"A STUDY TO ASSESS THE PREVALENCE OF DISABILITY AMONG ELDERLY AND IMPACT OF IEC (INFORMATION EDUCATION AND COMMUNICATION) IN MANAGEMENT OF DISABILITY AMONG ELDERLY AND THEIR CARE GIVERS AT SELECTED VILLAGE OF RURAL, KOLAR"

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PROJECT REPORT SUBMITTED TO,

Sri Devaraj Urs College of Nursing Tamaka, Kolar.

As a Part of Curriculum Requirements for

The Degree of Basic BSC NURSING

UNDER THE GUIDANCE OF

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2024

DECLARATION BY THE CANDIDATES

We hereby state that project entitled **"A STUDY TO ASSESS THE PREVALENCE OF DISABILITY AMONG ELDERLY AND IMPACT OF IEC IN MANAGEMENT OF DISABILITY AMONG ELDERLY AND THEIR CARE GIVERS AT SELECTED VILLAGE OF RURAL, KOLAR"** is a bonafide and genuine research work carried by the student of 111rd year BSc (N) students under the guidance of **Dr. Malathi K V** HOD, Professor, Department of Community Health Nursing, Sri Devaraj Urs College of Nursing, Tamaka Kolar -563103.

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"As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them"

- John F Kennedy

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THANK YOU VERY MUCH TOO ALL US!

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ABSTRACT

BACKGROUND

Aging is the process by which an individual's functional ability deteriorates as they age due to structural changes. One of the most vulnerable population is the elderly, who are more likely to experience infections, chronic illnesses, and eventual disability. In addition to morbidity and mortality rates, disability is a crucial indicator of disease burden. In a rural region of Kolar, this study estimates the prevalence of disability among elderly population and impact of IEC in management of disability among elderly and their Care givers.

STATEMENT OF THE PROBLEM

"A STUDY TO ASSESS THE PREVALENCE OF DISABILITY AMONG ELDERLY AND THE IMPACT OF IEC IN MANAGEMENT OF DISABILITY AMONG ELDERLY AND THEIR CARE GIVERS BY SELECTED VILLAGE OF RURAL, KOLAR".

OBJECTIVES OF THE STUDY

1) Estimation of prevalence of disability among the elderly people by using Katz ADL standardized tool.
2) To assess the knowledge among elderly caretakers by using structured knowledge questionnaire
3) To evaluate the effectiveness of IEC by comparing pre and post test scores of caretakers by using structured knowledge questionnaire

4) To determine the association between post test score with selected socio-demographic variable of Care givers

HYPOTHESIS

H_1: There will be a significantly high prevalence of disability among elderly people.

H_2: There will be no significantly difference between pre and post test score of management of disability among Care givers.

METHODOLOGY

A total of 60 samples of elderly people and their caregivers was obtained by using convenient sampling technique, the study was conducted in selected village rural Kolar. The evaluation approach with a series of one group pre-test post-test design, structured knowledge questionnaire and Katz ADL Standardized tool was used to conduct pre-test followed by planned Health Education was conducted on the same day later seven days after post test was conducted using the same questionnaire.

RESULT

The pre-test mean knowledge score was 6.42 (21.4%), with SD of 2.320 while the post-test mean score increased to 19.78 (approximately 65.93%), with SD of 5.40 indicating a marked improvement in the knowledge of caregivers on disability management following the educational interventions. The findings showed that the mean post-test scores in all areas — general caregiving knowledge, understanding of disability, and awareness of welfare services — were higher than the pre-test scores. The calculated *t*-values were statistically significant ($p < 0.005$), indicating that the

educational interventions were effective in improving the knowledge of caregivers across all domains.

INTERPRETATION AND CONCLUSION

The results of the study suggest that the educational intervention had a significant positive impact on the knowledge levels of caregivers regarding disability management. The study concludes that educational interventions are effective tools in enhancing the knowledge of caregivers in disability management. The significant increase in post-test scores across all knowledge areas demonstrates that targeted training can substantially improve caregiver preparedness and competence.

Keywords: Prevalence Disability Elderly IEC Caregiver

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Introduction

CHAPTER 1

INTRODUCTION

"As a disabled older man, let my life be a reflection of the endless amount of ability that exists in each and every one of us."[1]

— Robert M. Hensel

Rising percentages of older people in the population as a whole are a result of the world's population aging significantly, which has had a major impact on a variety of social, political and economic processes. While aging is somewhat a reflection of people living longer and typically in better health, it is also linked to degenerative and chronic illnesses, which are more prevalent as people age. In addition to being a significant health indicator that can have a significant societal impact due to long-term institutionalization and higher medical care utilization, disability can compromise the quality of life for the elderly.

In addition, the possibility of becoming crippled increases with age, and the likelihood of worsening with a diminished chance of disability recovery increases after a person is disabled. The term "disability and elderly" refers to a broad range of conditions with particular needs. We address the current state of disability patterns in the senior Indian population this review.

The minimum age to be considered "elderly" or "older person" in the majority of the industrialized world in 65 years old; although there is no set numerical threshold for UN, it is agreed that 60 years or older is the cutoff point for the older population. The National Policy on Older Persons was adopted by the Indian in January 1999, and it defines a "elderly" or "senior citizen" as someone who is 60 years of age or older.[2]

In older adult's physical function is acknowledged as a key determinant of health and quality of life. One important aspects of healthy aging is seen to be maintaining a high level of functioning. ADLs, or activities of daily living, are a popular index for assessing physical functioning. Common daily chores (including eating, dressing, bathing, moving around and so on) that are necessary for sustaining an independent existence, caring out regular daily activities for fundamental needs, or preserving health and wellbeing are included in catageroty of basic ADLs. A crucial components of interdisciplinary assessment of the aged is function assessment.

A high frequency of chronic illness and non-communicable diseases is linked to an aging population. Elderly people have grater rates of impairment because they are more likely to have several co morbidity. Simply put a, a disability is a limitation on one's ability to carry out daily activities. A person with a disability become more reliant on other people for assistance and care, which puts more strain on the health care system. Chronic illnesses are including diabetes, cancer, heart disease, stroke, and other cardio vascular diseases; injuries; mental impairment; birth defect; and other communicable diseases are the most common causes of disability. Disability can be assessed by measuring the individual ability to perform activity of daily living (ADL) using instruments like Barthel index or Katz index.

The Katz index is an item ADL index foe disability evaluation, while the Barthel index is a 10- item index the prevalence of disability among the elderly in different rural parts of India has been observed India has been observed to vary, with value as high as 32.4 % in Bengaluru and law as 16.16 % in west Bengal based on the 10-item ADL score. In several industrial and developing nations, studies have assessed the prevalence of disability using the same measure, ranging from approximately 15 % to 28.3 %.[3]

In a rural are of Indian state of Haryana, the purpose of the current study was to determine the prevalence of physical handicap in senior and people and its relationship to socio demographic characteristics and health related factors. Seniors who has experience morbidity may have significant effects on their physical and mental health. There is a lack of evaluation of the morbidity profile and its drivers, which affects the elderly. This study aims to evaluate treatment seeking habits, co – morbidity and morbidity among the aged population in India. Additionally, it seeks to understand the association between morbidity and psychological distress, disability and socio- demographical factors.[4]


NEED FOR
THE
STUDY

NEED FOR THE STUDY

Because of the aging of the human population, their issues require particular attention. The UN estimate that the number of people who are becoming older worldwide is increasing gradually and will account for 1,100 million people by 2025, or 15% of the total population. Because it limits their ability to continue participating fully in society, disability is a significally predictor of diminishing quality of life among the elderly.

