxative dependence was reduced. In the placebo group all these parameters were unchanged. Abdominal pain was not reduced in either group. The results of this study show that the preparation is an effective laxative in the treatment of constipation.[26]

An experimental study was conducted to evaluate the effectiveness of aloe vera syrup on constipation among cancer patients receiving morphine drug in selected palliative care centres at Venkateswara Nursing College, Chennai. The quantitative evaluate approach and experimental non randomized control group design was selected to study the effectiveness of aloe vera syrup on cancer patients receiving morphine drug. The researcher adopted non probability convenient sampling

12

technique and 60 cancer patients receiving morphine drug were selected for the study from RMD pain and palliative care centres at T. Wagar and Maduravagul. The investigator used Victoria bowel performance scale which is standardized tool for data collection. The findings showed that the pre test level of constipation mean value in experimental group mean value 9.59 with SD 0.94 project "t" value as 2.58 is statistically not significant at P=0.68 level. Next Post test mean value in experimental group 2.1 with SD 1.52 project "t" value as 7.3 which is statistically significant at P=0.001. The study result revealed that aloe vera is effective in reducing constipation among cancer patients receiving morphine drug in experimental group.[27]

An experimental study was conducted to evaluate the effect of aloe-vera in reducing constipation in the schizophrenia patient. The study was conducted among 50 schizophrenia patients. The subject took aloe vera for 4 weeks. Variables are measured of baseline and again at 2 weeks and 4 weeks. Structured questionnaires were used and data were analysed using the IBM statistical package for the social sciences. The result there a significant difference in the degree of difficulty in defecation and bowel function over time for patients using aloe- vera the study was included by in experimental group, defecation frequency and feeling of incomplete evacuation changed significantly, while time spend defecating, degree of difficulty defecating and overall bowel function did not significantly change over 4 weeks. In the control group, there was no significant difference.[29]

A systematic review and meta- analysis study to evaluate the effect of aloe vera on symptoms associated with irritable bowel syndrome in older adults. The aim of the study is to summarized the existing evidence on the contribution of aloe vera to improve health outcomes among older adult patient diagnosed with IBS. A randomized controlled trials and prospective cohort studies comparing aloe vera in

different preparation to placebo in adults with IBS were eligible for inclusion. This systematic review found evidence for improvement in symptoms by using aloe containing preparation in patient with IBS relative risk = 2.75; 95% confidence interval ; 1.88 to 4.03, 5 studies n=325;12=0%. This study proved that aloe containing preparation were more effective than placebo in improving symptoms among all IBS subtypes combined. In subgroup analyses, aloe vera was more effective than placebo in the treatment of constipation-predominant.[28]

CHAPTER-IV

RESEARCH METHODOLOGY

Research methodology is the background for directing the study. This chapter contracts through explanation of 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.

SOURCE OF DATA

Data will be collected from all the IPD patients with the age group 65 years and above at RLJH&RC, Tamaka, Kolar.

RESEARCH APPROACH

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

RESEARCH DESIGN

The research design adopted for this study was Randomized control trial Pre-test, Post-test design.

SETTING OF STUDY

The study was conducted at Tertiary Care hospital, at R.L. Jalappa Hospital and Research Centre, Tamaka, Kolar.

SAMPLE: Patients aged 60 years and above admitted in RLJH&RC.

SAMPLE SIZE: The sample size consists of 60 (experimental=30 & control=30)

SAMPLE TECHNIQUE: Block randomization technique.

(Description: The wards have been categorized using Rao software into blocks of 4x4 and the blocks were classified based on Block A as experimental group & Block B as control group)

SAMPLEING CRITERIA

➢ **Inclusion criteria:**

○ Both male and female with an age group of 60 years and above.

○ The samples who could understand Kannada.

➢ **Exclusion criteria:**

○ The clients who were not willing to participate in the study.

○ Clients with comorbid disorders such as CVD, Oncology etc.

DATA COLLECTION TOOL

The tool was prepared based on the research problem, objectives of the study stated were assessed by using standardized Constipation Assessment Scale (CAS).

Section-I: Proforma on Socio demographic variables.

Section-II: McMillan and Williams (1989) Standardized Eight item "Constipation Assessment Scale" used on old age people those who are having constipation.

METHODS OF DATA COLLECTION

Data was collected in the following steps:

Step-1: Ethical clearance was obtained from the institutional Ethical Committee of Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

Step-II: Permission was obtained from the Medical Superintendent of R.L. Jalappa Hospital and Research Centre, Tamaka, Kolar.

Step-III: After having obtain the written informed consent from the participant, the pretest was conducted using Constipation Assessment Scale through Block Randomization sampling technique in both the groups.

Step-IV: The investigator gave aloe vera juice for period of 7 days followed by posttest in experimental group whereas control group received no treatment.

Step-5: Posttest was conducted in both groups after 7 days.

PLAN FOR DATA ANALYSIS

The data gained was analyzed by using descriptive statistics and inferential statistics.

1. Socio demographic proforma: frequency & percentage.

2. Effectiveness was assessed by Mean, SD, Independent 't' test, paired t test.

3. Association was assessed by using Chi-square.

CHAPTER 5

DATA ANALYSIS

AND

INTERPRETATION

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:** McMillan and Williams (1989) Standardized Eight item "Constipation Assessment Scale" used on old age people those who are having constipation.

Score Interpretation:

5 indicates strong agreement, **4** indicates agreement, **3** indicates uncertainty, **2** indicates disagreement, and **1** indicates serious disagreement.

SLNO	ITEMS	NO PROBLEMS	SOME PROBLEMS	SEVERE PROBLEMS
1	Abdominal distention or bloating			
2	Change in amount of gas passed rectally			
3	Less frequent bowel movements			
4	Oozing liquid stool			
5	Rectal fullness or pressure			
6	Rectal pain with bowel movements			
7	Small stool size			
8	Urge but inability to pass stool			

SECTION I A: **Demographic characteristics of the Geriatric clients in the Experimental and Control group**

Table 1. **Distribution of the Geriatric clients of the Experimental and control groups based on their socio-demographic characteristics.**

n=30 +30 =60

Sl. no	Demographic Variables	Category	Study groups f (%)		df	χ^2 & (p value)
			Experimental	Control		
1.	Age (in Years)	60-70	27 (90)	20 (66.6)	2	Fisher exact test 0.0575. NS p > .05.
		71-80	3 (10)	10 (33.3)		
2.	Gender	Male	17 (56.6)	18 (60)	1	χ^2= 0.068 (.793) NS p > .05.
		Female	13 (43.3)	12 (40)		
3.	Educational status	Formal education	16(53.3)	17 (56.6)	1	χ^2= 0.078 (.551) NS p > .05
		No formal education	14 (46.6)	13 (43.3)		
4.	Religion	Hindu	24 (80)	23(76.6)	1	χ^2=0.098 (.754) NS p > .05.
		Muslim	6 (20)	7 (23.3)		
5.	Marital Status	Married	22 (73.3)	24 (80)	1	χ^2=0.372(.541) NS p > .05.
		Widowed/widower	8(26.6)	6(20)		
6.	Place of Residence	Rural	23 (76.6)	22 (73.3)		χ^2= 0.088(.765) NS p > .05.
		Semi-urban/ Urban	7 (23.3)	8 (26.6)	1	
7.	Socio-economic Status	APL	6(20)	5(16.6)	1	χ^2= 0.111 (.738) NS p > .05
		BPL	24(80)	25 (83.3)		
8.	Type of Family	Nuclear Family	26 (86.6)	23 (76.6)	1	χ^2=1.00(.316) NS p > .05.
		Joint Family	4 (13.3)	7 (23.3)		
9.	Nutritional Status	Under-weight	19 (63.3)	18 (60)	2	χ^2=0.451 (.798) NS p > .05.
		Normal weight	6 (20)	5 (16.6)		
		Overweight / Obese	5 (16.6)	7 (23.3)		
10	Sleeping Pattern	Normal /Adequate	21 (70)	22 (73.3)	1	χ^2=0.082 (.774) NS p > .05
		Disturbed/Inadequate	9 (30)	8 (26.6)		

21

11	**Bowel**	Regular	5 (16.6)	9 (30)	1	χ^2=1.490(.222) NS p > .05
		Irregular	25 (83.3)	21 (70)		
12	**Bladder**	Normal	25 (83.3)	24 (80)	1	χ^2= 0.111(.738) NS p > .05.
		Urinary Incontinence	5(16.6)	6 (20)		
13	**Physical Activity Performed Per day**	Not Involved	17 (56.6)	12 (40)	1	χ^2=1.668(.196) NS p > .05
		Low	13 (43.3)	18 (60)		

Table 1: Findings showed that out of 30 samples in experimental group, 27 (90%) were in the age group of 60-70 and 3 (10%) were in the age group of 71-80. A maximum 17 (56.6%) were male and 13 (43.3%) were female. Majority of 16 (53.3%) had formal education and 14 (46.6%) had no formal education. Out of 24 (80%) belonged to Hindu and 6 (20%) belonged to Muslim. A majority 22 (73.3%) were married and 8 (26.6%) were widowed. A maximum 23 (76.6%) were of them rural and 7 (23.3%) were of them urban. Among the respondents, 24 (80%) belonged to BPL and 6 (20%) belonged to APL. In 26 (86.6%) had nuclear family and 4 (13.3%) had joint family. A maximum 19(63.3%) were underweight, 6 (20%) were normal weight, 5 (15.6%) were overweight. A majority 21 (70%) had adequate sleeping pattern and 9 (30%) had inadequate sleeping pattern. A maximum 25 (83.3%) had irregular bowel pattern and 5 (16.6%) had regular bowel. With regard to bladder pattern 25 (83.3%) had normal bladder pattern and 5(16.6%) had urinary incontinence. A maximum of 17(56.6%) not involved in physical activities per day and 13(43.3%) had low physical activities.

Out of 30 samples in control group, 20 (66.6%) were in the age group of 60-70 and 10 (33.3%) were in the age group of 71-80. A maximum 18 (60%) were male and 12 (40%) were female. A maximum of 17 (56.6%) had formal education and 13 (43.3%) had no formal education. A maximum of 23 (76.6%) belonged to Hindu and

7(23.3%) belonged to Muslim. A majority 24 (80%) were married and 6 (20%) were widowed. A maximum 22 (73.3%) were of them rural and 8 (26.6%) were of them urban. A maximum 25 (83.3%) belonged to BPL and 5 (16.6%) belonged to APL. A maximum 23 (76.6%) had nuclear family and 7 (23.3) had joint family. A maximum 18 (60) were underweight, 5 (16.6) were normal weight, 7(23.3) were overweight. A majority 22 (73.3%) had adequate sleeping pattern and 8 (26.6%) had inadequate sleeping pattern. A maximum 21(70%) had irregular bowel pattern and 9 (30%) had regular bowel. A maximum 24 (80%) had normal bladder pattern and 6(20%) had urinary incontinence. A maximum of 12(40%) not involved in physical activities per day and 18(60%) had low physical activities.
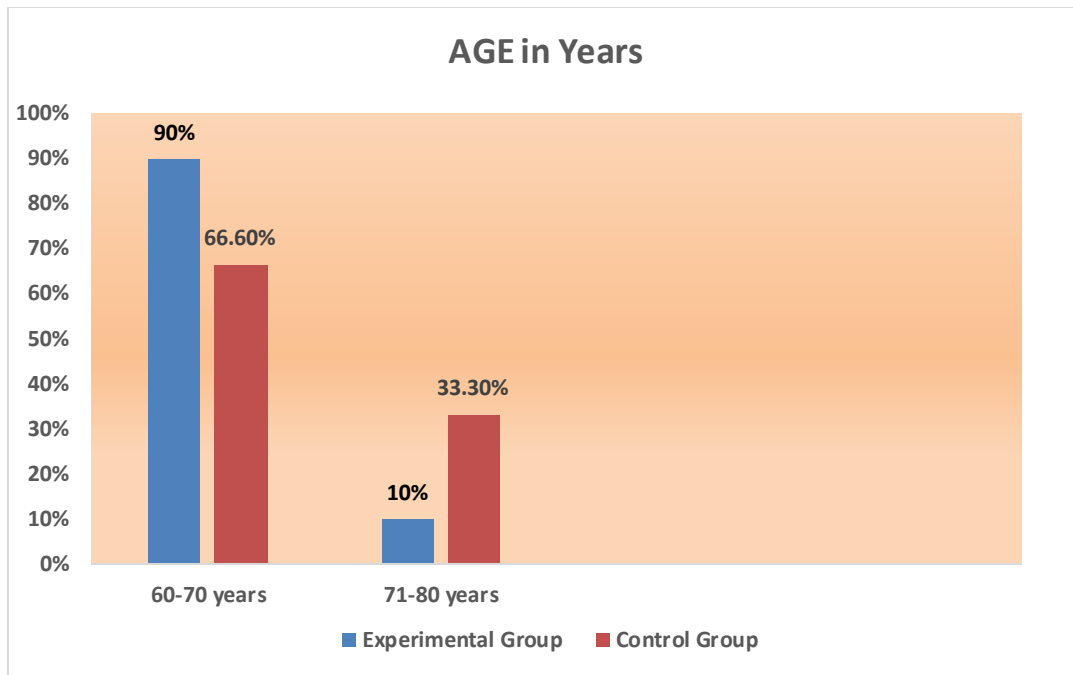
Fig 1: Bar diagram showing percentage distribution of elderly according to their age
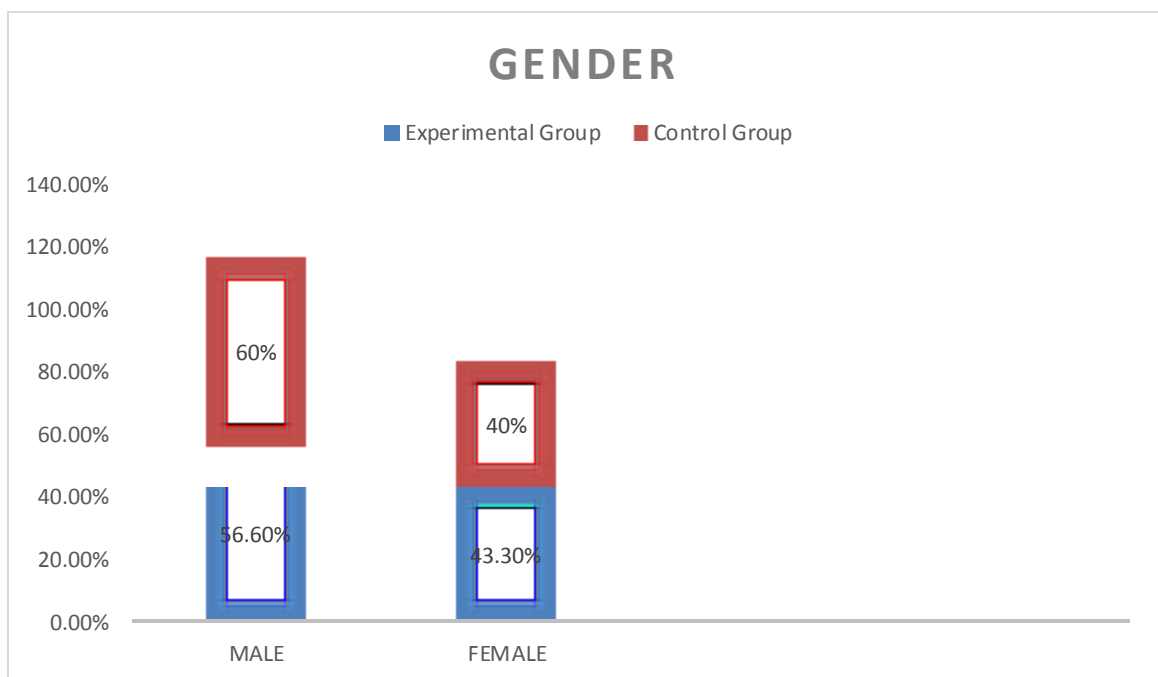
Fig 2: Bar diagram showing percentage distribution of elderly according to their gender

EDUCATIONAL STATUS

No Formal Education	Experimental Group 46.60% / Control Group 43.30%
Formal Education	Experimental Group 53.30% / Control Group 56.60%