Even though a large number of Indian research have focused on disability in the senior population, their definition of disability is in consistent. Additionally, the medical model of disability was mostly discussed. However, "disability and elderly" covers a wider range with particular needs. Stated differently, the population of elderly people with disabilities is not uniform. Some of them might only occasionally need assistance, generally from the family members, due to minor limitations. Some people may be in generally good physical condition, but their capacity for independence is restricted by mental functioning deficiencies. Others maintain their mental acuity but experience chronic ailments that make it difficult for them to carry out daily tasks physically. It must therefore be examined as a more comprehensive idea.[5]

India is not an exception to the global phenomenon of population aging. It is projected that between 2015 and 2030, there will be a 56% increase in the global population of adults 60 years of age or older. Eight percent of Indians were over 65 in 2012; by 2050, that percentage is predicted to rise to 19%. As to the 2011 census, there are 103 million elderly people aged 60 and above. Of them, 40 % have some kind of disability, 20% have mental health problems, and 75% have at least one chronic illness. [6]

The WHO's "Aging and Health" study states that over 46% of senior citizens suffer disability. The degree of impairment is a crucial indicator of the effects of an illness, in addition to data on morbidity and death. Acquired difficulty in performing basic everyday tasks or more complex tasks required for independent living'' is the definition of functional impairment is a measure of elderly wellbeing that lowers the quality of daily life and has a big impact on society because of prolonged hospital stays and increase usage of medical service. Six public health is significantly impacted by the weight of illness and impairments, the need for help and protracted rehabilitation, the utilization of medical facilities, as a result, and the fact that more people are living long lives.[7]

Disability is multifaceted, dynamic, nuanced, and hotly debated. The degree of impairment in the population is correlated with the abstract idea of quality of life. Regional difference exists in the method used to measure impairment as well as in the interpretation as use of the result. Between January 2000 and June 2018, a comprehensive review of all studies conducted in India on the prevalence of disability and its relationship to socio demographic variables at quality of life in the general population was conducted. Impairment was present in 1.6% To 43.3% Of cases. According to large surveys, men were more impaired than women.[8]

According to a country assessment released by the UN Population Fund (UNFPA,2017), the number of elderly people in India is expected to triple by 2050 from that of the 2011 census, expanding at a rate of approximately 3% yearly. Improving the elderly's quality of life (QOL) has emerged as one of the biggest public health consents of the twenty -first century, thus it is imperative to place timely emphasis on maintaining physical and mental health. Thus, the current study's goal is

to assess quality of life (QOL) in the senior population and determine how it relates to socio demographic variables.

Disability is correlated with aging and the burden of chronic illnesses on the senior population. For the elderly population, preventive, basic, curative, and rehabilitative treatments must be given top priority.[9]


OBJECTIVES

CHAPTER II

OBJECTIVES

This chapter deals with the statement of the problem, objectives of the study, hypothesis, operational definitions, limitation of the study and conceptual framework, which provides a frame of reference. The statement of the problem and objectives of the study are as follows.

STATEMENT OF THE PROBLEM

"A study to assess the prevalence of disability among elderly and the impact of IEC in management of disability among elderly and their caregivers by selected village of rural, Kolar."

OBJECTIVES OF THE STUDY

1. Estimation of prevalence of disability among the elderly people by using Katz ADL standardized tool.

2. To assess the knowledge among elderly Care givers by using structured knowledge questionnaire.

3. To evaluate the effectiveness of IEC by comparing pre and post test scores of caregivers by using structured knowledge questionnaire.

4. To determine the association between post-test score with selected socio-demographic variable of caregivers.

HYPOTHESIS

H_1: There will be a significantly high prevalence of disability among elderly people.

H_2: There will be no significantly difference between pre and post test score of management of disability among caregivers.

ASSUMPTIONS

- Elderly people will have risk of development of disability.
- IEC will help to prevent the disability among elderly.

OPERATIONAL DEFINITIONS

- **Prevalence:**

Prevalence is the proportion of a population who have a specific characteristic in a given time period. In this study prevalence refers to number of elderly people with affected by disability.

- **Disability:**

Is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner of within the range considered normal for a human being.

- **Elderly person:**

Elderly is an individual over 65 years' old who have a functional impairment. According to WHO, most developed countries have accepted the chronological of 'elderly' or older person.

Young old- up to 75 years

Old – 85 years

Very old- over 85 years

- **IEC:**

Stands for Information Education Communication which is used for creating awareness. By using charts and live demonstrations.

DELIMITATIONS OF THE STUDY

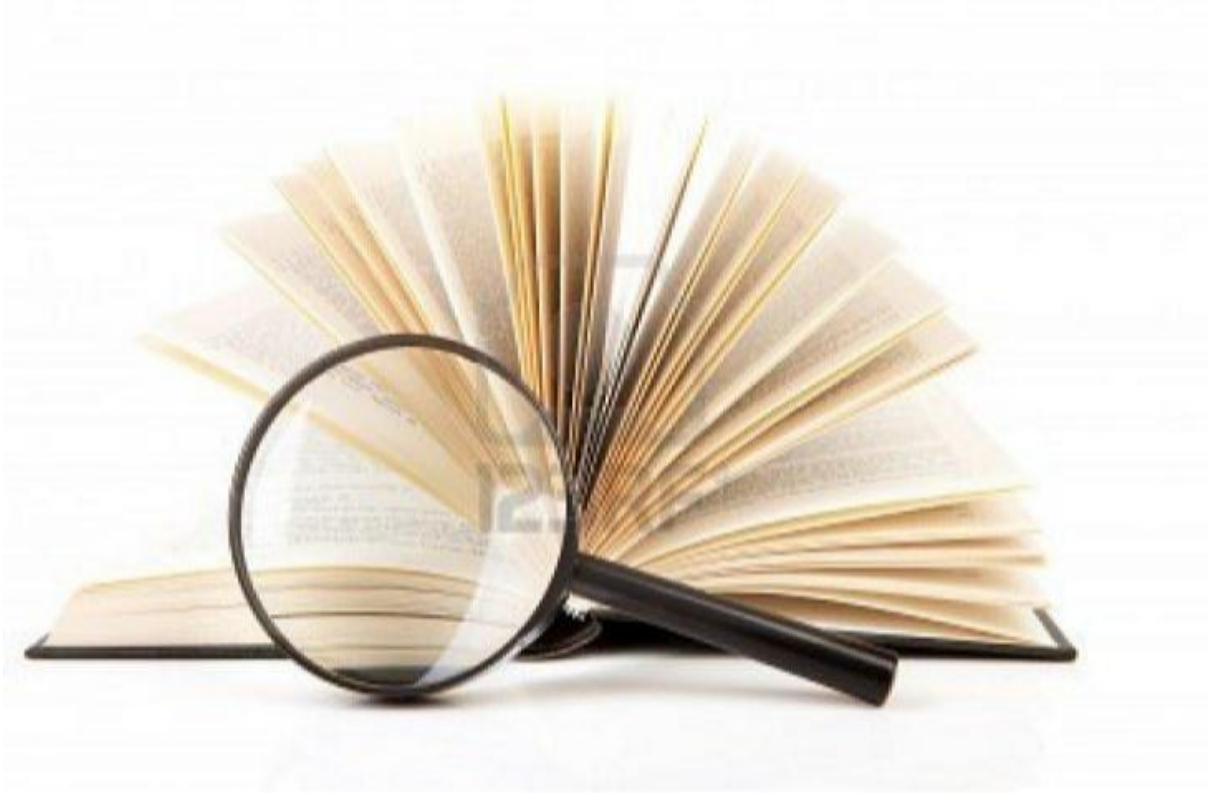
- Study is limited to functional disability of elderly.

PROJECTED OUTCOME

- This study will help to understand that there will be increase in knowledge level among the elderly and their Care givers regarding disability management.

SUMMARY

This chapter has outlined on the statement of the problem, objectives, operational definitions, hypothesis, assumptions, conceptual framework and the projected outcome of the study.



Literature Review

CHAPTER III

REVIEW OF LITERATURE

A cross sectional study was conducted on prevalence of disabilities and non – communicable diseases in an elderly population in Telangana state. Cluster sampling technique was used to select 1821 of participants aged ≥ 54.5% were women, and 73.3% had no education. Elderly population in Khammam and Warangal districts were recruited. Detailed interviews were conducted by trained community health workers. Personal and demographic information such as age, gender, level of education and a self – report of NCDs was collected. The result of study the prevalence of at least disability was 20.3% (95% CI 16.3 to 24.9). The prevalence of self-reported disabilities was: seeing (5.9%, 95% CI 4.4 to 7.8), mobility (12.8%; 95% CI 9.7 to 16.8), hearing (3.6%; 95%CI 2.7 to 4.8), cognition (4.8%;95%CI 3.5 TO 6.7), self-care (3.3%; 95%CI 2.3 to 4.7) and communication (1.8%; 95%CI 1.2 to 2.6). The study concluded that every fifth elderly person in the district of Khammam and Warangal in Telangana had at least one self – reported disabilities.[10]

A Cross sectional study was conducted on A Community – Based Study on Functional Disability and Its Associated Factors Among Elderly Individuals in a Rural Setting in Northeastern India. A total of 430 Elderly were recruited in a population – based cross-sectional study among elderly individuals (≥ 60 years) during the period 2013-2016 in rural areas of the Dibrugarh district of Northeastern India. The Barthel index was used to measure ADL. Anyone with a Barthel index score < 100 (or having limitations in one or more ADL items) were considered as having a functional disability. The result of the study overall 43.7% (Male 42.9%, Female 44.5%) of the participants had a functional disability. The study concludes

that a high proportion of the rural elderly residents of Dibrugarh had a functional disability.[11]

A Cross sectional study was conducted on the prevalence of disability among the elderly people in an urban slum of Chennai. A sample of 220 elderly people was enrolled by multistage random sampling from TP Chatram, a slum in Chennai. A pre-tested semi-structured questionnaire about the socio- demographic details was administered. The result of study of prevalence of disability was found to be 20.9%. The mean disability scores more in the domain of getting along with people (34.68± 14.70), followed by the domain of getting around (30.64± 24.33) and societal participation (25.55± 21.97). Advancing age, female gender, presence of chronic illness were the factors increasing the risk of disability. The study concluded that it is not only the physical inability that disables the elderly but also the lack of societal participation.[12]

A Cross sectional study was conducted on functional disability among elderly in East Delhi. A semi-structured interview schedule was used to record the socio-demographic and relevant personal details of the elderly (> 60 years). Statistical analysis includes simple descriptive analysis and tests of significance like chi-square test. The multiple logistic regression was used to identify predictors of functional disability. The result of the study showed that the data were collected from 360 study participants. Around one-fourth (25.6%) of the study participants were having a functional disability. The study concludes that functional disability needs to be identified at an early stage using appropriate tools so that proper interventions can be directed to those who need it to ensure healthy aging.[13]

A Cross sectional study was conducted on Functional Disability and Associated Chronic conditions among Geriatric Population in a Rural Community of India in West Bengal. An observational community-based study was conducted in a rural area of West Bengal, India through house to house visit for clinical examination, observation and interview with a predesigned pre-tested preform. The result of the study showed that out of 495 study population, 80 (16.16%) were found to be functional disabled as per ADL scale and more than half (56.2%) of them had 3 or more chronic conditions. 92.5% of study populations had one or more chronic conditions. The study concludes that association between different risk factors and disability was found with age, sex, anemia, Chronic Obstructive Pulmonary Diseases (COPD), scabies, hypertrophy of prostate, ischemic heart disease, osteoporosis, osteoarthritis and acid peptic disorder were the risk factors of disability.[14]

A Cross sectional study was conducted on prevalence of functional disability and associated factors among elderly residing in a rural area of Puducherry. The study included 360 people aged 60 and above who are living in the study area. People who had difficulty in activities of daily living (ADL), blindness, bilateral hearing impairment, cognitive impairment or a combination of these were regarded to have functional disability. Barthel index, Snellen's chart, Whisper test and Elderly cognitive assessment questionnaire were used to assess the disabilities. The result of the study showed that the prevalence of functional disability was found to be 30% (95% Confidence Interval 25.5 – 34.9) among the 360 study participants. 13.8% had ADL disability, 8% had visual impairment, 11.6% had hearing impairment and 9.7% had cognitive impairment. Men had lower prevalence (28.3%) than women (31.2%). The study concludes that the functional disability among elderly in rural area is very common. It is associated with morbidities and sociodemographic factors.[15]

A Cross sectional study was conducted on morbidity profile and its relationship with disability and psychological distress among elderly people in Northern India. The survey of 200 subjects over 60 years old (100 each from the urban population of Chandigarh city and the rural population of Haryana State of India) was carried out using a cluster sampling technique. The result of the study concluded that the total sample,88.9% reported illness based on their perception and of these 43.5% were seeking treatment and actually taking medicines, and 42.5% were diagnosed as having 4-6 morbidities. The study concludes that a high mean number of morbidities was observed. Elderly subject with higher morbidity hade increasing disability and distress.[16]

A Cross sectional study conducted by functional disability among elderly person in a rural area of Haryana. This study includes all persons aged 60 years and above in the randomly selected six clusters were included in this community-based cross-sectional study. Information was collected on socio-demographic variables and self-reported chronic condition. The result of the study shows that 836 participants studied, the prevalence of functional disability was estimated to be 37.4% (95% confidence interval:34.2,40.7). The prevalence was less among men (35.95%) than women (38.8%). The study conclude that the functional disability is common among elderly persons in the rural area. Community-based interventions are needed to address them.[17]

A Cross-sectional study was done to assess undernutrition amongst the elderly population in rural area of district Gautama Buddha Nagar, Uttar Pradesh. The study includes participants who were 60 years of age and more and who met the inclusion criteria were selected by simple random sampling technique for the study. The study was done from February 2023-July 2023 in rural area of district Gautama Buddha

Nagar, Uttar Pradesh. The study shows that out of the total of 400 elderly persons,18%were found to be undernourished and 38%were at risk of undernutrition. The study conclude that the present findings reveal that undernutrition is not an uncommon problem in the elderly, and further studies are needed in this regard.[18]

A Cross sectional study conducted by association between multimorbidity and disability among older adults of Uttar Pradesh, India. The study includes 500 individuals in Varanasi district aged 50 years and above was conducted, using multistage simple random sampling technique from December 2017 to April 2018. WHO-DAS 12-item was used as the outcome measure whereas, demographic health and socioeconomic, and lifestyle risk factor were the predictor variables. The result of the study shows that WHO-DAS mean disability score was 41, which increased with age and was higher among females. Those with multimorbidity reported higher disability score. The findings of this stud support the view that disability is sensitive to multimorbidity along with other risk factors. Higher disability reflected a situation of social discrimination where older adults, particularly females were found in worst situstion.[19]

A Cross sectional study was conducted on the prevalence of disability in elderly in India-Analysis of 2011 census data. The study includes the 2011 Census cross-sectional survey data restricted to elderly in India was analyzed. Survey method was used to select the elderly people of age 60 years or above. The result of the study shows that a total of 5,376,205 elderly individuals were disabled in India in 2011; disability rate of 5178 per 100, 000 elderly populations. Movement and seeing disabilities individually accounted for 25 % of total disabilities and disability in hearing was 19%. The study concludes that one in every twenty Indian citizens aged 60 years and above is either physically or mentally disabled. Identification of the

underlying causes, employing effective and focused preventive strategies will help to reduce the prevalence of disability in the elderly.[20]

A Cross sectional study was carried out in a Baragaon block of rural area of Jhansi, Uttar Pradesh, India, from July 2015 to October 2015. Multistage random sampling was performed. The study includes a total of 265 participants of age 60 years and above were selected. Physical disability was assessed using Barthel Index. The study shows that the overall prevalence of physical disability was 23.4%. 70% belongs to the age group from 60 to 69 years. Physical disability was significantly higher among age group> 80 years. Similarly, women were more affected with physical disability than men. The study conclude that High prevalence of physical disability is the major area of concern. More extensive post discharge health facilities to be provided to elderly.[21]