■ Experimental Group ■ Control Group
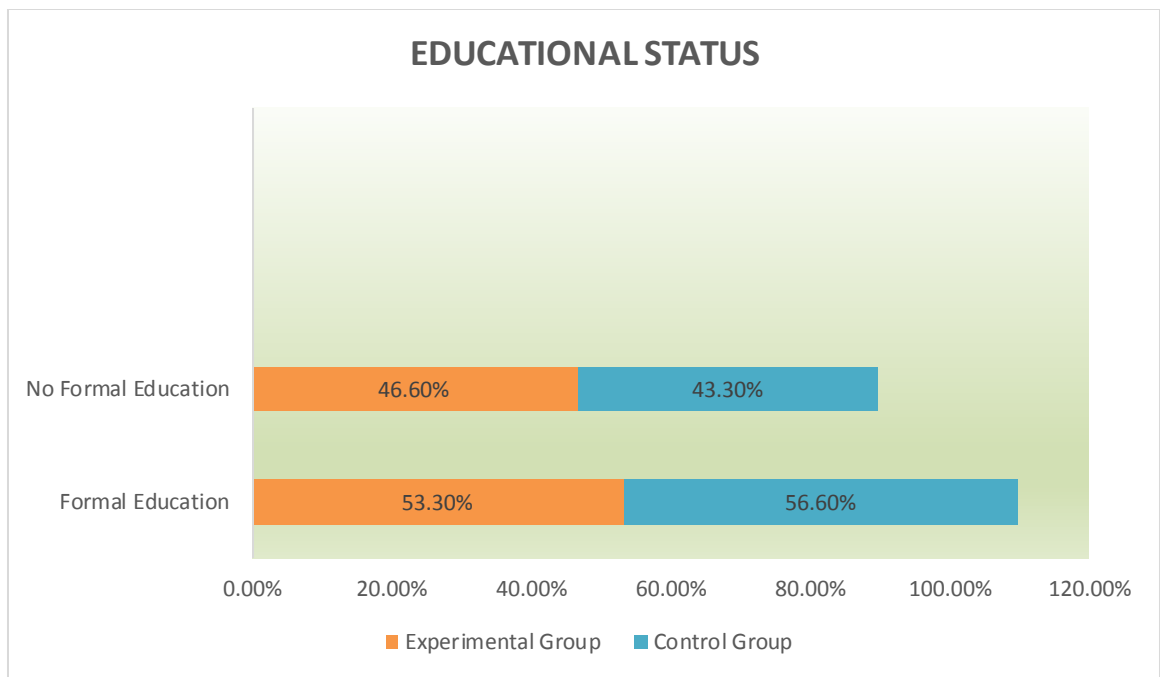
Fig 3: Percentage distribution of elderly according to their educational status

RELIGION

Hindu: Experimental Group 80%, Control Group 76.60%
Muslim: Experimental Group 20%, Control Group 23.30%

■ Experimental Group ■ Control Group
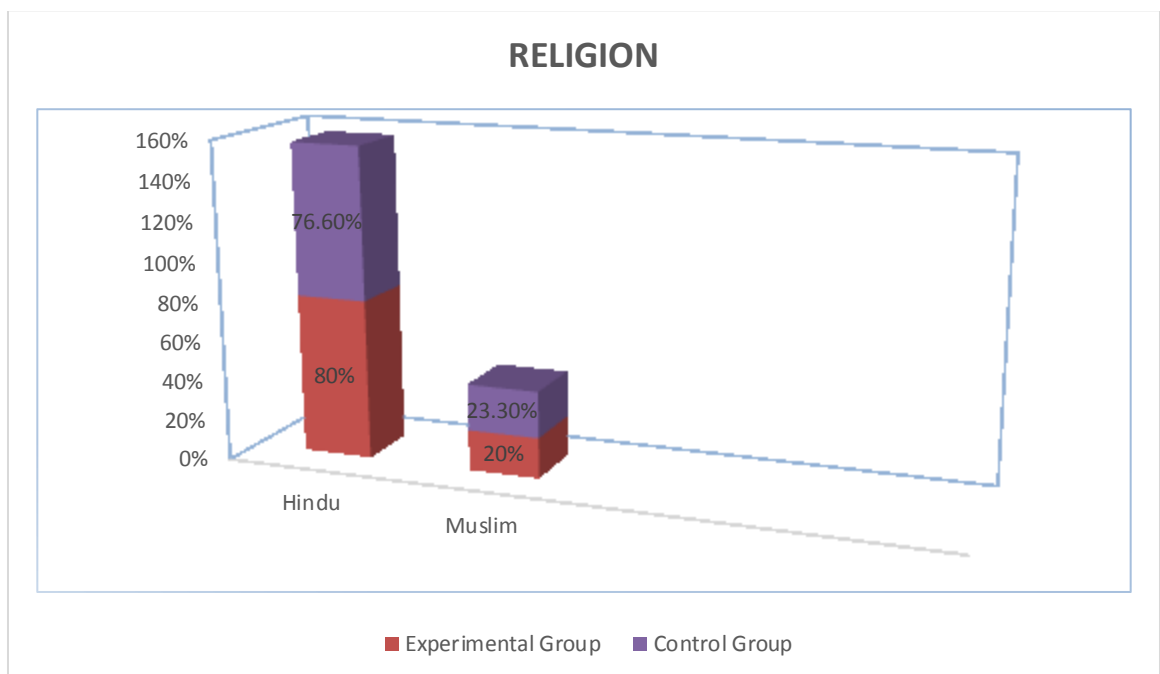
Fig 4: Percentage distribution of elderly according to religion
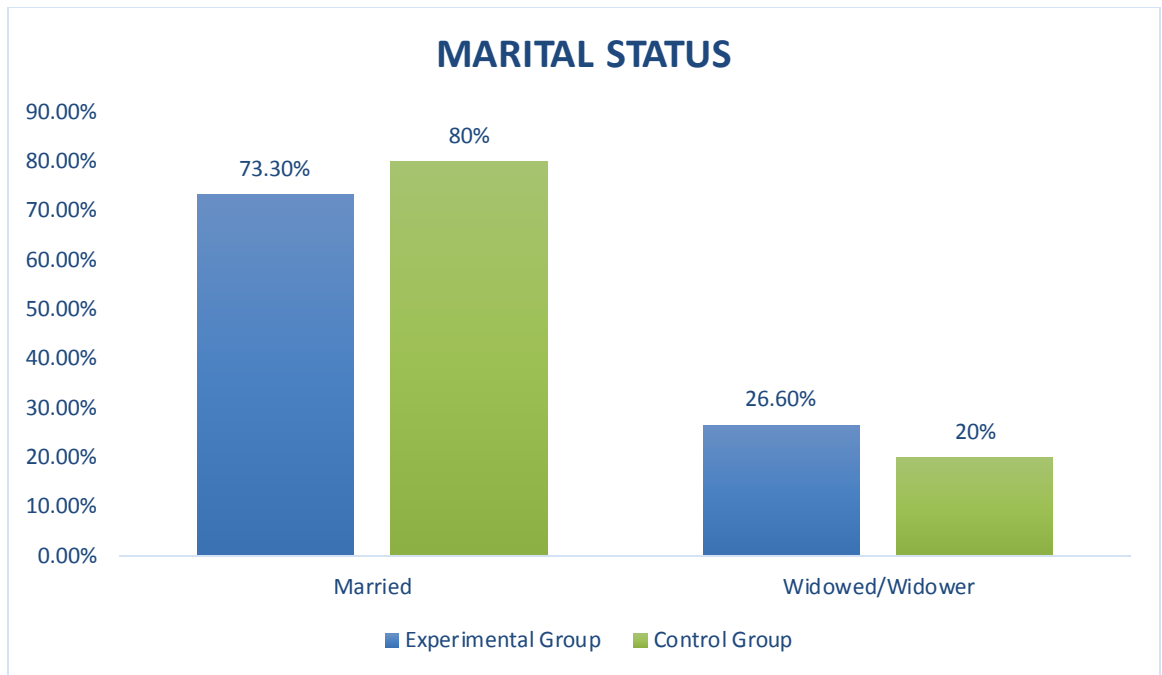
Fig 5: Percentage distribution of elderly according to marital status
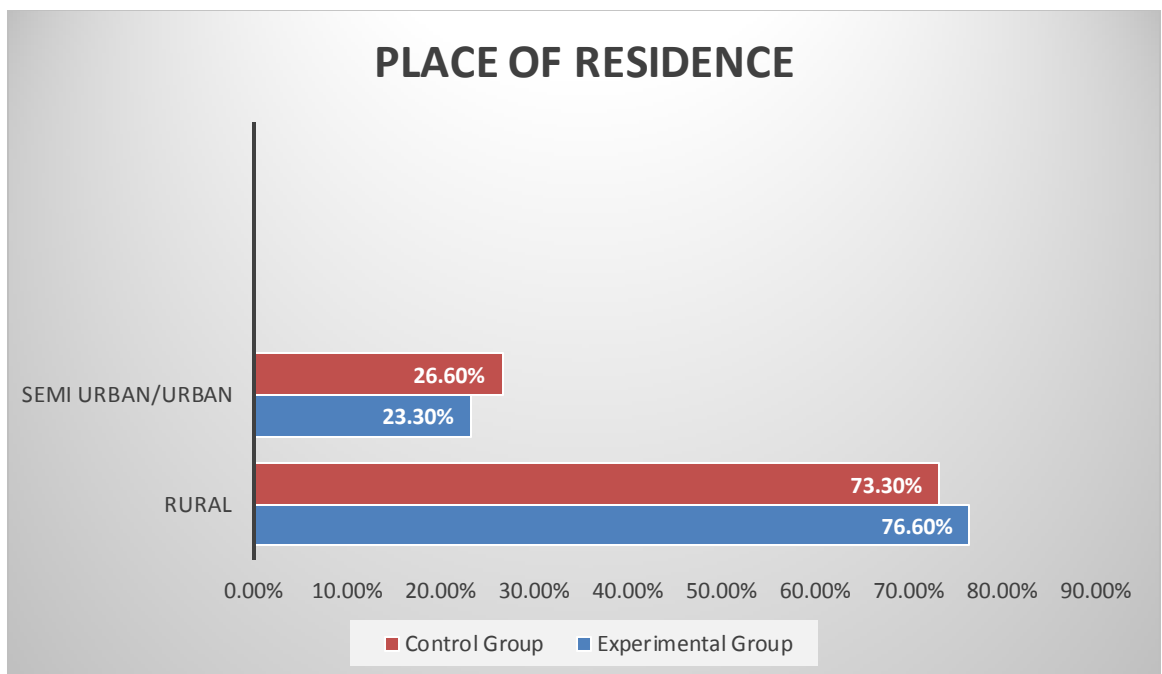
Fig 6: Percentage distribution of elderly according to place of residence
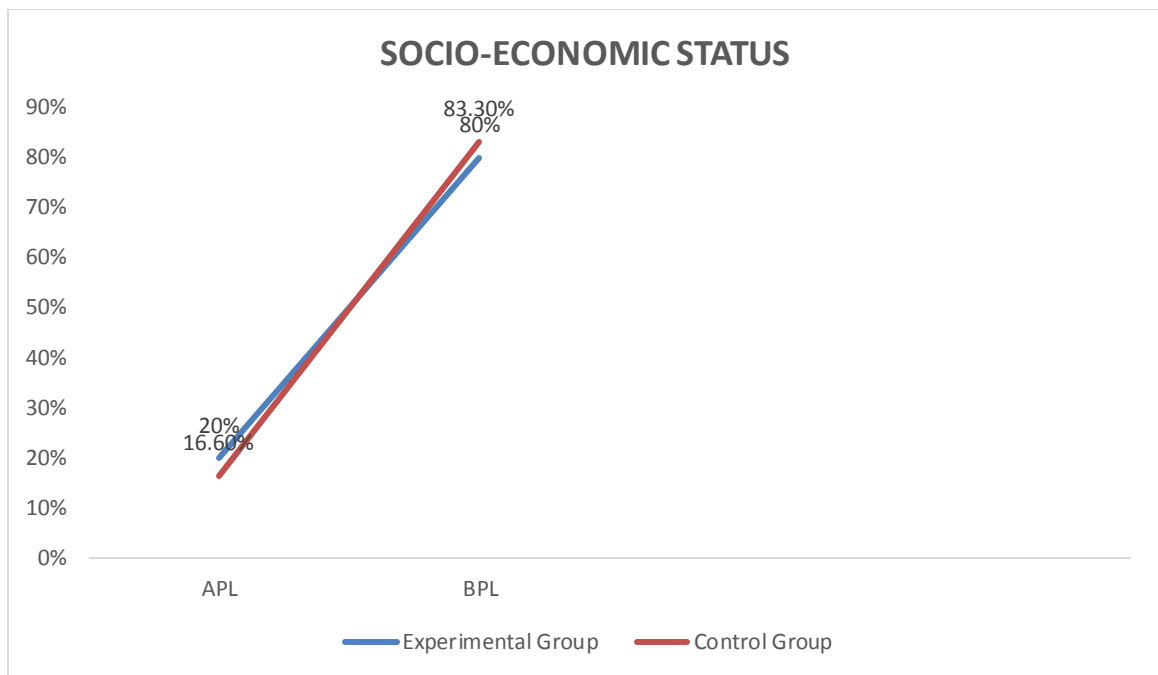
Fig 7: Percentage distribution of elderly according to socio economic status
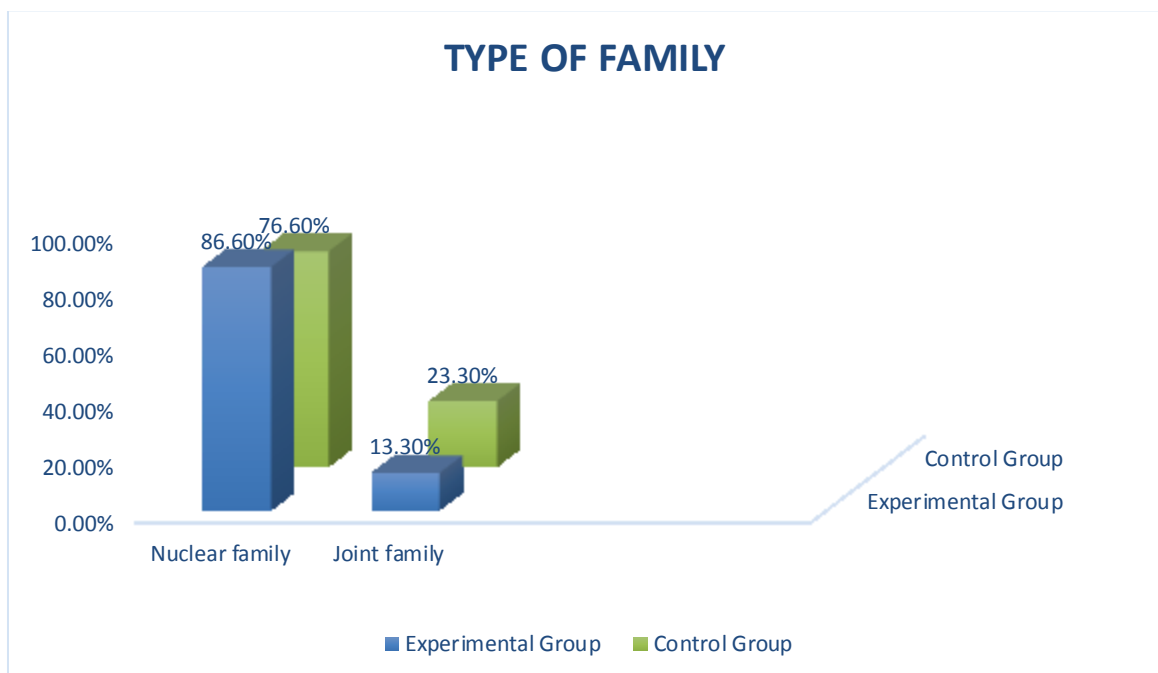
Fig 8: Percentage distribution of elderly according to type of family