A Cross sectional study was conducted by prevalence and correlates of vision impairment and its association with cognitive impairment among older adults in India. This study used data from the building a knowledge Base on population Ageing in India survey, conducted in 2011. Participants include 9541 older adults aged 60 years and above. The result of the study shows that the proportion of 59.1% of the respondents had vision impairment. Nearly 60% of the participant had cognitive impairment. The study concludes that the additional efforts in terms of advocacy, availability, affordability and accessibility especially in a country with big literacy issue are mandatory to increase the reach of eye care service and reduce the prevalence of avoidable visual impairment and vision losses that leads to cognitive deficits among the older population.[22]

A Cross- sectional study was conducted on progressive disability in elderly population among tribals of Telangana. The study includes, (1) probability proportion to size was used to select clusters and (2) in each selected cluster households were selected by systematic random sampling. The participants were interviewed with the 36 item Telegu version of the World Health Organization Disability assessment schedule questionnaire. The study shows that a total of 506 elderly people from 1349 households in 20 villages across 31 mandals of Khammam were interviewed. Majority of elderly population among tribals were illiterate, used tobacco, consumed alcohol, and were hypertensive. The prevalence of disability was higher in women. The study concludes that present disability modifying mobility Assistive Devices (AD) can help elderly in overcoming disability, these are primarily designed for built environments.[23]

A Cross sectional study conducted on the Morbidity and functional ability in the elderly in a rural population of Manipur. The study was conducted from May 2017 to April 2019 among 420 elderly aged 60 years and above residing in rural areas of Wangoi in Manipur. Probability proportional to size (PPS) sample method was used to select 6 villages out of 28 villages. A pre-tested interview schedule was used as study tool. The result of the study shows that some form of morbidity was reported 49.1% of the respondents. This study concludes almost half of respondents had some form of morbidity. Only a few (4.5%) were dependent according to ADL.[24]

A Cross sectional study was conducted Morbidity pattern and its relation to functional limitation among old age rural population in Kerala, India. The study was carried out among 167 old age participants aged ≥60 years to assess morbidities and its relation to functional limitations in a rural area of Kerala, India. Simple random sampling technique was used. The result of the study shows that overall prevalence of any

morbidity was 89.2% (149/167) and moderate or severe functional limitation was 9% (15/167). One morbidity was reported by 34.1% (57), two morbidities 24% (40), three or more 31.1% (52) of participants. The study conclude that the reported morbidities are high, but moderate or severe functional limitation is more common among those with joint pain or back pain and ≥3 morbidities. [25]

A Cross sectional study was conducted on epidemiology of disability in a rural community of Karnataka. This study includes 1000 study subjects of all age group selected randomly from four villages under rural field practice area of a teaching institution. Subjects were interviewed and examined using a predesigned schedule. Percentage prevalence, chi square test and multiple logistic regression analysis were used for statistical analysis. This study shows that the prevalence of disability was found to be 6.3%. Both physical and mental disabilities are of great concern in this area. 80% of the disabled had multiple disabilities. This study concludes that knowledge and occupation play a major role of determinants of disability. Chronic medical conditions are also more common among disabled.[26]

A Cross sectional study was conducted on the effect of impairment and disability on health-related quality of life of elderly. A total of 200 elderly where included in this study. The study was selected by cluster sampling from central Delhi, India was conducted from April 2005 to February 2006. The result of the study shows that a total of 200 elderly were included in the study. 71.5% subjects had at least one disability/impairment. Around 40% subjects reported their health being poor and another 50% of worsening of their health in the last 1 year. The study concludes that elderly in urban India is severely affected by impairments and disabilities. There is an immediate need for specific preventive and rehabilitative measures targeted on elderly to maintain their health-related quality of life.[27]

A Cross sectional study was conducted on the disability in terms of Activities of Daily Living among elderly in village of Delhi on October 2019 International Journals of Community. The study was carried out to assess the prevalence of ADL disability in elderly living in Palam village of Delhi using Barthel ADL Index. It uses ten variables describing ADL and mobility. The sample size was estimated to be 350 and systematic random sampling was used to choose the study subjects. The result of the study shows that the prevalence of ADL disability was found to be 20.3% in the study population. This was found to be 16.3% in males and 23.9% in females. The study concludes that after obtaining adequate data on elderly having difficulty in performing their routine activities of daily living, appropriate steps needs to be taken to mitigate its ill effects which should also address their health care needs and help them to live a healthy and good quality life.[28]

A Cross sectional study was conducted on locomotor problems among rural elderly population in a District of Aligarh, North India. The study done at field practice area of Rural Health Training Center, JN Medical College, AMU, Aligarh, Uttar Pradesh, India. A sample of 225 was drawn 1018 elderly population aged 60 years and above using systematic random sampling with probability proportionate to size. The result of the study shows that the prevalence of locomotor problems among the elderly population was 25.8%. Locomotor problems were significantly associated with age, gender and working status whereas no significant association with literacy status and marital status was observed. The study concluded that approximately one-fourth-of the elderly population suffered from locomotor problems.[29]

A Cross sectional study was conducted on study on morbidities and functional disabilities of elderly in rural areas of Kottayam, Kerala. The study involves elderly of randomly selected two wards of Arpookara Panchayath of Kottayam, Kerala. A total

of 488 elderly were interviewed and demographic details, disease history, personal history were collected. Random sampling technique was used in physical examination, assessment of functional disabilities and assessments of dependency by Activities of Daily Living were done. The result of study shows that total 488, 70.1% was diseased. 32.4% having musculoskeletal diseases, 29.9% having hypertension,17.2% having diabetics,12.3% having Chronic Obstructive Pulmonary Disease (COPD) and 6.6% having Coronary Artery Disease (CAD). Visual impairment was present among 49.8% (Cataract among 28.9%, Refractive error in 20.29%), Hearing impairment in 23.4%, Depression in 18%, Cognitive impairment 18.9% and Urinary Incontinence in 5.53%. The study concludes that 70.1% of the study sample has at least one disease. Most common Morbidities Were Musculoskeletal disease, Hypertension, Diabetes, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease.[30]

A Cross sectional study was conducted on Prevalence and Correlates of Physical Disability among elderly in rural population in a Community Development Block of Purba Bardhaman District, West Bengal. Random sampling technique was used for 350 elderly participants ≥ 60 years were selected. The data were collected using semi-structured pre-design, pre-tested schedule and 10- item Barthel Index. Bivariate and multivariable logistic regression was done to find out the correlates. The result of the study was the prevalence of physical disability among elderly was 28.9% and proportion was more ≥ 70-year age group, 62.6% of the subject suffered from one or more chronic diseases. The study concludes that the prevalence of physical disability among elderly is substantially high in the study area.[31]

A Cross sectional study was conducted on the association of multimorbidity and physical activity among older adults in India. Survey method was used for 65336

older adults aged 45 years and above in India. The method of study was moderate and vigorous physical activities were measured separately by self-reported questionnaires. The result of the study was 27.39% of older adults in India had multimorbidity. 31.02% of older adults did not engage in any moderate physical activities. The study conclude that the lack of physical activity is associated with multimorbidity among older adults. Physical activity promotion should be adopted as a primary strategy in reducing the burden of morbidity and multi morbidity.[32]

A study was conducted on the disabilities among elderly in the urban and rural areas in the Kamrup District, Assam. A random sampling technique was used for 400 numbers of elderly are under study of which 200 are from the urban area and 200 from the rural area. The urban area is from the Guwahati City which consist of 60 municipality blocks. The result of the study shows that the visual disability is the most common disability in both urban and rural areas which account for 22.5% and 21.5% respectively. The study concludes that the association between the use of physical aids by the respondents in urban and rural areas is highly significant($p<0.001$).[33]

A Cross sectional study was conducted on the prevalence and predictors of depression and disability in older adults and elderly patients with Diabetes in India. Survey method was used for 66, 606 sample. The method of study was analyzed the longitudinal ageing study in India (LASA) survey (2017-2018), focusing on individuals aged 45 years and older after excluding those with cognitive impairment. The result of the study was 15.48% of participants had depression while 12.96% (95% CL:11.04,15.17) were comorbid for depression and DM. Amongst patient with DM, the prevalence of depression comorbidity was 19.89% (95% CL:16.92,23.24). The study concludes that the Depressive symptoms in the elderly especially with DM comorbidity are linked to a high burden of poor ADL and IADL.[34]

A Cross sectional study was conducted on the Assessment of Dependency in Activities of Daily Living (ADL) and its predictors among the elderly rural population in a Sub-Himalayan UT of India. A simple random sampling technique was used. The result of the study shows that the mean age of study participants was 68.31± 7.9 years. ADL dependency was observed in 46.3% of the subject, with the majority demonstrating mild to moderate dependence. Only 2.5% of the respondents reported a severe degree of ADL dependence. The mean ADL score was 94.47± 8.98. The study concludes that the high prevalence of physical disability in the geriatric population is now an area of major concern.[35]

A Cross sectional study was conducted on the Impact of socioeconomic status on morbidities, disabilities, Activity limitation and participation restriction in the geriatric population living in urban area. The study done in Aug 2016 to Dec2016. The method of the study was two geriatric cohorts one belonging to high income group staying in a gated community and other belonging to low income group staying in a urban slum were compared. The result of the study was total 406 elderly patients were interviewed in HIG and 409 were interviewed in LIG. Females outnumbered the males in both the cohorts with 53.7% in HIG and 63.8% in LIG. The study concludes that the morbidity profile, disability profile and perceived health care needs in Indian elderly population belonging to two different socioeconomic strata residing in city of western India are different.[36]

An experimental study was conducted on the effectiveness of IEC package on knowledge health promotion among elderly a pre experimental one group pre and post-test only design adopted for the study. This study was conducted at Pandeswaram Village, Thiruvallur Dist., Tamil Nadu. In this study 100 elders both men and women were selected by using the non-probability convenience sampling

technique. The structured interview questionnaire was used to collect the demographic variables and to assess the knowledge on health promotion of elderly people. The result of the study is that there was a significant improvement of knowledge of elderly in post-test after administration of IEC package.[37]

A Pre experimental study was conducted from the effectiveness of IEC package on knowledge and attitude regarding memory loss among middle age adult of selected army area of Annandale, Shimla. Quantitative research approach was used with pre experimental one group pre-test and post-test design. The sample size of the study was 30 samples. Non-probability convenient sampling technique was used for selection of samples. The result of the study shows that the pre-test mean knowledge score was 17.3 and attitude score was 39.66 and post-test mean of knowledge and attitude score was 29.5 and 45.36. then the comparison of pre and post test scores was done by using "t" test and the value of knowledge and attitude score was 15.86 and 3.27 which is considered to be significant. The result of the study shows that the main improvement in knowledge and attitude regarding memory loss is present.[38]

A pre experimental study was conducted to evaluate how well an Information Education Communication (IEC) works to boost self-esteem in people who have made suicide attempts in the past. The sample size of the study was 100 participants from 2 hospitals in India. The follow up phase saw gains in self-esteem levels that were sustained following the interventions. The association among increases in self-esteem and demographic factors including age, sex and marital status are also investigated in the study. The alterations in self-esteem levels where significantly co-related with age (11.9) and marital status (6.45).[39]

A descriptive study was conducted to evaluate the effectiveness of Information, Education, Communication(IEC) on knowledge regarding management of dementia among caregivers of elderly in community of Amethi District, Uttar Pradesh. The data was collected from 150 experimental and 150 control groups by structured questionnaire schedule. Stratified random sampling technique was used. The mean difference between experimental group and control group was 7.95, paired 't' test was 17.94. The study concludes that IEC package was effective and research hypothesis was accepted.[40]

A pre experimental study was conducted to evaluate the effectiveness of Information, Education and Communication on knowledge and attitude regarding memory loss among aged ones in a selected rural area at Indore. The total number of samples was 60 participants. A pre experimental one group pre-test and post-test design was adopted. Non-probability convenient sampling technique was used. the collected data were analyzed by using both descriptive statistics and inferential statistics independent 't' test was used to evaluate the effectiveness of IEC. The result of the study was obtained 't' value for knowledge 42.90 and for attitude 33.55 was significant at $p < 0.05$. The findings of the study revealed that IEC was effective in improving knowledge and attitude regarding memory loss among the aged ones.[41]


Methodology

CHAPTER – IV

RESEARCH METHODOLOGY

RESEARCH METHODOLOGY

Methodology of research indicates the general pattern for organizing the procedure for the empirical study together will the method of obtaining valid and reliable data for problem under investigation.

This chapter deals a with methodology of the present study which include research approach, research design, variables under the study, Setting of study, population, sample and sampling technique, criteria for sample selection, description of the tool data collection process and plan for data analysis

REASEARCH APPROACH

This Selection of research approach is the basic procedure for the conduction of research enquiry. The approach helps the researcher to determine what data to collect and who to analysis it.

Quantitative approach was used for the present study since the purpose of the study was to evaluate the prevalence of disability among elderly and impact of IEC in management of disability among elderly and their care givers at selected village of rural kolar.

Variables under the study

Independent Variables: Who are suffering with disability or impairment

Dependent Variables: IEC on prevention and management of disability among elderly people

MATERIALS AND METHOD

Sources of date

The source of the date for the study was elderly people 60 and above.

RESEARCH APPROACHES AND DESIGN

For the present study research approach used was quantitive approach. The research design adopted for this study was quasi experimental design with one group pretest and post-test design

SETTING

Setting is the physical location and condition in which data collection takes place.

This study was conducted in the selected rural villages in Kolar.

POPULATION

The term population refers to aggregation of all the units in which a researcher is interested.

In the present study, the target population are elderly people who aged 60 & above.

SAMPLING TECHNIQUE

The process of selecting a portion of the population to represent the entire population.

Convenient sampling technique was adopted to collect the data for the study.

SAMPLE SIZE

60 elderly people from selected rural villages in Kolar.

INCLUSION CRITERIA

- Elderly people who are the aged group of 60 years.
- Those who are willing to participate.

EXCLUSION CRITERIA

- Who critically ill.
- Who are suffering with severe disability.

DATE COLLECTION TOOL

Structured knowledge questionnaire on preventive measures of disability.

Prevalence will be assessed by using Katz ADL Scale.

SECTION A

It consists of demographic data such as age, socioeconomic status, type of family, number of earning members, are you getting pension, retired government employee.

SECTION B

It consists of structured knowledge questionnaire on disability

Total of 30 questions were consisting in this section and divided into 3 aspects

- ❖ General questions (14)

- ❖ Questions related to disability management (10)
- ❖ Questions related to welfare services (06)

METHOD OF DATA COLLECTION

Step 1

Prior permission will obtain from concern authority.

Step 2

Ethical clearances will be obtained from institution ethical committee.

Step 3

Prevalence was assessed by using ADL scale.

Step 4

Samples was selected based on the inclusion criteria.

Step 5

Pre- test was conducted by using structured knowledge questionnaire.

Step 6

IEC was administered by using charts and live demonstration regarding management of disability.

Step 7

Post- test was conducted after 07 days by using same tool.

Plan for data analysis:

Data was analyzed by using descriptive statistics frequency, mean standard deviation.

Inferential statistics:

Paired “t” test and chi square test was carried out.