27

NUTRITIONAL STATUS
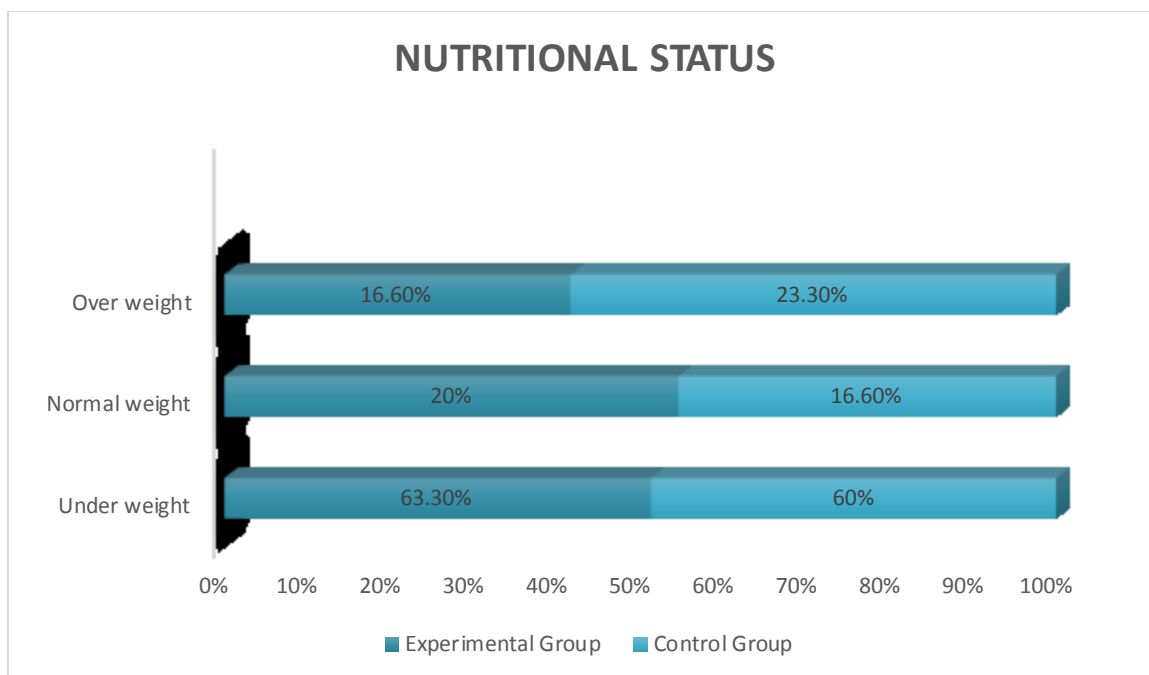
Fig 9: Percentage distribution of elderly according to nutritional status
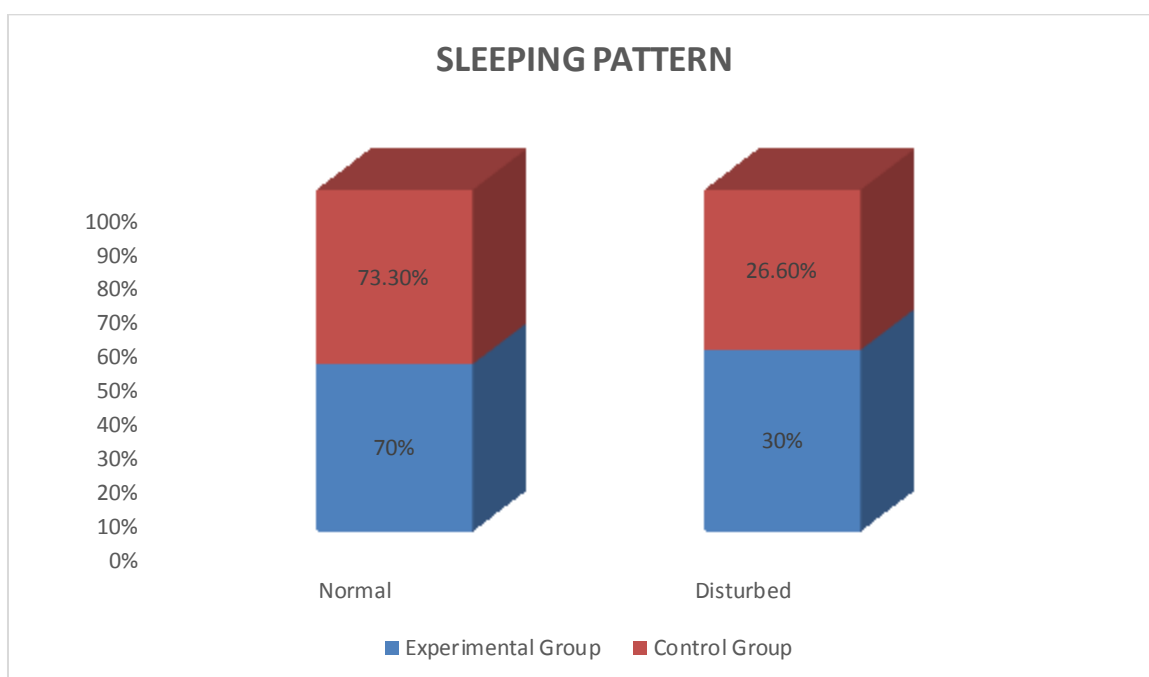
SLEEPING PATTERN

Fig 10: Percentage distribution of elderly according to sleeping pattern
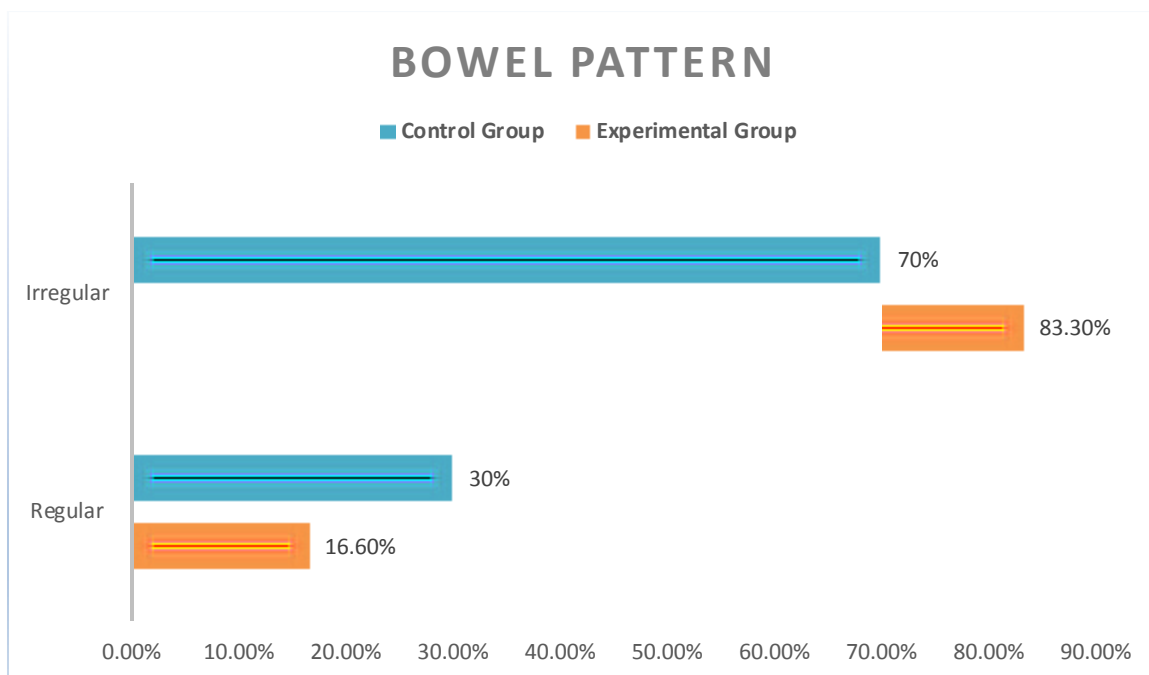
Fig 11: Percentage distribution of elderly according to bowel pattern
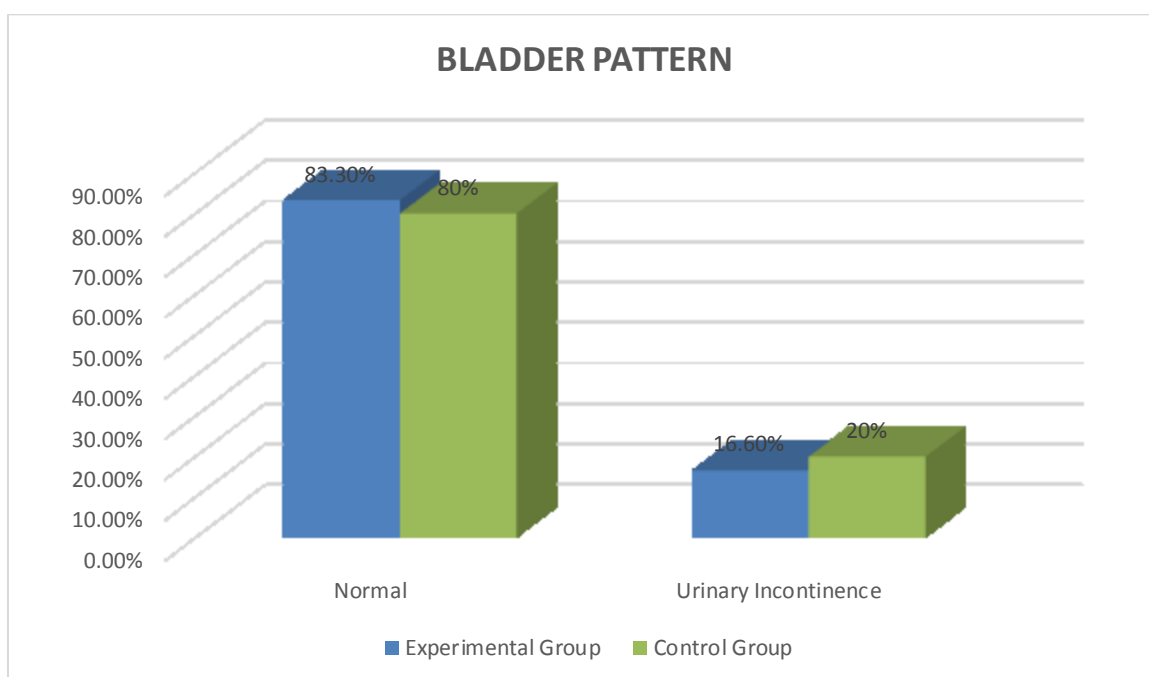
Fig 12: Percentage distribution of elderly according to bladder pattern
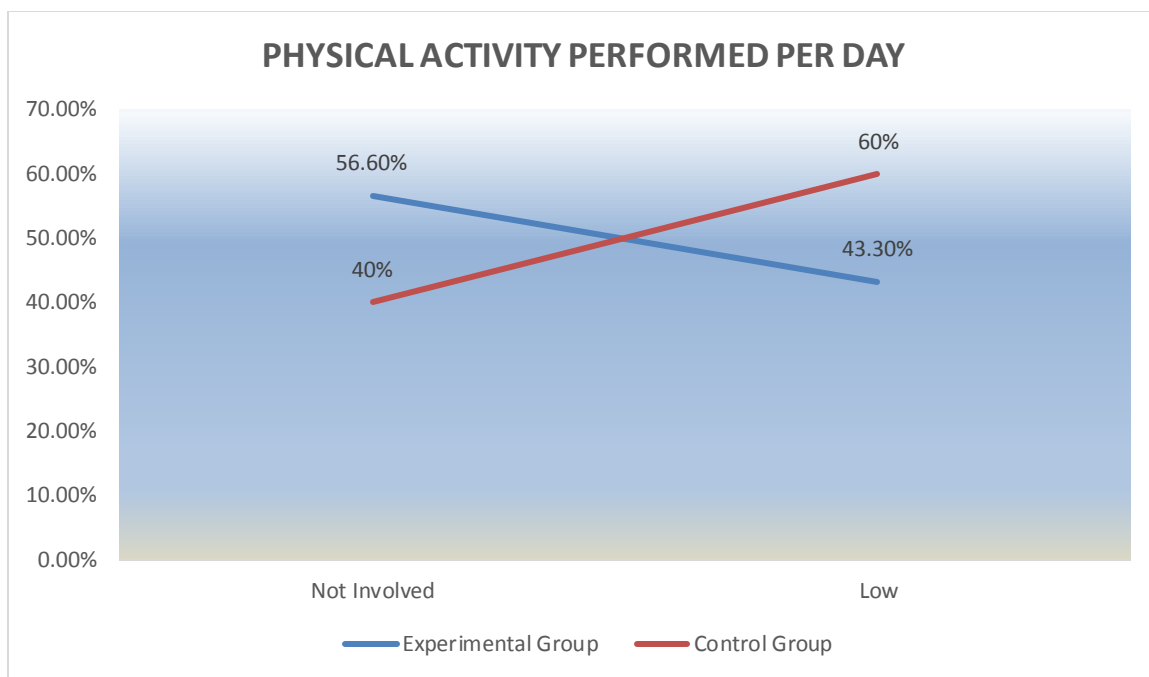
Fig 13: Percentage distribution of elderly according to physical activity performed per day

Section II . Distribution of Pre-test and Post-test Level of Effectiveness of Aloe Vera Juice in relieving Constipation among older adults.

Table-2: Frequency and Percentage distribution of overall Pre-test and Post-test level scores of the Geriatric clients in Experimental and control groups.

(n=30+30)

Sl.no	Severity of constipation	Score range	Experimental group f (%)		Control group f (%)	
			Pretest	**Posttest**	**Pretest**	**Posttest**
1.	**No Problem**	**0-5**	8 (26.6)	28(93.3)	3 (10)	2 (10)
2.	**Some Problem**	**6-10**	21(70)	2 (6.6)	22(73.3)	20(73.3)
3.	**Severe Problem**	**11-16**	1(3.3)	0(0)	5(16.6)	8(16.6)
		Total	**30**	**30**	**30**	**30**

Table2: Finding shows that in experimental group the pretest score among 30 old age people, 8 (26.6%) had no problem, 21 (70%) had some problem and 1 (3.3%) had severe problem. The posttest reveals that among the 30 old age people, 28(93.3%) had no problem, 2(6.6%) had some problem and no severe cases.

In control group the pretest score among 30 old age people,3(10%) had no problem ,22(73.3%) had some problem and 5(16.6%) had severe problem. The posttest reveals that among the 30 old age people,2(10%) had no problem,20(73.3%) had some problem and 8(16.6%) had severe problem.

SECTION III: Distribution of Mean, SD, paired t test, among experimental and control group during pretest and posttest.

Sl no	Duration of Assessment	Experimental Group		Control Group	
		Mean ± S D	Paired t test p-value	Mean ± S D	Paired t test p-value
1	Pretest	7.4 ±2.20	**19.6 <0.001** SS**	8.93 ± 2.016	0.641 .527 NS
2	Posttest	5.16 ±1.44		0.36± 3.13	
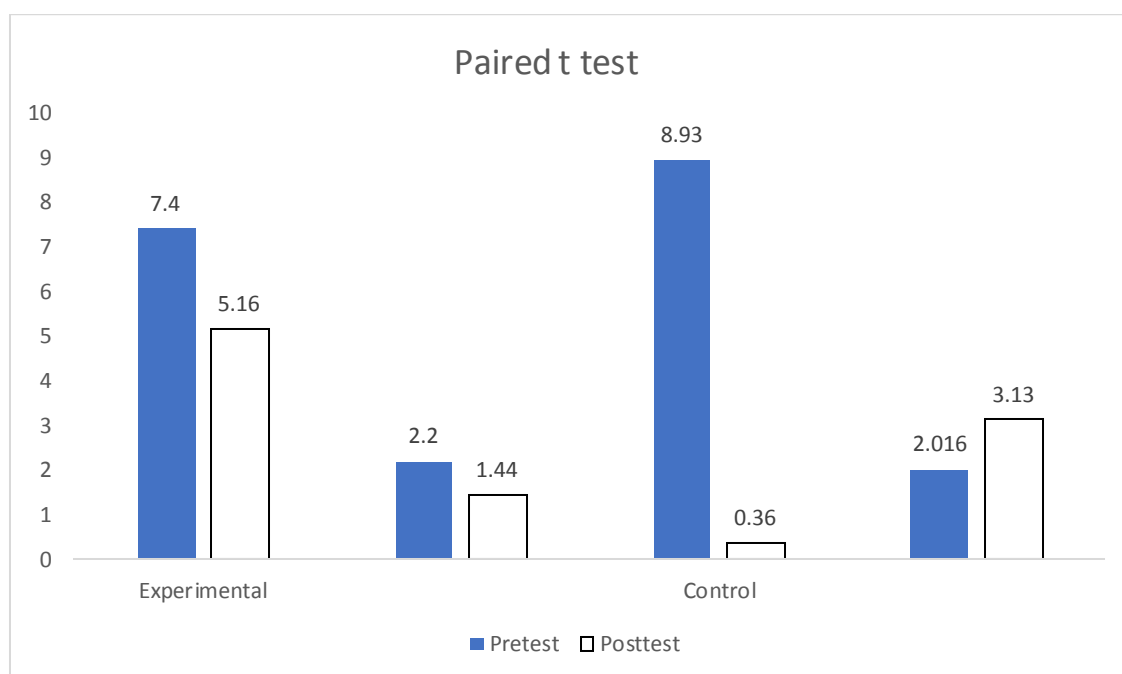
Table 3 & fig : revealed that in experimental group, the mean value of pretest was 7.4 and posttest was 5.16, standard deviation of pretest was 2.20 and posttest was 5.16. The calculated paired t test value is 19.6, was found to be statistically significant at p >0.001 level.