7.3 Does the study require any investigations or interventions to be conducted on patients or other humans or animals? If so, please describe briefly

Yes, in this study IEC was administered to elderly people.

7.4 Has ethical clearance been obtained from your institution in case of 7.3?

Yet, ethical clearance certificate was obtained from institution ethical committee

ANALYSIS AND INTERPRETATIONS OF DATA

CHAPTER V

RESULTS

Data analysis is the most crucial part of any research. Data analysis summarizes collected data. It involves the interpretation of data gathered through the use of analytical and logical reasoning to determine patterns, relationships or trends.

This chapter deals with the analysis and interpretation of data collected from 60 elderly people in between the age group 60 or above at selected village rural Kolar. The purpose of analysis was to reduce the collected data to an intelligible and interpretable form so that the relation of the research problem can be studied and tested.

OBJECTIVES OF THE STUDY

1) Estimation of prevalence of Disability Among the elderly people by using Katz ADL standardized tool.

2)To assess the knowledge among elderly caregivers by using structured knowledge questionnaire

3) To evaluate the effectiveness of IEC by comparing pre and post test scores of caregivers by using structured knowledge questionnaire

4) To determine the association between post test score with selected socio-demographic variable of caregivers

HYPOTHESIS

H_1: There will be a significantly high prevalence of disability among elderly people.

H_2: There will be significantly difference between pre and post test score of management of disability among care givers.

ORGANIZTION OF THE STUDY FINDINGS

The analyzed data is organized and presented under the following sections.

SECTION A:

Distribution of demographic variables of elderly people and their care givers.

Objective :01

a) Estimation of prevalence of disability among the elderly people by using Katz ADL standardized tool.

b) To assess the knowledge among elderly caregivers by using structured knowledge questionnaire.

Objective :02

c) To evaluate the effectiveness of IEC by comparing pre and post test scores of caregivers by using structured knowledge questionnaire

d) To determine the association between post test score with selected socio-demographic variable of caregivers.

SECTION –A

This section deals with data pertaining to socio demographic characteristics of elderly and their care givers.

Distribution of socio demographic variable of participants. **N = 60**

TABLE 1: Distribution of participants based on their age

Variables	F	%
Age (in years) elderly a) 60 - 70 years	23	38.3
b) 70 - 80 years	**37**	**61.7**
TOTAL	**60**	**100**

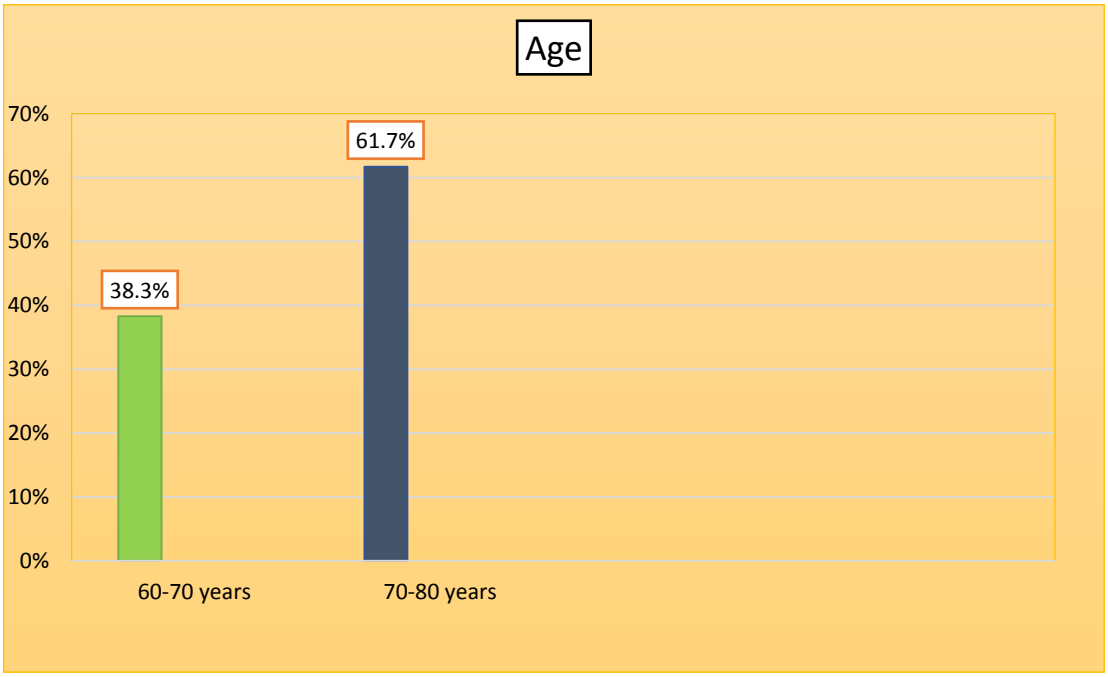


Figure 1: Percentage distribution of participants based on their age

The above table and figure shows that the majority (61.7%) of elderly people belongs to >60 years and (38.3%) belongs to 60 years.

TABLE 2: Distribution of participants based on their Socio-economic status

Variables	F	%
Socio economic status a) Below poverty	14	23.3
b) Above poverty	**46**	**76.7**
TOTAL	**60**	**100**

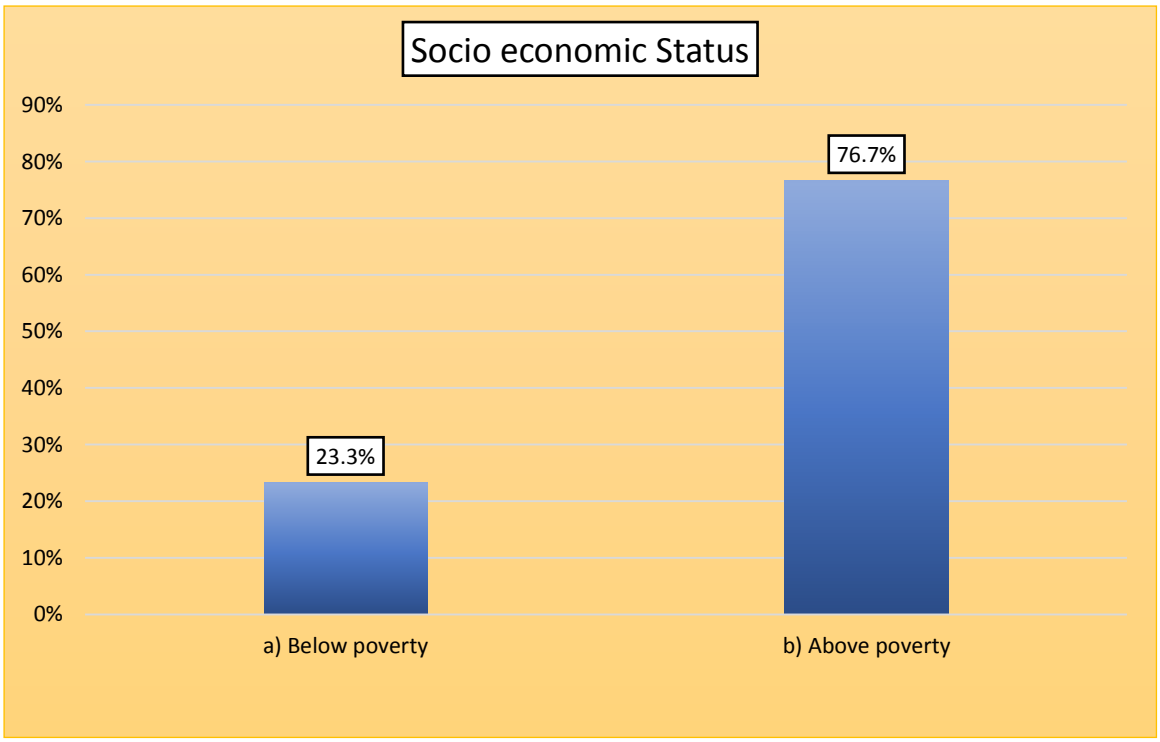


Figure 2: Percentage distribution of participants based on their Socio economic status

The above table and figure shows that the majority (76.7%) of elderly people belongs to S above poverty and (23.3%) were found to be in the below poverty.

TABLE 3: Distribution of participants based on their type of family

Variables	f	%
Type of family a) Nuclear family	**46**	**76.6**
b) Joint family	14	23.4
TOTAL	**60**	**100**

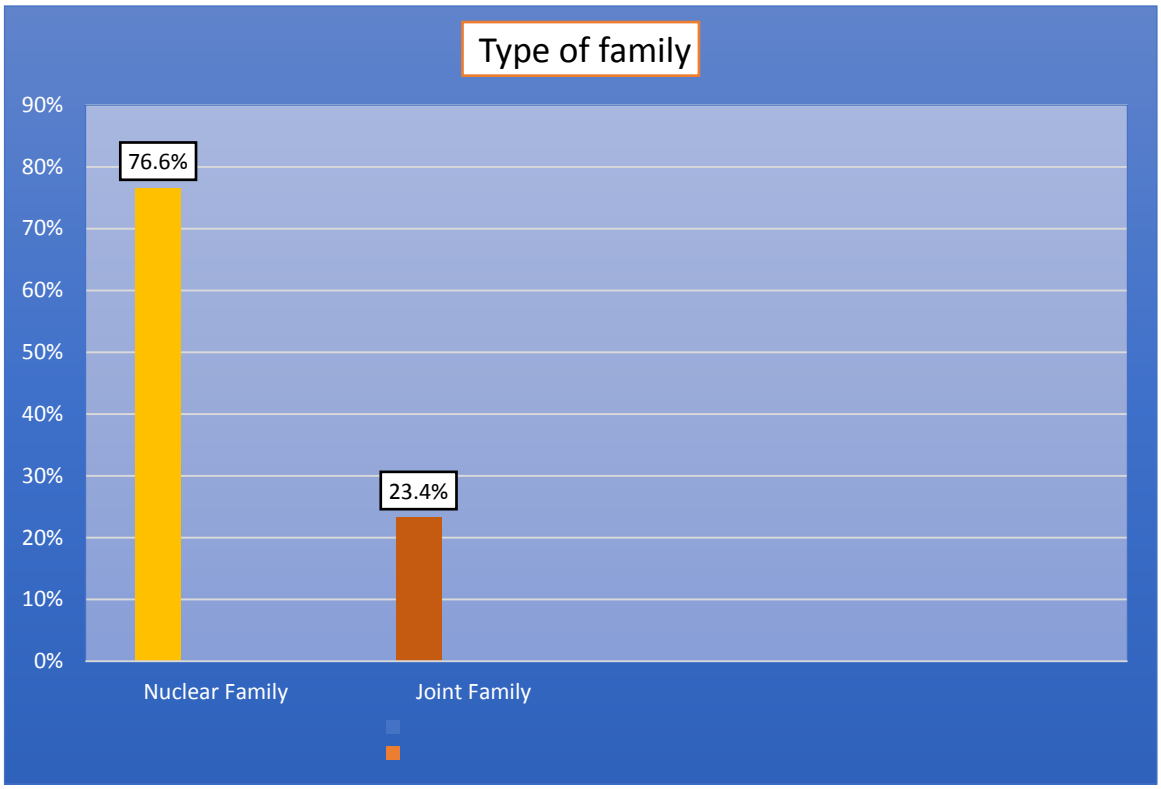


Figure 3: Percentage distribution of participants according to type of family.

The above table and figure shows that the majority (76.6%) of elderly people were living in the nuclear family and (23.4%) were found to be in the joint family.

TABLE 4: Distribution of participants based on their number of earning members in the family

Variables	f	%
Number of earning members in the family		
a) One	**33**	**55**
b) Two	27	45
TOTAL	**60**	**100**

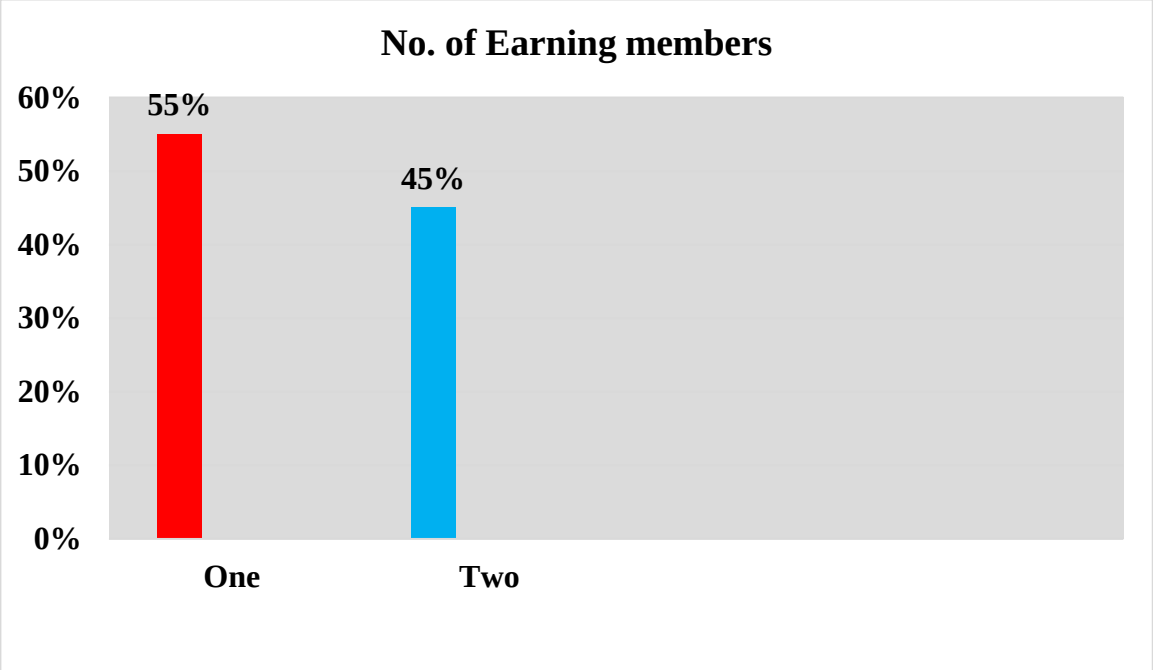


Figure 4: Percentage distribution of participants according to number of the earning members in the family

The above table and figure shows that the majority (55%) of elderly people were found to be only one earning member in the family and (45%) were found to be two earning member in the family.

TABLE 5: Distribution of participants based on their getting old age pension

Variables	f	%
Getting old age pension a) Yes	**51**	**85**
b) No	09	15
TOTAL	**60**	**100**