In control group, the mean value of pretest was 8.93 and posttest was 0.36, standard deviation of pretest was 2.016 and posttest was 3.13. The calculated paired t test value is 0.641,was found to be not significant at p> 0.527 level.

SECTION IV: Distribution of Mean, SD, Independent t test between the groups during pretest and posttest.

Sl.no	Severity of constipation	Experimental group	Control group	MD	Independent 't' Value	p-Value & Inference
		Mean ± SD				
1.	**Pretest**	7.55 ±1.94	8.44 ± 1.58	5.05	6.88	.212 NS
2.	**Posttest**	2.50 ±0.75	9.62± 2.13	1.18	1.30	<0.001* SS

Table 4: shows that in experimental group, the mean value of pretest was 7.55 and posttest was 2.50, standard deviation of pretest was 1.94 and posttest was 0.75. The mean differences score was 5.05. The calculated student Independent 't' test value was 6.88, was found to be not significant at p<0.212 level.

In control group, the mean value of pretest was 9.22 and posttest was 10.88, standard deviation of pretest was 3.15 and posttest was 0.92. The mean difference score was 8.38. The calculated student Independent 't' test value 22.30, was found to be statistically significant at p < 0.001 level.

Section V: Distribution of association of mean pretest among geriatric clients at the selected socio-demographic variables.

Table 5: Association between pretest scores among geriatric clients and the selected socio-demographic variables.

(n=30+30)

Sl. no	Demographic Variables	Experimental			Control Group		
		Below Median (<8)	Above Median (>8)	χ^2 &p value	Poor<18	M.P(>26)	χ^2 &p value
1.	**Age**			$\chi^2=0.475(.490)$			$\chi^2=0.002 (.960.)$
a.	60-70 years	7	10	NS p > .05	8	9	*NS* p > .05.
b.	71-80 years	7	6		6	7	
2.	**Gender**						$\chi^2= 0.002 (.960.)$
a.	Male	7	8	$\chi^2=0.135(.7125)$	9	6	*NS* p > .05.
b.	Female	6	9	*NS* p > .05	8	6	
3	**Educational status**						
a.	Formal education	6	10	$\chi^2=0.475 (.490)$	9	8	$\chi^2= 0.002 (.960.)$
b.	No formal education	7	7	*NS* p >.05.	7	6	*NS* p > .05.
04	**Religion**			$\chi^2=0.002(.960)$			$\chi^2= 0.143 (.704.)$
a.	Hindu	9	10	*SS* p > .05.	10	9	*NS* p > .05.
	Other religion	5	6		5	6	
05	**Marital status**						$\chi^2=1.221 (.269.)$
a.	Married	10	5	$\chi^2=0.143 (.704)$	7	8	*NS* p > .05.
b.	Widower/ widow	9	6	*NS* p > .05.	10	5	
06	**Place of Residence**						
a.	Rural	12	6	$\chi^2=1.832(.175.)$	8	6	$\chi^2= 0.535 (.464.)$
b.	Semi-urban	6	6	*NS* p > .05.	7	9	*NS* p > .05.
07	**Socioeconomic status**						$\chi^2= 0.133. (.715.)$
a.	APL	9	5	$\chi^2=0.010(.919.)$	8	7	*NS* p > .05.
b.	BPL	10	6	*NS* p > .05.	7	8	
08	**Type of family**						
a.	Nuclear Family	8	6	$\chi^2=0.153(.695.)$	12	5	$\chi^2= 3.096. (.078.)$
b.	Joint Family	8	8	*NS* p > .05.	5	8	*NS* p > .05.
09	**Nutritional status**						
a.	Underweight/obese	6	6	$\chi^2=0.833(.361.)$	12	5	$\chi^2=0.271(.602.)$
b.	Normal weight	6	12	*NS p* > .05.	8	5	*NS* p > .05
10	**Sleep Pattern**						
a.	Normal/Adequate	9	7		9	7	$\chi^2=0.002(.960.)$

b.	Disturbed/Inadequate	6	8	$\chi^2=0.535. (.464.)$ NS p > .05.	8	6	*NS p > .05.*
11.	**Bowel**						
a.	Regular	5	10	$\chi^2=0.143(.704.)$ *NS* p > .05.	10	6	$\chi^2= 2.142. (.143.)$ *NS p > .05.*
b.	Irregular	6	9		5	9	
12.	**Bladder**						
a.	Normal	9	8		9	8	
b.	Urinary Incontinence	6	7	$\chi^2=0.135(.712.)$ *NS p* > .05	7	6	$\chi^2=0.002(.960.)$ *NS p* > .05.
13.	**Physical activities performed per day**						
a.	Not involved	6	10	$\chi^2=1.157(.281.)$ *NS p* > .05.	12	6	$\chi^2=2.424(.119.)$ *NS p* > .05.
b.	Low	8	6		5	8	
14.	**If you fall sick, do you prefer to go**						
a.	Hospital Treatment	9	6	$\chi^2=0.135(.712)$ *NS* p > .05.	11	6	$\chi^2=1.032(.309.)$ *NS p* > .05.
b.	With medicines	8	7		6	7	
15.	**Source of information**						
a.	Mass Media	9	7	$\chi^2=0.001(.960.)$ SS p > .05.	9	7	$\chi^2= 0.002(.960).$ *NS p* > .05.
b.	Health Professionals/Neighbors	8	6		8	6	

Table 5: shows that the association between pretest scores among geriatric clients and the selected socio-demographic variables.

- With regard to age, in experimental group, obtained χ^2 value was 0.475 and p value was .490 indicating there was no significant association between pretest scores of geriatric clients, whereas in control group χ^2 value was 0.002 and p value was .960 indicates no significant association.

- In Experimental group regarding gender, χ^2 value was 0.135 and p value was .712 and in control group χ^2 value was 0.002 and p value was .960 found no significant association with sociodemographic variables in both the groups.

- With respect to educational status, Experimental group χ^2 value was 0.475 and p value was .490 and in Control group χ^2 value was 0.002 and p value was .960 found no significant association.

- With regard to religion, in Experimental group, obtained χ^2 value was 0.002 and p value was .960 indicating there was a statistically significant association between the pretest scores of geriatric clients, where as in Control group χ^2 value was .143 and p value was .704 indicates no significant association.

- According to marital status, χ^2 value was 0.143 and p value was 0.960 in Experimental group and in Control group χ^2 value was 1.221 and p value was .269, indicates that no association with selected socio demographic variables in both groups.

- With regard to place of residence, Experimental group shows χ^2 value was 1.832 and p value was .913, in Control group χ^2 value was 0.535 and p value was .464, which showed no significant association between socio demographic variables.

- Socio economic status showed that, in Experimental group there was no significant association with socio demographic variables with χ^2 value was 0.010 and p value was .919 and Control group χ^2 value was 0.133 and p value was .715, depicts that there was no significant association with selected socio demographic variables.

- With regard to type of family, χ^2 value was 0.153 and p value was .695 in Experimental group and Control group χ^2 value was 3.096 and p value was

.078, depicts that there was no significant association with selected socio demographic variables.

- In relate to nutritional status, χ^2 value was 0.833and p value was .361 in Experimental group and χ^2 value was 0.271 and p value was .602 in Control group. Hence it showed that, no statistically significant association with selected socio demographic variables in both groups.

- According to sleep pattern, χ^2 value was 0.535 and p value was .464 in Experimental group and Control group χ^2 value was 0.002 and p value was .960, indicates that, there was no association with selected socio demographic variables in both groups.

- With regard to Bowel pattern, in Experimental group, χ^2 value was 0.143 and p value was .704 and Control group χ^2 value was 2.142 and p value was .143 found no significant association between socio demographic variables.

- In Experimental group regarding Bladder pattern χ^2 value was 0.135 and p value was .712 and Control group χ^2 value was 0.002 and p value was .960, indicates that, there was no association with selected socio demographic variables in both groups.

- With respect to physical activities perform per day, in Experimental group χ^2 value was 1.157 and p value was .281 and Control group χ^2 value was 2.424 and p value was .119, found no significant association in both the groups.

- In relate to if you fall sick, do you prefer to go, in Experimental group χ^2 value was 0.135 and p value was .712 and Control group χ^2 value was 1.032 and p value was .309, found no significate association in both the group.

- With regard to source of information, in Experimental group, obtained χ^2 value was 0.001 and p value was .960 indicating there was statistical significate

association between pretest scores among geriatric clients and the selected socio demographic variables, whereas in Control group χ^2 value was 0.002 and p value was .960 indicates no significant association.

Thus, the hypothesis H_3, which states that there is a significant association between pretest scores with selected demographic variables such as Religion, Source of information in Experimental group, therefore the hypotheses are accepted.

CHAPTER 6

DISCUSSION

The main aim of the study was to assess the effectiveness of aloe vera juice in relieving constipation among older adults. The study was conducted by using randomized control trial pretest posttest design. The present study was conducted at R. L. Jalappa Hospital and Research Centre, Tamaka, Kolar. The sampling technique is block randomization technique was used for this study. The total sample size was 60, among them 30 were in the experimental group and 30 were in control group. Constipation Assessment Scale was used for data collection. After data collection, data was organized, tabulated, summarized and analyzed. The study finding were discussed in this chapter with reference to the objectives of the study.

OBJECTIVES OF THE STUDY

1. To assess the presence & severity of constipation among older adults in both experimental group & control group.
2. To evaluate the effectiveness of Aloe vera juice in relieving constipation among older adults in experimental and control group.
3. To determine the association between pretest scores with selected demographic variables among older adults in experimental group & control group.

HYPOTHESIS

H1: There is significant effectiveness of aloe vera juice in relieving constipation.

H2: There is a significant association between pretest scores with selected demographic variables.

MAJOR STUDY FINDINGS:

Evaluation of the effectiveness of aloe vera juice in relieving constipation among older adults in experimental and control group.

In experimental group the pretest score among 30 old age people, 8 (26.6%) had no problem, 21 (70%) had some problem and 1 (3.3%) had severe problem. The posttest reveals that among the 30 old age people, 28(93.3%) had no problem, 2(6.6%) had some problem and no severe cases.

In control group the pretest score among 30 old age people,3(10%) had no problem ,22(73.3%) had some problem and 5(16.6%) had severe problem. The posttest reveals that among the 30 old age people,2(10%) had no problem,20(73.3%) had some problem and 8(16.6%) had severe problem.

The study findings were supported by following study:

A cross sectional study was conducted to evaluate the effectiveness of aloe vera juice to relieve constipation at Gandhi Nagar community setting, with the aim of evaluating the effectiveness of aloe vera in relieving constipation in people aged 55 years and older. One group pre-test and posttest design were adopted to evaluate the effectiveness of Aloe vera juice. Aloe vera juice was provided to the clients, who met the inclusion criteria. The simple random sampling technique was adapted to select the samples and sample size was determined as 30. On pre-assessment, out of 30 samples 10 (33.33%) of them were moderate and 20 (66.67%) of them were severe. After administration of Aloe vera juice among the 30 old age people, 18 (60.00%) of them were mild and 12 (40.00%) of them were moderate. The study findings showed the following result. The pretest mean score was 35.20 with the standard deviation of

4.47 and posttest mean score was 22.53 with the standard deviation of 5.23. It shows the effectiveness of Aloe vera juice and prognosis in the client's condition.

Determining the association between pretest scores with selected demographic variables among older adults in experimental group & control group.

Association between pretest scores with selected demographic variables among older adults in experimental group & control group shows that there is a statistically significant association found for variables such as religion (χ^2 = 0.002, p =0.960) and source of information (χ^2 = 0.001, p= 0.960) and found no statistical significance difference for remaining variables as follows: Age(χ^2 = 0.475, p =0.490), Gender(χ^2 = 0.135, p =0.712), Educational status(χ^2 = 0.475, p =0.490), Marital status(χ^2 = 0.143, p =0.704), Place of residence(χ^2 = 1.832, p =0.175), Socioeconomic status(χ^2 = 0.010, p =0.919), Type of family(χ^2 = 0.153, p =0.695), Nutritional status(χ^2 = 0.833, p =0.361), Sleep pattern(χ^2 = 0.535, p =0.464), Bowel(χ^2 = 0.143, p =0.704), Bladder (χ^2 = 0.135, p =0.712) Physical activities performed per day(χ^2 = 1.157, p =0.281), If you fall sick do you prefer to go(χ^2 = 0.135, p =0.712).

The study findings were supported by following study:

A multi-center cross sectional study to assess the epidemiological characteristics of constipation in elderly people in several regions of China, with aim to investigate the epidemiological characteristics of constipation in people aged 65 years and older in several regions of China, based on a cluster sampling design was conducted in four cities of China: Tianjin, Xiamen, Cangzhou and Harbin. A total of 5,222 cases (age $\geq$ 65 years) were recruited, and the survey was conducted *via* centralized and household

questionnaires that included the following: basic demographic characteristics such as sex, age, education, marital status, living status and occupation; social activities; duration of sleep at night; duration of menstruation and delivery times (in females); and if the participant had constipation symptoms, the severity of constipation. Constipation was diagnosed according to the Rome IV criteria. Of the 5,222 participants, 919 were diagnosed with constipation. The prevalence of constipation was 17.60% in elderly people ≥65 years old. Prevalence increased with age and was significantly higher in females than males ($P < 0.05$). Prevalence was lower in the manual compared to the non-manual worker group, and significantly increased with decreasing duration of night sleep ($P < 0.05$). In conclusion the prevalence of constipation in the elderly people in four cities of China was 17.60%, and was significantly affected by age, sex and sleep duration at night.

Summary

This discussion chapter dealt with evaluation of the effectiveness of aloe vera juice in relieving constipation among older adults in experimental and control group and associate the pretest scores with selected demographic variables among older adults in experimental group & control group, were discussed with supportive study finding.

CHAPTER 7

CONCLUSION

This chapter deals with conclusion, limitation and recommendation of the study. Further, it includes implications for the Nursing Practice, Nursing Education, Nursing Administration and Nursing Research.

The main aim of the study was to evaluate the effectiveness of aloe vera juice in relieving constipation among older adults. A randomized control trial pretest posttest design was used for the study. The data collected from 60 older adults (30 experimental & 30 control group).

OBJECTIVES OF THE STUDY

1. To assess the presence & severity of constipation among older adults in both experimental group & control group.

2. To evaluate the effectiveness of Aloe vera juice in relieving constipation among older adults in experimental and control group.

3. To determine the association between pretest scores with selected demographic variables among older adults in experimental group & control group.

MAJOR FINDINGS OF THE STUDY

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

1. As per the first objective of the study, the presence & severity of constipation among older adults and effectiveness of aloe vera juice in relieving constipation in both experimental group & control group was assessed and categorized as 8 (26.6%) had no problem, 21 (70%) had some problem and 1 (3.3%) had severe problem in pretest of experimental group and in posttest 28(93.3%) had no

problem, 2(6.6%) had some problem and 0 severe cases. In control group, 3(10%) had no problem ,22(73.3%) had some problem and 5(16.6%) had severe problem in pretest and in posttest 2(10%) had no problem,20(73.3%) had some problem and 8(16.6%) had severe problem.

2. As per the second objective of the study findings, related to effectiveness of aloe vera in relieving constipation among older adults, revealed that in experimental group the mean score of posttest was 5.16 and in control group, the mean value of posttest was 0.36, The calculated paired t test value is 19.6, was found to be statistically significant at p >0.001 level. It shows the aloe vera juice was effective in relieving constipation. Hence, the research hypothesis (H_2) is accepted.

3. As per the third objective of the study findings, association between pretest scores with selected demographic variables among older adults in experimental group & control group was done, and the results revealed that there is a statistically significant association found for variables such as religion (χ^2 = 0.002, p =0.960) and source of information (χ^2 = 0.001, p= 0.960) and found no statistical significance difference for remaining variables as follows: Age(χ^2 = 0.475, p =0.490), Gender(χ^2 = 0.135, p =0.712), Educational status(χ^2 = 0.475, p =0.490), Marital status(χ^2 = 0.143, p =0.704), Place of residence(χ^2 = 1.832, p =0.175), Socioeconomic status(χ^2 = 0.010, p =0.919), Type of family(χ^2 = 0.153, p =0.695), Nutritional status(χ^2 = 0.833, p =0.361), Sleep pattern(χ^2 = 0.535, p =0.464), Bowel(χ^2 = 0.143, p =0.704), Bladder (χ^2 = 0.135, p =0.712) Physical activities performed per day(χ^2 = 1.157, p =0.281), If you fall sick do you prefer to go(χ^2 = 0.135, p =0.712).

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 setup should know how to assess the risk of constipation.

➢ Nursing professional play a key role to provide in-service education related assessment of risk of constipation and nursing care.

NURSING EDUCATION

➢ As a nurse educator they are abundant opportunities to educate the elderly about healthy life styles and risk factors of constipation.

➢ The student nurses from college of nursing be encouraged to conduct teaching programs, health education etc.

NURSING ADMINISTRATION

➢ The nursing administrator should manage the patient care and delivery of specific nursing services within the health care agency.

➢ The nursing leaders should organize in-service education in all health service level.

NURSING RESEARCH

➢ Nursing research is urgently needed to improve the health of nurses and also refine quality of care provided to society.

➢ This study assists nurse researchers to broaden their knowledge and skill to elicit problems and to conduct more research to raise their power to implement prompt care activities.

RECOMMENDATIONS OF THE STUDY

1. A similar study can be replicated on a large sample in different types of setting.

2. The replication of the study can be conducted with more effective and with constant interventions.

LIMITATIONS

1. The sample size was limited up to 60.

2. The study limited to only patients above 60 years old.

SUMMARY

This chapter dealt with summary of the study findings , implications, limitations and recommendations of the study.

CHAPTER 8

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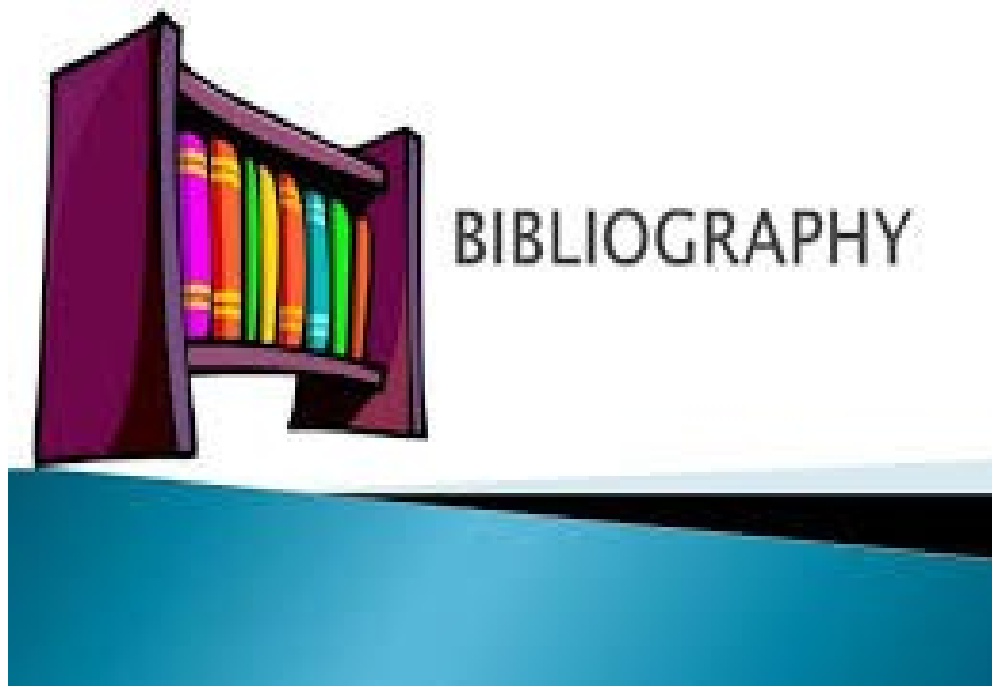
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ANNEXURES

ANNEXURE-I

Ethical clearance Certificate

Sri Devaraj Urs College of Nursing, TAMAKA, Kolar-563 103.

(Affiliated to RGUHS, Bangalore and Recognized by KNC, Bangalore & INC, New Delhi)
ISO 9001: 2015 Certified & NAAC Accredited
Phone: 9480880802   E-mail: sduconson@yahoo.com,   Website: sducon.ac.in

28-07-23

Review/ Meeting Minutes No of IEC ___02___

The meeting of the IEC for the year 2022-2023 was held at SDUCON Council hall on 28/07/2023 at 10:30am onwards under the chairmanship of Dr. Prashanti N, Chairperson, and Institutional Ethics Committee. Dr. Lavanya Subhashini, Member Secretary welcomed committee members, following members attended the meeting.

Members Present

Sl. No.	Names	Position in the committee	Signature
1	Dr. Prasanthi Natala	Chairperson	
2	Dr. Prabhakar	Member	
3	Dr. Dayanand	Member	
4	Dr. Asha . B	Member	
5	Mr. Ganesh	Member	
6	Achary Chinmayananda Avadutha	Member	
7	Dr. Lavanya Subhashini	Member Secretary	

Member Secretary
MEMBER SECRETARY
ETHICS COMMITTEE
SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA KOLAR - 563103.

Chairperson
CHAIR PERSON
ETHICS COMMITTEE
SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA KOLAR - 563103.

56

Sri Devaraj Urs College of Nursing, TAMAKA, Kolar-563 103.

After the proceedings the proposals listed for meeting were taken up for discussion. After deliberation the following decision were arrived.

No of proposals received:17

No of proposals Approved:16

No of proposals Approved and subjected to corrections:01

No of proposals rejected: Nil

The recommendations made by the committee to each proposal is detailed below

Undergraduate Synopsis (III BSc Nursing and II PBBSc Nursing)

Sl no	IEC Reg No of proposal	Name of the principal /Co-investigator	Title of research proposal	Accepted/Rejected	Recommendation of the committee
1	IEC/119/2023	Mrs. Vani R Assistant professor Dept. of Community Health Nursing	A true experimental study to assess the Effectiveness of aloevera juice in relieving constipation among older adults in a selected hospital, Kolar.	Accepted	Refer Minutes
2	IEC/120 /2023	Mrs. Gayathri K.V Associate professor Dept. of OBG SDUCON	An explorative study to assess the impact of peer mentoring on academic performance among Nursing students at selected Colleges, Kolar'	Accepted	Refer Minutes

2

57

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 Research Guide

Mrs. Vani R

Assistant Professor

Dept of Community Health Nursing

Respected Sir,

Sub: Requesting permission to conduct main research study in R L 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 true experimental study to assess the effectiveness of Aloe vera juice in relieving constipation among older adults in selected hospital, Kolar ."

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

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

Thanking you,

Enclosures:	**Your's sincerely,**
1. Synopsis	Mr. Abhilash R
2.Constipation Assessment Scale	Ms. Abiya Shibu
3. PIS & Written Informed Consent	Ms. Adithya Murali
4.Institutional Ethical Clearance	Ms. Akhila A
Date:	Ms. Aleena Biju
Place: Tamaka , Kolar	Ms. Algeena Jacob
	Ms. Jinu John
	Ms. Namitha Elza Jojo
	Ms. Suma A
	Ms. Tessa Saji
	Ms. Tressa Benny
	Ms. Usha L S

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 Research Guide
Mrs. Vani R
Assistant Professor
Dept of Community Health Nursing

Respected Sir,

Sub: Requesting permission to conduct main research study in R L 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 true experimental study to assess the effectiveness of Aloe vera juice in relieving constipation among older adults in selected hospital, Kolar ."

With regard to above, we request you to grant permission to collect data from older adults in hospital. Further we assure you that we will collect the data from the patients without disturbing the hospital rules and regulations and the information collected from patients will be kept confidential.
Hence, we request your good self to kindly consider for needful approval.

Thanking you,

Enclosures:
1. Synopsis
2. Constipation Assessment Scale
3. PIS & Written Informed Consent
4. Institutional Ethical Clearance

Date:
Place: Tamaka , Kolar

Your's sincerely,
Mr. Abhilash R
Ms. Abiya Shibu
Ms. Adithya Murali
Ms. Akhila A
Ms. Aleena Biju
Ms. Algeena Jacob
Ms. Jinu John
Ms. Namitha Elza Jojo
Ms. Suma A
Ms. Tessa Saji
Ms. Tressa Benny
Ms. Usha L S

Respected Sir,

Forwarded for the needful Consideration & approval to carryout the Study.

Permitted

13.9.23

13/9/23

Medical Superintendent
R.L. Jalappa Hospital & Research Centre
Tamaka, Kolar-563103.

59

ANNEXURE-III

CERTIFICATE OF STATISTICIAN

CERTIFICATE OF STATISTICIAN

I hereby certify that I have provided statistical guidance in analysis to IIIrd year BSc (N) students, for the research study titled as " **A true experimental study to assess the effectiveness of aloe vera juice in relieving constipation among older adults in a selected hospital, Kolar**" at Sri Devaraj Urs College of Nursing Tamaka, Kolar.

Place: Tamaka, Kolar

Date:

Signature of expert
Asst.Professor, Statistics
Dept. of Community Medicine
SDUMC, Kolar-563103

ANNEXURE-IV

SECTION A: PART-1 SOCIODEMOGRAPHIC PROFORMA

Instructions: -

Dear Participant,

Below given are statements regarding your baseline data. Please read the items carefully and complete them by encircling the options provided. Do not leave any items. Kindly write the answers wherever necessary. All the information (response) given by you will be kept confidential used only for the study purpose. Kindly answer the questions

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. **Religion**
   a) Hindu
   b) Muslim
   c) Christian
   d) Any other specify

5. **Marital status**

  a) Married

  b) Unmarried

  c) Divorce

  d) Widowed

  e) Single

6. **Place of residence**

  a) Rural

  b) Semi-urban

  c) Urban

7.

8. **Socioeconomic status**

  a. APL

  b. BPL

9. **Type of Family**

  a) Nuclear family

  b) Joint family

  c) Extended family

  d) Any other Specify _____

PART B: Bio physiological Parameters

10. **Nutritional status**

  a. Under weight

  b. Normal weight

  c. Over weight/Obese

11. **Sleep pattern**

  a. Normal/Adequate

  b. Disturbed/Inadequate

12. Bowel

   a. Regular

   b. Irregular

13. Bladder

   a. Normal

   b. Urinary Incontinence

14. Physical activities performed per day

   a) Not involved

   b) Low (less than 20 min/day)

   c) High (more than 30min/day)

SECTION B- PART 3: CONSTIPATION ASSESSMENT SCALE.

Instructions: **Dear Participant,**

You are requested to listen the following statements/items carefully 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** indicates strong agreement, **4** indicates agreement, **3** indicates uncertainty, **2** indicates disagreement, and **1** indicates serious disagreement. You may select any number between 1 and 5.

SLNO	ITEMS	NO PROBLEMS	SOME PROBLEMS	SEVERE PROBLEMS
1	Abdominal distention or bloating			
2	Change in amount of gas passed rectally			
3	Less frequent bowel movements			
4	Oozing liquid stool			
5	Rectal fullness or pressure			
6	Rectal pain with bowel movements			
7	Small stool size			
8	Urge but inability to pass stool			

ಸೂಚನೆಗಳು: - ಕೋಡ್ ಇಲ್ಲ:

ಆತ್ಮೀಯ ಪಾಲ್ಗೊಳ್ಳುವವರು,

ಕೆಳಗೆ ನೀಡಿದ ನಿಮ್ಮ ಬೇಸ್ಲೈನ್ ಬಗ್ಗೆ ಹೇಳಿಕೆಗಳುದೇಟಾ.ದಯವಿಟ್ಟು ಎಚ್ಚರಿಕೆಯಿಂದ ಐಟಂಗಳನ್ನು ಓದಿ ಆಯ್ಕೆಗಳನ್ನು ಸುತ್ತುವ ಮೂಲಕ ಅವುಗಳನ್ನು ಪೂರ್ಣಗೊಳಿಸಿಬಿಡಗಿಸಿದ. ಯಾವುದೇ ಐಟಂಗಳನ್ನು ಬಿಡಬೇಡಿ. ಅಗತ್ಯವಿರುವ ಎಲ್ಲ ಉತ್ತರಗಳನ್ನು ದಯವಿಟ್ಟು ಬರೆಯಿರಿ.ನಿಮಗೆ ನೀಡಿದ ಎಲ್ಲಾ ಮಾಹಿತಿ (ಪ್ರತಿಕ್ರಿಯೆ) ನಿಮಗೆ ಸಂಪೂರ್ಣ ಉದ್ದೇಶಕ್ಕಾಗಿ ಮಾತ್ರ ಬಳಸಲ್ಪಡುತ್ತದೆ. ದಯವಿಟ್ಟು ಪ್ರಶ್ನೆಗಳಿಗೆ ಉತ್ತರಿಸಿ

1.ವಯಸ್ಸು (ವರ್ಷಗಳಲ್ಲಿ) _____

2.ಲಿಂಗ

a)ಪುರುಷ

b) ಹೆಣ್ಣು

3. ಶೈಕ್ಷಣಿಕ ಸ್ಥಿತಿ / ಅರ್ಹತೆ

a)ಸ್ನಾತಕೋತ್ತರ

b)ಪದವಿಧರ

c)ಪಿಯುಸಿ / ಡಿಪ್ಲೊಮಾ

d)ಪ್ರೌಢಶಾಲೆ

e)ಪ್ರಾಥಮಿಕ

f)ಔಪಚಾರಿಕ ಶಿಕ್ಷಣ ಇಲ್ಲ

4.ಧರ್ಮ

a)ಹಿಂದೂ

b)ಮುಸ್ಲಿಂ

c)ಕ್ರಿಶ್ಚಿಯನ್

d)ಯಾವುದೇ ನಿರ್ದಿಷ್ಟ ಸೂಚಿಸಿ

5.ವೈವಾಹಿಕ ಸ್ಥಿತಿ

a)ವಿವಾಹಿತ

b)ಅವಿವಾಹಿತ

c)ವಿಚ್ಛೇದನ

d)ವಿಧವೆಯಾದ

e)ಏಕ

6.ವಾಸಸ್ಥಾನ

a)ಗ್ರಾಮೀಣ

b)ಅರೆ ನಗರ

c)ನಗರ

7.ಸಾಮಾಜಿಕ ಆರ್ಥಿಕ ಸ್ಥಿತಿ

a. ಎಪಿಎಲ್

b. ಬಿಪಿಎಲ್

8.ಕುಟುಂಬದ ವಿಧಗಳು

a)ಪರಮಾಣು ಕುಟುಂಬ

b) ಅವಿಭಕ್ತ ಕುಟುಂಬ

c)ವಿಸ್ತೃತ ಕುಟುಂಬ

d)ಯಾವುದೇ ಇತರ

9.ಪೌಷ್ಟಿಕಾಂಶದ ಸ್ಥಿತಿ

a.ತೂಕದ ಅಡಿಯಲ್ಲಿ

b.ಸಾಧಾರಣ ತೂಕ

c. ಅಧಿಕ ತೂಕ / ಬೊಜ್ಜು

ಭಾಗ ಬಿ: ಜೈವಿಕ ದೈಹಿಕ ನಿಯತಾಂಕಗಳು

10.ನಿದ್ರೆ ಮಾದರಿ

a.ಸಾಮಾನ್ಯ /ಸಾಕಷ್ಟು

b.ಕದಡಿದ /ಅಸಮರ್ಪಕ

11.ಕರುಳಿನ

a. ನಿಯಮಿತ

b.ಅನಿಯಮಿತ

12. ಮೂತ್ರ ಕೋಶ

a. ಸಾಮಾನ್ಯ

b. ಮೂತ್ರದ ಅಸಂಯಮ

13.ದಿನಕ್ಕೆ ದೈಹಿಕ ಚಟುವಟಿಕೆಗಳು ನಡೆಸಲಾಗುತ್ತದೆ

a)ಒಳಗೊಂಡಿಲ್ಲ

b)ಕಡಿಮೆ (20 ನಿಮಿಷ / ದಿನಕ್ಕಿಂತ ಕಡಿಮೆ)

c)ಎತ್ತರ (30 ನಿಮಿಷ / ದಿನ)

67

<u>ವಿಭಾಗ ಬಿ-ಭಾಗ 3:ಮಲಬದ್ಧತೆ ಮೌಲ್ಯಮಾಪನ ಸ್ಕೇಲ್.</u>

ಸೂಚನೆಗಳು:ಆತ್ಮೀಯ ಪಾಲ್ಗೊಳ್ಳುವವರು,

ಕೆಳಗಿನ ಹೇಳಿಕೆಗಳನ್ನು/ಐಟಂಗಳನ್ನು ಎಚ್ಚರಿಕೆಯಿಂದ ಆಲಿಸಲು ಮತ್ತು ಟಿಕ್ ಮಾರ್ಕ್ ಹಾಕುವ ಮೂಲಕ ನಿಮ್ಮ ಅಭಿಪ್ರಾಯವನ್ನು ನೀಡಲು ನಿಮ್ಮನ್ನು ವಿನಂತಿಸಲಾಗಿದೆ ( ) . ಸೂಕ್ತವಾದ ಅಂಕಣದಲ್ಲಿ ನಿಮ್ಮ ಅಭಿಪ್ರಾಯವನ್ನು ಹೆಚ್ಚು ನಿಕಟವಾಗಿ ಅನುರೂಪವಾಗಿದೆ. ಯಾವುದೇ ತಪ್ಪು ಉತ್ತರವನ್ನು ಪರಿಗಣಿಸಲಾಗುತ್ತದೆ, ಪ್ರತಿ ಪ್ರತಿಕ್ರಿಯೆಯನ್ನು ಪರಿಗಣಿಸಲಾಗುತ್ತದೆ

5 ಬಲವಾದ ಒಪ್ಪಂದವನ್ನು ಸೂಚಿಸುತ್ತದೆ

4 ಒಪ್ಪಂದವನ್ನು ಸೂಚಿಸುತ್ತದೆ

3 ಅನಿಶ್ಚಿತತೆಯನ್ನು ಸೂಚಿಸುತ್ತದೆ

2 ಭಿನ್ನಾಭಿಪ್ರಾಯವನ್ನು ಸೂಚಿಸುತ್ತದೆ

1 ಗಂಭೀರ ಭಿನ್ನಾಭಿಪ್ರಾಯವನ್ನು ಸೂಚಿಸುತ್ತದೆ.

ನೀವು ಯಾವುದೇ ಸಂಖ್ಯೆಯನ್ನು ಆಯ್ಕೆ ಮಾಡಬಹುದು 1 ರಿಂದ 5 ರ ನಡುವೆ

ಕ್ರಮ ಸಂಖ್ಯೆ	ವಸ್ತುಗಳು	ಯಾವತೊಂದರೆಯಿಲ್ಲ	ಕೆಲವು ಸಮಸ್ಯೆಗಳು	ತೀವ್ರ ಸಮಸ್ಯೆಗಳು
1	ಕಿಬ್ಬೊಟ್ಟೆಯ ಹಿಗ್ಗುವಿಕೆ ಅಥವಾ ಉಬ್ಬುವುದು	0	1	2
2	ಗುದನಾಳದ ಮೂಲಕ ಹೋಗುವ ಅನಿಲದ ಪ್ರಮಾಣದಲ್ಲಿ ಬದಲಾವಣೆ	0	1	2
3	ಕಡಿಮೆ ಆಗಾಗ್ಗೆ ಕರುಳಿನ ಚಲನೆಗಳು	0	1	2
4	ದ್ರವ ಸ್ಟೂಲ್ ಸೋರಿಕೆ	0	1	2
5	ಗುದನಾಳದ ಪೂರ್ಣತೆ ಅಥವಾ ಒತ್ತಡ	0	1	2
6	ಕರುಳಿನ ಚಲನೆಯೊಂದಿಗೆ ಗುದನಾಳದ ನೋವು	0	1	2
7	ಸಣ್ಣ ಸ್ಟೂಲ್ ಗಾತ್ರ	0	1	2
8	ಒತ್ತಾಯ ಆದರೆ ಮಲವನ್ನು ರವಾನಿಸಲು ಅಸಮರ್ಥತೆ	0	1	2

ANNEXURE-V
CONSENT FORMS

Information for Participants- Geriatric clients

Title： :"A true experimental study to assess the effectiveness of aloe vera juice in relieving constipation among older adults in a selected hospital, Kolar".

Geriatric clients are invited to take part in a research study. Before you decide to participate in this study, it is important for you to understand why this research is being carried out and your role in the project. Please take time to read the following information carefully and discuss it with your friends and relatives if you wish before you decide to participate or not in this study. Don't hesitate to ask us if there is anything that is not clear here or for more information. Take as much as time you need to decide to participate in this study.

What is the purpose of the study?

This is purely a research study and your participation may not bring any direct benefit to you.

The present study aims to conduct to evaluate the effectiveness of aloe vera juice in relieving constipation among older adults – *Do No Harm*.

Does participants have to take part in the study?

The investigator invites you to participate in the study and will be given a copy of this information sheet and adequate time to read through this, think and ask any questions before making a decision. If you decide to enroll in the study, you will be asked to sign a consent form. You are free to withdraw from the study at any time

without giving any reason. A decision not to take part or later withdraw from the study whenever you choose will not affect your right or your profession.

What is your role in this project?

After you sign in the informed consent, the investigator shall ask questions on the basic details of the age, gender, education, occupation, area of residence, number of years of experience, previous exposure.

After 7 days a post test will be conducted to evaluate the effectiveness of aloe vera juice

What is the duration of Training?

The study duration will be for a period of 7 days.

What are the benefits of participating in the study?

Intervention strategy shall bring a change the presence and severity of constipation will enhance the health outcomes. You are not entitled for any monetary or other benefits for participating in the study.

Are there any risks involved in participating in the study?

Study is totally non-invasive, safe and will not harm you in anyway. There are absolutely no risks or any inconvenience for participating in this study.

Confidentiality of information

The data collected will be coded using unique code numbers which will be known only to the investigating team. Only this code will be indicated in all assessment sheets. Your name will not be disclosed outside the hospital or appear on any reports or publications resulting from the study. The data generated from this research will be anonymous, with no indication of the identity of individuals involved.

The results of the Intervention carried out, however, will be revealed and explained to you.

What will happen to the samples (data) you have given?

The data obtained will be analyzed for scientific purpose. The results obtained from this study may be published in national and international scientific journals. Results may also be presented in scientific conferences /seminars. We will publish the results in scientific journals so that other interested people may learn from our research. However, we assure you that your identity will not be revealed anywhere, in any form and to anybody. If you withdraw from the study after the samples have been collected, then your data will not be used for this study. Such data will be in safe custody till the completion of the project and will be deleted from records thereafter.

Who is organizing/ conducting the study?

The research is being conducted under the guidance of Mrs. Vani R Assistant Professor Dept of CHN, SDUCON ,Tamaka, Kolar.

Who has reviewed this study?

The study has been approved by the Institutional Ethics Committee, Sri Devaraj URS College of Nursing for ethical aspects/standards.

If you need any more information about this study, you may please contact the following at any time of the study.

Mrs. Vani R
Assistant professor
SDUCON
Email:vanivanir1988@gmail.com

Ms. Abiya Shibu
3rd year BSc student
Ph no:9567546616

<div align="center">

Written Informed Consent Form
</div>

Study Title: A true experimental study to assess the effectiveness of aloe vera juice in relieving constipation among older adults in selected hospital ,kolar.

Code Number:

I confirm that I have read and understood the information given to me about this study and my role in it. I had opportunities to ask questions and my questions have been answered to my satisfaction.
or
I confirm that all information about this study and my role in it has been read / explained to me by a member of the investigating team in a language that I understand. I had opportunities to ask questions and my questions have been answered to my satisfaction.

b) I understand that my participation in this study is voluntary and that I am free to withdraw from the study at any time, without giving any reason and legal rights being affected.

c) I understand that my identity will not be revealed in any document or publication.

d) I agree not to restrict the use/publication of any data or results that arise from this study provided such use is only for scientific purposes.

e) I am aware that by agreeing to my participation in this investigation, I will have to give more time for training and assessments by the investigating team and that these assessments will not interfere with the benefits that I am entitled to or my daily routine.

f) I give my consent, voluntarily to take part in this study. I also agree for the investigator to record the observation/interview sessions whenever they are held.

Signature (or thumb impression) of the study participants /Legally Acceptable Representative:

Name of the study participant: _____Date: _/_/_/_____

Place:

Study   participant   signature: _____

Name of the investigator: _____ Date: ___/___/_____

Place:

Study Investigator's Signature: _____

ಭಾಗವಹಿಸುವವರಿಗೆ ಮಾಹಿತಿ- ಹಿರಿಯ ಗ್ರಾಹಕರಿಗೆ

ಶೀರ್ಷಿಕೆ: "ಆರ್.ಎಲ್ ಲಪ್ಪ ಆಸ್ಪತ್ರೆ ಮತ್ತು ಸಂಶೋಧನಾ ಕೇಂದ್ರಟಮಕ್ಕಾ, ಕೋಲಾರದ ಆಯ್ದ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ವಯಸ್ಸಾದ ವಯಸ್ಕರಲ್ಲಿ ಮಲಬದ್ಧತೆಯನ್ನು ನಿವಾರಿಸುವಲ್ಲಿ ಅಲೋವೆರಾ ರಸದ ಪರಿಣಾಮಕಾರಿತ್ವವನ್ನು ನಿರ್ಣಯಿಸಲು ನಿಜವಾದ ಪ್ರಾಯೋಗಿಕ ಅಧ್ಯಯನ ಸಂಶೋಧನಾ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಜೆರಿಯಾಟ್ರಿಕ್ಲಿಂಟ್‌ಗಳನ್ನು ಆಹ್ವಾನಿಸಲಾಗಿದೆ, ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ನೀವು ನಿರ್ಧರಿಸುವ ಮೊದಲು, ಈ ಸಂಶೋಧನೆಯನ್ನು ಏಕೆನಡೆಸಲಾಗುತ್ತಿದೆ ಮತ್ತು ಯೋಜನೆಯಲ್ಲಿ ನಿಮ್ಮ ಪಾತ್ರವನ್ನು ಅರ್ಥಮಾಡಿಕೊಳ್ಳುವುದು ನಿಮಗೆ ಮುಖ್ಯವಾಗಿದೆ, ದಯವಿಟ್ಟು ಈ ಕೆಳಗಿನ ಮಾಹಿತಿಯನ್ನು ಎಚ್ಚರಿಕೆಯಿಂದ ಓದಲು ಸಮಯ ತೆಗೆದುಕೊಳ್ಳಿ ಮತ್ತು ನೀವು ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಅಥವಾ ಭಾಗವಹಿಸದಿರಲು ನಿರ್ಧರಿಸುವ ಮೊದಲು ನಿಮ್ಮ ಸ್ನೇಹಿತರು ಮತ್ತು ಸಂಬಂಧಿಕರೊಂದಿಗೆ ಚರ್ಚಿಸಿ, ಇಲ್ಲಿ ಸ್ಪಷ್ಟವಾಗದ ಏನಾದರೂ ಇದ್ದರೆ ಅಥವಾ ಹೆಚ್ಚಿನ ಮಾಹಿತಿಗಾಗಿ ನಮ್ಮನ್ನು ಕೇಳಲು ಹಿಂಜರಿಯಬೇಡಿ, ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ನೀವು ನಿರ್ಧರಿಸಲು ಅಗತ್ಯವಿರುವಷ್ಟು ಸಮಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳಿ.

ಅಧ್ಯಯನದ ಉದ್ದೇಶವೇನು?

ಇದು ಸಂಪೂರ್ಣವಾಗಿ ಸಂಶೋಧನಾ ಅಧ್ಯಯನವಾಗಿದೆ ಮತ್ತು ನಿಮ್ಮ ಭಾಗವಹಿಸುವಿಕೆ ನಿಮಗೆ ಯಾವುದೇ ನೇರ ಪ್ರಯೋಜನವನ್ನು ತರದಿರಬಹುದು, ಪ್ರಸ್ತುತ ಅಧ್ಯಯನವು ಜೆರಿಯಾಟ್ರಿಕ್ಸಾಹಕರಿಗೆ ಆರೋಗ್ಯದ ಫಲಿತಾಂಶಗಳನ್ನು ಉತ್ತೇಜಿಸಲು ಮೌಲ್ತಿಕರಿಸಿದ ಮಲ್ಟಿಮೋಡಲ್, ಇಂಟರ್ವೆನ್ಶನ್ ಎಜುಕೇಶನಲ್ ಅನ್ನು ನಡೆಸುವ ಗುರಿಯನ್ನು ಹೊಂದಿದೆ - ಯಾವುದೇ ಹಾನಿ ಮಾಡಬೇಡಿ.

ಭಾಗವಹಿಸುವವರು ಅಧ್ಯಯನದಲ್ಲಿ ಪಾಲ್ಗೊಳ್ಳಬೇಕೇ?

ತನಿಖಾಧಿಕಾರಿಯು ನಿಮ್ಮನ್ನು ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಆಹ್ವಾನಿಸುತ್ತಾನೆ ಮತ್ತು ಈ ಮಾಹಿತಿ ಹಾಳೆಯ ನಕಲನ್ನು ಮತ್ತು ಇದರ ಮೂಲಕ ಓದಲು, ಯೋಚಿಸಲು ಮತ್ತು ನಿರ್ಧಾರ ತೆಗೆದುಕೊಳ್ಳುವ ಮೊದಲು ಯಾವುದೇ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ಸಾಕಷ್ಟು ಸಮಯವನ್ನು ನೀಡಲಾಗುತ್ತದೆ, ನೀವು

ಅಧ್ಯಯನಕ್ಕೆ ದಾಖಲಾಗಲು ನಿರ್ಧರಿಸಿದರೆ, ಒಪ್ಪಿಗೆಯ ನಮೂನೆಗೆ ಸಹಿ ಮಾಡಲು ನಿಮ್ಮನ್ನು ಕೇಳಲಾಗುತ್ತದೆ, ಯಾವುದೇ ಕಾರಣವನ್ನು ನೀಡದೆ ಯಾವುದೇ ಸಮಯದಲ್ಲಿ ಅಧ್ಯಯನದಿಂದ ಹಿಂದೆ ಸರಿಯಲು ನೀವು ಸ್ವತಂತ್ರರಾಗಿದ್ದೀರಿ, ನೀವು ಆಯ್ಕೆ ಮಾಡಿಕೊಂಡಾಗಲೆಲ್ಲಾ ಅಧ್ಯಯನದಿಂದ ಪಾಲ್ಗೊಳ್ಳದಿರುವ ಅಥವಾ ನಂತರ ಹಿಂತೆಗೆದುಕೊಳ್ಳುವ ನಿರ್ಧಾರವು ನಿಮ್ಮ ಹಕ್ಕು ಅಥವಾ ನಿಮ್ಮ ವೃತ್ತಿಯ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುವುದಿಲ್ಲ.

ಈ ಯೋಜನೆಯಲ್ಲಿ ನಿಮ್ಮ ಪಾತ್ರವೇನು?

ತಿಳುವಳಿಕೆಯುಳ್ಳ ಸಮ್ಮತಿಗೆ ನೀವು ಸೈನ್ಇನ್ಮಾಡಿದ ನಂತರ, ತನಿಖಾಧಿಕಾರಿಯು ವಯಸ್ಸು, ಲಿಂಗ, ಶಿಕ್ಷಣ, ಉದ್ಯೋಗ, ವಾಸಸ್ಥಳದ ಪ್ರದೇಶ, ೭ನೇ ದಿನ ಮೊದಲ ನಂತರದ ಪರೀಕ್ಷೆಯನ್ನು ನಡೆಸಲಾಗುವುದು.

ತರಬೇತಿಯ ಅವಧಿ ಎಷ್ಟು?

ವಯಸ್ಸಾದ ಗ್ರಾಹಕರಲ್ಲಿ ೭ದಿನಗಳ ಅವಧಿಗೆ ನೀಡಲಾದ ಅಲೋವೆರಾ ಜ್ಯೂಸ್ನ ಪೂರಕವನ್ನು ಅಧ್ಯಯನವು ಒಳಗೊಂಡಿರುತ್ತದೆ.

ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವ ಪ್ರಯೋಜನಗಳೇನು?

ಅಲೋವೆರಾ ರಸದ ಪೂರಕವನ್ನು ಒಳಗೊಂಡಿರುವ ಮಧ್ಯಸ್ಥಿಕೆಯ ತಂತ್ರವು ಮಲಬದ್ಧತೆಯ ಉಪಸ್ಥಿತಿ ಮತ್ತು ತೀವ್ರತೆಯಲ್ಲಿ ಬದಲಾವಣೆಯನ್ನು ತರುತ್ತದೆ ಮತ್ತು ವಯಸ್ಸಾದ ಗ್ರಾಹಕರಲ್ಲಿ ಆರೋಗ್ಯದ ಫಲಿತಾಂಶಗಳನ್ನು ಹೆಚ್ಚಿಸುತ್ತದೆ. ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ನೀವು ಯಾವುದೇ ವಿತ್ತೀಯ ಅಥವಾ ಇತರ ಪ್ರಯೋಜನಗಳಿಗೆ ಅರ್ಹರಾಗಿಲ್ಲ.

ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವಲ್ಲಿ ಯಾವುದೇ ಅಪಾಯಗಳಿವೆಯೇ?

ಈ ಮಧ್ಯಸ್ಥಿಕೆಯನ್ನು ನಡೆಸಲು ತಜ್ಞರ ಅಭಿಪ್ರಾಯಗಳನ್ನು ಪಡೆದ ನಂತರ ಚಿಕಿತ್ಸಕ ಪ್ರಯೋಜನಗಳೊಂದಿಗೆ ವೃದ್ಧಾಪ್ಯ ಗ್ರಾಹಕರಲ್ಲಿ ೭ ದಿನಗಳ ಅವಧಿಗೆ ನೀಡಲಾದ ಅಲೋವೆರಾ ರಸದ

ಪೂರಕವನ್ನು ಅಧ್ಯಯನವು ಒಳಗೊಂಡಿರುತ್ತದೆ. ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವಲ್ಲಿ ಯಾವುದೇ ಅಪಾಯಗಳು ಅಥವಾ ಯಾವುದೇ ಅನಾನುಕೂಲತೆ ಇಲ್ಲ.

ಮಾಹಿತಿಯ ಗೌಪ್ಯತೆ

ಸಂಗ್ರಹಿಸಿದ ಡೇಟಾವನ್ನು ಅನನ್ಯ ಕೋಡ್‌ಸಂಖ್ಯೆಗಳನ್ನು ಬಳಸಿ ಕೋಡ್‌ಮಾಡಲಾಗುತ್ತದೆ, ಅದು ತನಿಖಾ ತಂಡಕ್ಕೆ ಮಾತ್ರ ತಿಳಿಯುತ್ತದೆ, ಎಲ್ಲಾ ಮೌಲ್ಯಮಾಪನ ಹಾಳೆಗಳಲ್ಲಿ ಈ ಕೋಡ್ ಅನ್ನು ಮಾತ್ರ ಸೂಚಿಸಲಾಗುತ್ತದೆ. ನಿಮ್ಮ ಹೆಸರನ್ನು ಆಸ್ಪತ್ರೆಯ ಹೊರಗೆ ಬಹಿರಂಗ ಪಡಿಸಲಾಗುವುದಿಲ್ಲ ಅಥವಾ ಅಧ್ಯಯನದ ಪರಿಣಾಮವಾಗಿ ಯಾವುದೇ ವರದಿಗಳು ಅಥವಾ ಪ್ರಕಟಣೆಗಳಲ್ಲಿ ಕಾಣಿಸಿಕೊಳ್ಳುವುದಿಲ್ಲ. ಸಂಶೋಧನೆಯಿಂದ ರಚಿಸಲಾದ ಡೇಟಾವು ಅನಾಮಧೇಯವಾಗಿರುತ್ತದೆ, ಒಳಗೊಂಡಿರುವ ವ್ಯಕ್ತಿಗಳ ಗುರುತಿನ ಯಾವುದೇ ಸೂಚನೆಯಿಲ್ಲ. ಆದಾಗ್ಯೂ, ನಡೆಸಿದ ಹಸ್ತಕ್ಷೇಪದ ಫಲಿತಾಂಶಗಳನ್ನು ಬಹಿರಂಗ ಪಡಿಸಲಾಗುತ್ತದೆ ಮತ್ತು ನಿಮಗೆ ವಿವರಿಸಲಾಗುತ್ತದೆ.

ನೀವು ನೀಡಿದ ಮಾದರಿಗಳಿಗೆ (ಮಾಹಿತಿ) ಏನಾಗುತ್ತದೆ?

ಪಡೆದ ಡೇಟಾವನ್ನು ವೈಜ್ಞಾನಿಕ ಉದ್ದೇಶಕ್ಕಾಗಿ ವಿಶ್ಲೇಷಿಸಲಾಗುತ್ತದೆ, ಈ ಅಧ್ಯಯನದಿಂದ ಪಡೆದ ಫಲಿತಾಂಶಗಳನ್ನು ರಾಷ್ಟ್ರೀಯ ಮತ್ತು ಅಂತರಾಷ್ಟ್ರೀಯ ವೈಜ್ಞಾನಿಕ ನಿಯತಕಾಲಿಕಗಳಲ್ಲಿ ಪ್ರಕಟಿಸಬಹುದು, ಫಲಿತಾಂಶಗಳನ್ನು ವೈಜ್ಞಾನಿಕ ಸಮ್ಮೇಳನಗಳು | ಸೆಮಿನಾರ್‌ಗಳಲ್ಲಿ ಸಹಪ್ರಸ್ತುತ ಪಡಿಸಬಹುದು, ನಾವು ವೈಜ್ಞಾನಿಕ ನಿಯತ ಕಾಲಿಕಗಳಲ್ಲಿ ಫಲಿತಾಂಶಗಳನ್ನು ಪ್ರಕಟಿಸುತ್ತೇವೆ ಇದರಿಂದ ಇತರ ಆಸಕ್ತ ಜನರು ನಮ್ಮ ಸಂಶೋಧನೆಯಿಂದ ಕಲಿಯಬಹುದು.

ಆದಾಗ್ಯೂ, ನಿಮ್ಮ ಗುರುತನ್ನು ಎಲ್ಲಿಯೂ ಯಾವುದೇ ರೂಪದಲ್ಲಿ ಮತ್ತು ಯಾರಿಗೂ ಬಹಿರಂಗಪಡಿಸಲಾಗುವುದಿಲ್ಲ ಎಂದು ನಾವು ನಿಮಗೆ ಭರವಸೆ ನೀಡುತ್ತೇವೆ, ಮಾದರಿಗಳನ್ನು ಸಂಗ್ರಹಿಸಿದ ನಂತರ ನೀವು ಅಧ್ಯಯನದಿಂದ ಹಿಂದೆ ಸರಿದರೆ, ನಿಮ್ಮ ಡೇಟಾವನ್ನು ಈ ಅಧ್ಯಯನಕ್ಕೆ

ಬಳಸಲಾಗುವುದಿಲ್ಲ, ಯೋಜನೆಯು ಪೂರ್ಣಗೊಳ್ಳುವ ವರೆಗೆ ಅಂತಹ ಡೇಟಾವನ್ನು ಸುರಕ್ಷಿತ ಕನ್ನಡಿಯಲ್ಲಿ ಇರಿಸಲಾಗುತ್ತದೆ ಮತ್ತು ನಂತರ ದಾಖಲೆಗಳಿಂದ ಅಳಿಸಲಾಗುತ್ತದೆ.

ಯಾರು ಅಧ್ಯಯನವನ್ನು ಆಯೋಜಿಸುತ್ತಿದ್ದಾರೆ / ನಡೆಸುತ್ತಿದ್ದಾರೆ?

ಸಂಶೋಧನೆಯನ್ನು ಶ್ರೀಮತಿವಾಣಿ,ಆರ್, ಸಹಾಯಕ ಪ್ರಾಧ್ಯಾಪಕ ಸಮುದಾಯ ಆರೋಗ್ಯ ಶುಶ್ರೂಷಾ ವಿಭಾಗ – ಎಸ್ಡಿಯುಸಿಓಎನ್.

ಈ ಅಧ್ಯಯನವನ್ನು ಯಾರು ಪರಿಶೀಲಿಸಿದ್ದಾರೆ?

ಈ ಅಧ್ಯಯನವನ್ನು ಸಾಂಸ್ಥಿಕ ನೀತಿ ಶಾಸ್ತ್ರ ಸಮಿತಿ, ಶ್ರೀ ದೇವರಾಜ್ ಅಸ್ಕೋಲೇಜ್ ಆಫ್‌ನರ್ಸಿಂಗ್, ನೈತಿಕ ಅಂಶಗಳು/ಗುಣಮಟ್ಟಗಳಿಗಾಗಿ ಅನುಮೋದಿಸಿದೆ. ಈ ಅಧ್ಯಯನದ ಕುರಿತು ನಿಮಗೆ ಹೆಚ್ಚಿನ ಮಾಹಿತಿ ಬೇಕಾದಲ್ಲಿ ಅಧ್ಯಯನದ ಯಾವುದೇ ಸಮಯದಲ್ಲಿ ನೀವು ಕೆಳಗಿನವರನ್ನು ಸಂಪರ್ಕಿಸಬಹುದು.

ಶ್ರೀಮತಿ ವಾಣಿ,ಆರ್,

ಸಹಾಯಕ ಪ್ರಾಧ್ಯಾಪಕ

ಸಮುದಾಯ ಆರೋಗ್ಯ ಶುಶ್ರೂಷಾ ವಿಭಾಗ

+919620213112

ಶ್ರೀ ಮತಿ ಅಬಿಯಾ ಶಿಬು

3ನೇ ವರ್ಷದ ಬಿಎಸ್ಸಿ ವಿದ್ಯಾರ್ಥಿ

Ph no:9567546616

ಈ ಮಾಹಿತಿಯನ್ನು ಓದಲು ಸಮಯ ತೆಗೆದುಕೊಂಡಿದ್ದಕ್ಕಾಗಿ ಧನ್ಯವಾದಗಳು, ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಪಾಲ್ಗೊಳ್ಳಲು ನೀವು ನಿರ್ಧರಿಸಿದರೆ ನಿಮ್ಮ ಮಾಹಿತಿಗಾಗಿ ಈ ಕರಪತ್ರದ ಪ್ರತಿಯನ್ನು ನಿಮಗೆ ನೀಡಲಾಗುತ್ತದೆ.

ತನಿಖಾಧಿಕಾರಿಯ ಸಹಿ

ಸ್ವೀಕೃತಿ ಈ ಡಾಕ್ಯುಮೆಂಟ್‌ನ ಪ್ರತಿಯನ್ನು ಸ್ವೀಕರಿಸಲಾಗಿದೆ

ಭಾಗವಹಿಸುವವರ ಸಹಿ / ಹೆಬ್ಬೆರಳಿನ ಗುರುತು

ಲಿಖಿತಮಾಹಿತಿಯ ಒಪ್ಪಿಗೆ ನಮೂನೆ

ಅಧ್ಯನದಶೀರ್ಷಿಕೆ, "ಆರ್.ಎಲ್.ಜಾಲಪ್ಪಆಸ್ಪತ್ರೆಮತ್ತುಸಂಶೋಧನಾಕೇಂದ್ರ, ಟಮಕ್ಕಾ, ಕೋಲಾರದ ʼಆಯ್ದ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ವಯಸ್ಸಾದ ವಯಸ್ಕರಲ್ಲಿ ಮಲಬದ್ಧತೆಯನ್ನು ನಿವಾರಿಸುವಲ್ಲಿ ಆಲೋವೆರಾ ರಸದ ಪರಿಣಾಮಕಾರಿತ್ವವನ್ನು ನಿರ್ಣಯಿಸಲು ನಿಜವಾದ ಪ್ರಾಯೋಗಿಕ ಅಧ್ಯಯನ,

ಕೋಡ್ಸಂಖ್ಯೆ:

ಈ ಅಧ್ಯಯನದ ಬಗ್ಗೆ ಮತ್ತು ಅದರಲ್ಲಿ ನನ್ನ ಪಾತ್ರದ ಬಗ್ಗೆ ನನಗೆ ನೀಡಿದ ಮಾಹಿತಿಯನ್ನು ನಾನು ಓದಿದ್ದೇನೆ ಮತ್ತು ಅರ್ಥಮಾಡಿ ಕೊಂಡಿದ್ದೇನೆ ಎಂದು ನಾನು ಖಚಿತಪಡಿಸುತ್ತೇನೆ, ನಾನು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ಅವಕಾಶಗಳನ್ನು ಹೊಂದಿದ್ದೆ ಮತ್ತು ನನ್ನ ಪ್ರಶ್ನೆಗಳಿಗೆ ನನ್ನ ತೃಪ್ತಿಗೆ ಉತ್ತರಿಸಲಾಗಿದೆ,

ಅಥವಾ

ಈ ಅಧ್ಯಯನ ಮತ್ತು ಅದರಲ್ಲಿ ನನ್ನ ಪಾತ್ರದ ಬಗ್ಗೆ ಎಲ್ಲಾ ಮಾಹಿತಿಯನ್ನು ತನಿಖಾ ತಂಡದ ಸದಸ್ಯರೊಬ್ಬರು ನನಗೆ ಅರ್ಥವಾಗುವ ಭಾಷೆಯಲ್ಲಿ ಓದಿದ್ದಾರೆ / ವಿವರಿಸಿದ್ದಾರೆ ಎಂದು ನಾನು ದೃಢೀಕರಿಸುತ್ತೇನೆ, ನಾನು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ಅವಕಾಶಗಳನ್ನು ಹೊಂದಿದ್ದೆ ಮತ್ತು ನನ್ನ ಪ್ರಶ್ನೆಗಳಿಗೆ ನನ್ನ ತೃಪ್ತಿಗೆ ಉತ್ತರಿಸಲಾಗಿದೆ.

ಬಿ) ಈ ಅಧ್ಯಯನದಲ್ಲಿ ನನ್ನ ಭಾಗವಹಿಸುವಿಕೆಯು ಸ್ವಯಂಪ್ರೇರಿತವಾಗಿದೆ ಮತ್ತು ಯಾವುದೇ ಕಾರಣವನ್ನು ನೀಡದೆ ಮತ್ತು ಕಾನೂನು ಹಕ್ಕುಗಳ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರದೆ ಯಾವುದೇ ಸಮಯದಲ್ಲಿ ಅಧ್ಯಯನದಿಂದ ಹಿಂದೆ ಸರಿಯಲು ನಾನು ಸ್ವತಂತ್ರನಾಗಿದ್ದೇನೆ ಎಂದು ನಾನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ.

ಸಿ) ನನ್ನ ಗುರುತನ್ನು ಯಾವುದೇ ದಾಖಲೆ ಅಥವಾ ಪ್ರಕಟಣೆಯಲ್ಲಿ ಬಹಿರಂಗ ಪಡಿಸಲಾಗುವುದಿಲ್ಲ ಎಂದು ನಾನು ಅರ್ಥ ಮಾಡಿಕೊಂಡಿದ್ದೇನೆ.

d) ಈ ಅಧ್ಯಯನದಿಂದ ಉಂಟಾಗುವ ಯಾವುದೇ ಡೇಟಾ ಅಥವಾ ಫಲಿತಾಂಶಗಳ ಬಳಕೆ / ಪ್ರಕಟಣೆಯನ್ನು ನಿರ್ಬಂಧಿಸದಿರಲು ನಾನು ಸಮ್ಮತಿಸುತ್ತೇನೆ, ಅಂತಹ ಬಳಕೆಯು ವೈಜ್ಞಾನಿಕ ಉದ್ದೇಶಗಳಿಗಾಗಿ ಮಾತ್ರ.

ಇ) ಈ ತನಿಖೆಯಲ್ಲಿ ನನ್ನ ಭಾಗವಹಿಸುವಿಕೆಯನ್ನು ಒಪ್ಪಿಕೊಳ್ಳುವ ಮೂಲಕ, ತನಿಖಾ ತಂಡದಿಂದ ತರಬೇತಿ ಮತ್ತು ಮೌಲ್ಯಮಾಪನಗಳಿಗೆ ನಾನು ಹೆಚ್ಚಿನ ಸಮಯವನ್ನು ನೀಡಬೇಕಾಗುತ್ತದೆ ಮತ್ತು ಈ ಮೌಲ್ಯಮಾಪನಗಳು ನನಗೆ ಅರ್ಹವಾಗಿರುವ ಪ್ರಯೋಜನಗಳಿಗೆ ಅಥವಾ ನನ್ನ ದಿನಚರಿಯಲ್ಲಿ ಹಸ್ತಕ್ಷೇಪ ಮಾಡುವುದಿಲ್ಲ ಎಂದು ನನಗೆ ತಿಳಿದಿದೆ.

ಎಫ್) ನಾನು ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಸ್ವಯಂ ಪ್ರೇರಣೆಯಿಂದ ನನ್ನ ಒಪ್ಪಿಗೆಯನ್ನು ನೀಡುತ್ತೇನೆ. ತನಿಖಾಧಿಕಾರಿಗಳು ವೀಕ್ಷಣೆ / ಸಂದರ್ಶನದ ಅವಧಿಗಳು ನಡೆದಾಗಲೆಲ್ಲ ಅವುಗಳನ್ನು ದಾಖಲಿಸಲು ನಾನು ಒಪ್ಪುತ್ತೇನೆ. ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವವರ ಸಹಿ (ಅಥವಾ ಹೆಬ್ಬೆರಳಿನ ಗುರುತು) / ಕಾನೂನು ಬದ್ಧವಾಗಿ ಸ್ವೀಕಾರಾರ್ಹ ಪ್ರತಿನಿಧಿ:

ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವವರ ಸಹಿ/ಹೆಬ್ಬೆರಳಿನ ಗುರುತು:_____

ಸಾಕ್ಷಿಗಳ ಸಹಿ / ಹೆಬ್ಬೆರಳಿನ ಗುರುತು:_____

ಅಧ್ಯಯನ ತನಿಖಾಧಿಕಾರಿಯ ಸಹಿ:_____

ANNEXURE VI

CERTIFICATE OF KANNADA EDITING
TO WHOM SO EVER IT MAY CONCERN

This is to certify thatMr. Abhilash R, Ms. Abiya Shibu, Ms. Adithya Murali, Ms. Akhila A, Ms. Aleena Biju, Ms. Algeena Jacob, Ms. Jinu John, Ms. Namitha Elza Jojo, Ms. Suma A, Ms. Tessa Saji, Ms. Treesa Benny, Ms. Usha L S, 3rd year BSc Nursing of Sri Devaraj Urs College of Nursing,Tamaka, Kolar has done a Research study entitled as "**A true experimental study to assess the effectiveness of aloe vera juice in relieving constipation among older adults in a selected hospital, Kolar**".

The study was edited for Kannada Language appropriateness by,

Date: 09|05|24

Place: Kolar

Signature

ANNEXURE VII

PREPARATION OF ALOE VERA JUICE

INGREDIENTS USED:

1. Aloe Vera gel – 2 inch

2. 1 cup water(240ml)

PROCEDURE:

STEP 1: PREPARATION OF ALOE VERA LEAF

Scrub the leaf well with a brush. Rinse this very well under running water & pat dry. Be sure to wash your hands to make sure you don't contaminate it.

Lay the leaf flat on a cutting board and trim off the bottom thick white part.

Either hold the cut side down over a bowl or place the cut side down in a tall container, so the aloe leaf is in an upright position. This allows the aloin, which appears as a yellowish sap, to drain.

Leave it for 10 minutes in the upright position. Later wipe off with a clean tissue.

STEP 2: EXTRACTION ALOE GEL FROM LEAF

- You can work on the whole leaf at one time or just cut out 1 small portion of the leaf & use every time. Cut the leaf into smaller pieces (2 inches) and discard the top end.
- Add them to a large bowl of water & rest for 1 to 2 minutes. If you are working with the whole leaf, you may rinse it under running water. Once the aloin is drained to the water, remove them. Discard and refill the bowl with fresh water and rinse them again and remove from water.
- Wipe dry a piece of leaf with a tissue.
- Lay it flat on a cutting board. Remove the spiny / thorny edges of the leaf with a sharp knife.
- To remove the top green rind/part of the leaf, insert your knife a few millimeters under the skin and run your knife down the length of it. Make sure to remove a bit of the inner white layer as well as the outer green layer
- You will have blocks of transparent aloe vera pulp filled with gel. Make sure there is no yellow latex or green rind left in the pulp. If you find any, scrape them off gently with a small knife.
- This way you can fillet the aloe gel from all of the 2 inch portions and rinse them in a bowl of clean water. Drain completely & pat dry

STEP 3: PREPERATION OF ALOE VERA JUICE

- Add 2 inches portion of aloe gel along with 1 cup of water to a blender to make 2 servings.
- Blend only for a 30 to 60 seconds until the aloe vera gel is fully crushed.

- Add 5ml-10ml of aloe vera gel and Mix with Water.

- Each day fresh juice is prepared and served.

ANNEXURE VIII

MASTER DATA SHEET

Experimental pretest

SI .NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	Total
1	83	b	e	a	a	a	b	a	b	a	b	a	b	a	a	1	0	0	1	1	2	0	0	5
2	62	b	a	a	a	a	b	a	b	a	b	a	b	a	c	1	2	0	0	2	0	1	1	7
3	65	b	e	a	a	c	b	b	a	b	b	b	b	b	b	1	1	2	0	2	2	1	1	10
4	63	b	e	a	a	b	b	c	c	a	b	a	a	a	c	1	1	1	0	1	1	1	2	8
5	65	a	f	a	a	c	b	a	a	a	b	a	b	a	c	1	2	1	0	2	1	1	0	8
6	70	a	e	a	a	a	b	a	a	a	b	b	a	a	b	0	1	1	1	0	0	0	2	5
7	65	a	e	a	a	a	b	a	c	a	b	b	b	a	c	1	2	0	2	1	1	1	2	10
8	65	a	f	a	a	a	b	a	a	b	b	a	b	b	b	1	0	2	1	1	1	0	0	6
9	60	a	e	a	a	a	b	a	b	a	b	a	a	a	c	2	1	0	1	1	1	2	1	9
10	65	a	f	a	a	a	b	a	c	a	b	a	a	a	b	2	2	1	0	2	1	1	1	10
11	70	a	f	a	a	c	b	a	a	a	b	a	a	a	b	0	0	1	0	0	0	1	1	3
12	62	a	f	a	a	a	b	a	a	a	b	a	b	a	a	1	1	2	0	1	1	0	1	7
13	72	a	f	a	a	a	b	a	c	a	a	a	a	a	b	0	0	1	0	1	1	2	0	5
14	63	a	f	a	a	a	b	a	a	a	b	b	a	a	c	1	0	1	2	1	1	1	2	9
15	87	b	f	a	a	c	b	a	a	a	b	a	a	a	b	0	0	1	1	1	2	0	0	5
16	65	b	e	a	a	a	b	a	a	a	b	a	b	a	b	1	0	1	1	0	0	2	1	6
17	70	b	f	a	a	a	b	a	a	a	b	a	a	a	b	0	1	0	0	0	2	1	1	5
18	65	a	f	a	a	a	b	c	a	a	b	a	a	a	b	0	1	0	0	1	0	1	1	4
19	62	a	b	a	a	a	b	a	a	b	a	a	a	a	b	1	1	1	0	1	1	1	2	8
20	65	b	e	a	a	a	b	a	b	a	a	a	a	a	a	0	1	1	0	1	1	1	2	7
21	64	b	d	a	a	c	b	a	a	b	b	a	b	a	c	1	1	0	1	0	2	1	2	8

22	60	a	f	a	a	a	b	b	a	a	b	a	a	a	c	1	1	2	0	1	2	1	2	10
23	65	b	d	a	a	a	b	a	a	a	b	a	b	a	b	1	2	1	0	1	2	1	1	9
24	63	a	e	a	a	a	b	a	a	a	a	a	a	a	a	2	2	1	1	0	1	1	1	9
25	61	a	e	a	a	a	b	a	a	a	b	a	b	a	b	2	1	1	0	1	1	2	2	10
26	65	a	e	a	a	b	b	a	b	b	b	b	b	a	b	1	1	2	0	1	2	1	0	8
27	65	b	f	a	a	a	b	a	b	a	b	a	a	a	b	0	1	0	0	1	2	0	0	4
28	66	b	e	a	a	a	b	a	b	b	b	a	b	a	b	1	1	1	1	0	1	2	0	7
29	70	b	f	a	a	a	b	a	a	b	a	a	a	a	b	1	1	2	0	1	2	1	2	10
30	66	a	f	a	a	a	b	a	a	b	b	a	a	a	c	2	2	1	1	0	1	2	2	11

Experimental posttest

SL.NO.		1	2	3	4	5	6	7	8	TOTAL
1		0	0	0	0	1	1	0	0	2
2		0	1	0	0	1	0	0	1	3
3		0	0	1	0	1	1	0	0	3
4		0	1	1	1	1	1	0	1	6
5		0	1	0	0	1	1	0	0	3
6		0	0	0	0	0	0	0	1	1
7		0	1	0	1	0	0	0	1	3
8		0	0	1	0	0	1	0	0	2
9		1	0	0	0	0	0	1	0	2
10		1	1	0	0	1	0	0	0	3
11		0	0	0	0	0	0	1	0	1
12		0	0	1	0	0	0	0	0	1
13		0	0	0	0	0	0	1	0	1
14		0	0	0	1	0	0	0	1	2
15		0	0	0	0	0	1	0	0	1
16		0	0	0	0	0	0	1	0	1
17		0	0	0	0	0	1	0	0	1
18		0	0	0	0	0	0	0	0	0
19		0	0	1	0	1	0	0	1	3
20		0	0	1	0	0	0	0	1	2
21		0	0	0	1	0	1	0	1	3
22		0	0	1	0	0	1	0	1	3
23		0	1	0	0	0	1	0	1	3
24		0	1	0	0	1	0	1	0	3

25		1	0	0	0	0	0	1	1	3
26		0	0	1	0	0	1	0	0	2
27		0	0	0	0	0	1	0	0	1
28		0	0	0	0	1	1	0	0	2
29		0	0	1	0	1	1	0	1	4
30		1	1	0	0	1	1	1	1	6

Control pretest

SI.NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	Total
1	68	a	b	a	a	a	b	a	a	a	b	b	a	b	b	2	1	1	0	1	0	1	2	8
2	61	a	f	a	a	a	b	a	a	a	a	b	a	a	b	2	1	1	1	1	1	2	2	11
3	62	b	d	b	a	b	b	a	a	b	b	a	a	a	a	2	1	1	0	1	1	0	1	7
4	76	b	d	a	a	a	b	a	a	a	b	a	a	a	b	2	0	1	0	1	0	1	2	7
5	65	b	f	a	a	a	b	a	c	b	a	a	a	b	a	2	2	2	1	2	1	1	0	11
6	67	a	e	a	a	a	b	a	a	b	b	b	b	a	c	2	0	1	0	1	0	2	1	7
7	65	a	e	a	a	a	b	a	a	a	a	a	b	a	b	2	1	1	0	1	1	1	2	9
8	65	a	f	a	a	a	b	a	c	c	b	a	b	a	b	2	0	1	1	0	1	2	1	8
9	72	b	e	a	a	a	b	a	c	b	a	b	a	a	a	2	1	1	0	1	1	0	2	8
10	80	a	f	a	a	a	b	a	a	a	b	b	b	a	a	2	0	1	0	1	1	1	0	6
11	61	a	f	a	a	c	b	a	a	b	a	a	b	a	b	2	1	1	1	1	2	1	2	11
12	83	a	f	a	a	a	b	a	a	d	b	a	b	a	b	2	1	1	0	1	0	1	0	6
13	63	a	f	a	a	a	b	a	a	a	b	a	b	a	b	2	1	1	0	1	0	1	1	7
14	67	b	d	a	a	a	b	a	a	b	b	a	b	a	c	2	0	1	0	1	1	0	1	6
15	62	a	d	a	a	a	b	b	c	a	a	a	b	a	b	2	1	1	0	2	1	1	0	8
16	68	b	e	a	a	b	b	b	a	b	b	a	b	a	b	2	0	1	1	0	2	0	2	8
17	68	a	f	a	a	b	b	b	a	a	b	a	b	a	a	2	1	1	1	1	1	2	1	10
18	70	b	a	a	a	c	b	a	b	a	a	a	b	a	a	2	1	1	1	0	2	2	0	9
19	75	a	e	b	a	a	b	b	b	c	b	a	b	a	b	2	0	1	1	1	2	1	0	8
20	74	b	e	a	a	b	b	b	a	b	b	a	b	a	b	2	1	1	1	1	1	0	2	9
21	73	b	e	a	a	c	b	b	b	a	b	a	a	a	b	2	1	1	2	2	1	1	1	11
22	68	a	e	a	a	b	b	a	a	b	b	a	b	a	b	2	1	1	1	1	1	2	2	11
23	65	a	f	a	a	a	b	a	a	b	b	a	b	a	a	2	2	1	0	1	1	0	1	8
24	69	a	e	a	a	a	b	a	b	b	a	a	b	b	b	2	2	1	2	1	0	1	1	10
25	68	b	e	a	a	a	b	b	a	a	b	a	a	b	b	2	0	1	1	1	0	1	0	6

26	65	b	a	c	a	a	a	a	a	a	a	b	a	a	b	2	0	1	1	0	0	0	1	5
27	75	b	f	a	a	a	b	a	c	a	b	a	a	a	c	2	0	1	1	0	0	0	0	4
28	71	a	f	a	a	a	b	a	c	a	b	a	a	a	c	2	1	1	0	0	1	0	1	6
29	68	a	f	a	a	a	b	a	c	a	b	a	a	a	b	2	1	1	0	1	0	1	2	8
30	89	a	f	a	a	a	a	a	b	c	b	a	b	a	c	0	1	1	0	1	0	0	1	4

Control posttest

SL.NO.	1	2	3	4	5	6	7	8	TOTAL
1	2	1	1	0	1	0	1	2	8
2	2	1	1	1	1	1	2	2	11
3	2	1	1	0	1	1	0	1	7
4	2	0	1	0	1	0	1	2	7
5	2	2	2	1	2	1	1	0	11
6	2	0	1	0	1	0	2	1	7
7	2	1	1	0	1	1	1	2	9
8	2	0	1	1	0	1	2	1	8
9	2	1	1	0	1	1	0	2	8
10	2	0	1	0	1	1	1	0	6
11	2	1	1	1	1	2	1	2	11
12	2	1	1	0	1	0	1	0	6
13	2	1	1	0	1	0	1	1	7
14	2	0	1	0	1	1	0	1	6
15	2	1	1	0	2	1	1	0	8
16	2	0	1	1	0	2	0	2	8
17	2	1	1	1	1	1	2	1	10
18	2	1	1	1	0	2	2	0	9
19	2	0	1	1	1	2	1	0	8
20	2	1	1	1	1	1	0	2	9
21	2	1	1	2	2	1	1	1	11
22	2	1	1	1	1	1	2	2	11
23	2	2	1	0	1	1	0	1	8
24	2	2	1	2	1	0	1	1	10
25	2	0	1	1	1	0	1	0	6

26	2	0	1	1	0	0	0	1	5
27	2	0	1	1	0	0	0	0	4
28	2	1	1	0	0	1	0	1	6
29	2	1	1	0	1	0	1	2	8
30	0	1	1	0	1	0	0	1	4

ANNEXURE IX

PHOTO GALLERY
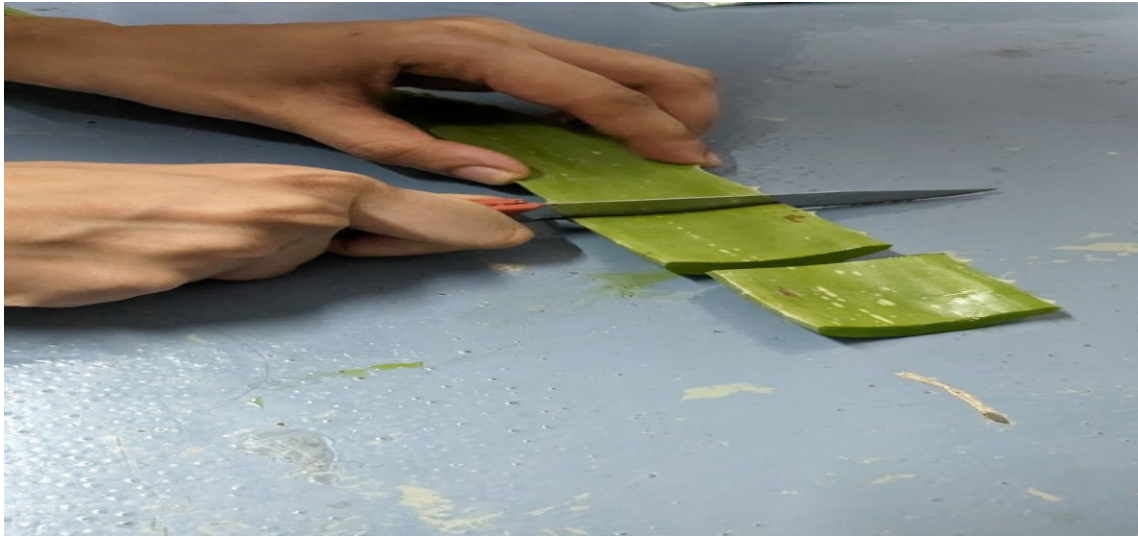
Sri Devaraj Urs College of Nursing

Tamaka, Kolar 563103

Certificate of Plagiarism Check

Title of the Project	A True Experimental Study to Assess the Effectiveness of Aloevera Juice in Relieving Constipation among older Adults in a selected Hospital, Kolar.
Name of the Student	Mr. Abhilash R. Ms. Abiya Shibu Ms. Adhithya Murali Ms. Akhila A. Ms. Aleena Biju Ms. Algeena Jacob Ms. Jinu John Ms. Namitha Eliza Jojo Ms. Suma A. Ms. Tessa Saji Ms. Treesa Benny Ms. Usha L.S.
Registration Number	20C0539
Name of the Supervisor / Guide	Asst. Prof. Vani R.
Department	Community Health Nursing
Acceptable Maximum Limit (%) of Similarity (UG project, PG Dissertation /Ph.D. Thesis)	10%
Similarity	6%
Software used	Turnitin
Paper ID	2217185407
Submission Date	09-05-2024

Signature of Student

Signature of Guide/Supervisor

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