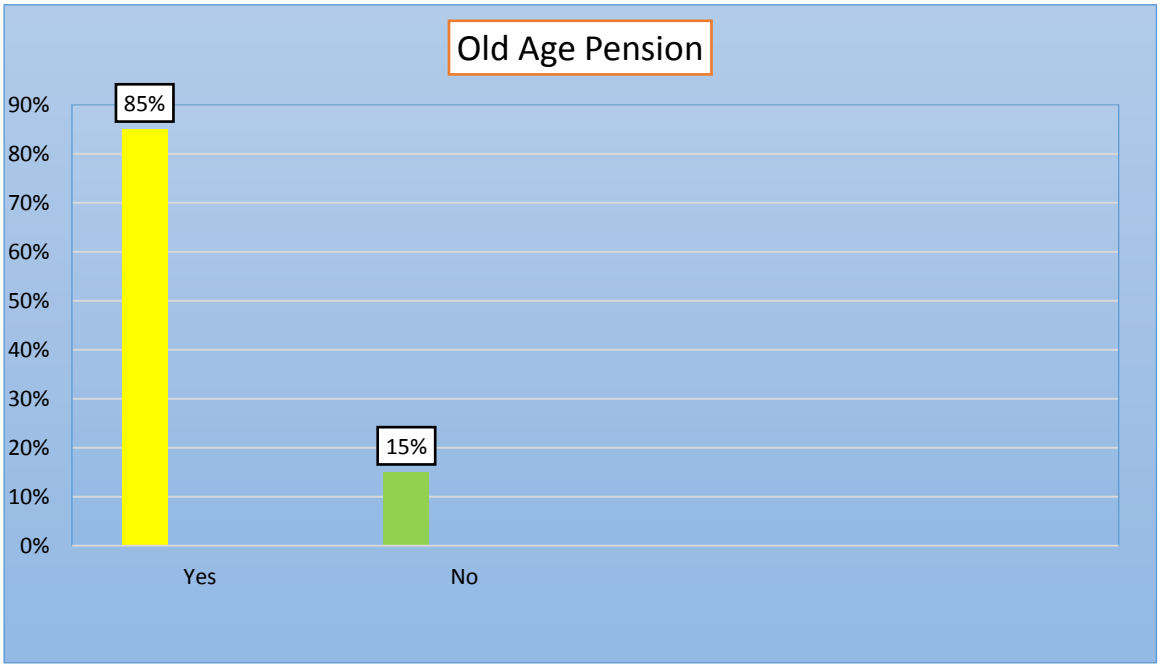


Figure:5 Distribution of participants according to getting old age pension

The above table and figure shows that the majority (85%) of elderly people were found to get old age pension and (15%) were found to get old age pension.

TABLE 6: Distribution of participants based on retried government employee?

Variables	f	%
Retried government employee a) Yes	04	6.7
b) No	**56**	**93.3**
TOTAL	**60**	**100**

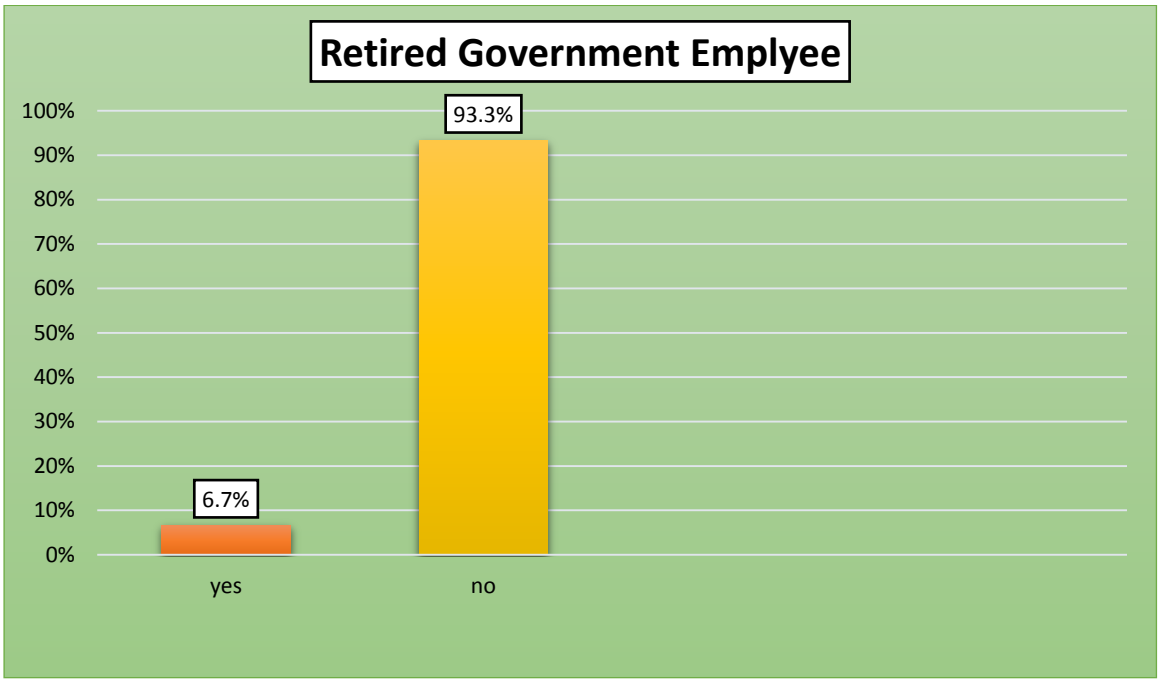


Figure:6 Distribution of participants according to retired government employee.

The above table and figure shows that the majority (93.3%) of elderly people were found not to be retired government employee and (6.7%) were found to be retired government employee.

TABLE 7: Distribution of participants based on type of diet

Variables	f	%
Type of diet a) Vegetarian	0	0
b) Mixed	**60**	**100**
TOTAL	**60**	**100**

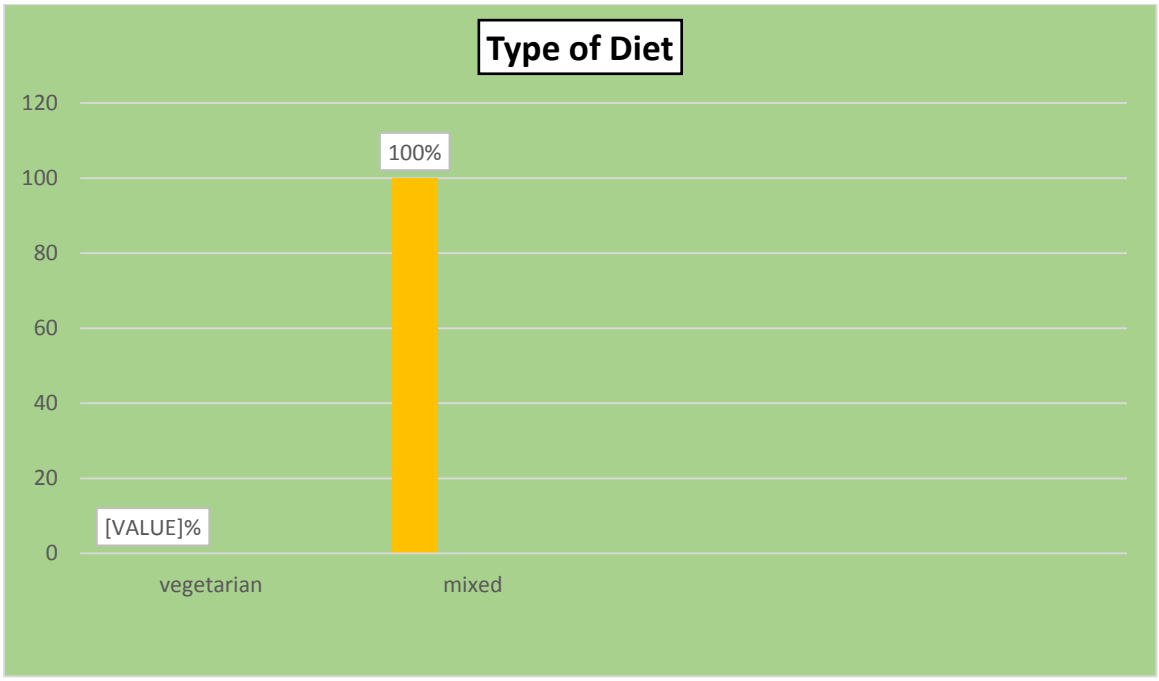


Figure 7: Distribution of participants according to Type of diet

The above table and figure shows that the majority (100%) of elderly people were found to be as with mixed diet and (0%) were found in vegetarian.

TABLE 8: Distribution of participant's based on educational status of care givers

Variables	f	%
Educational status of care taker a) Illiterate	0	0
b) primary	07	11.7
c) Higher primary	13	21.6
d) SSLC and above SSLC	**40**	**66.7**
TOTAL	**60**	**100**

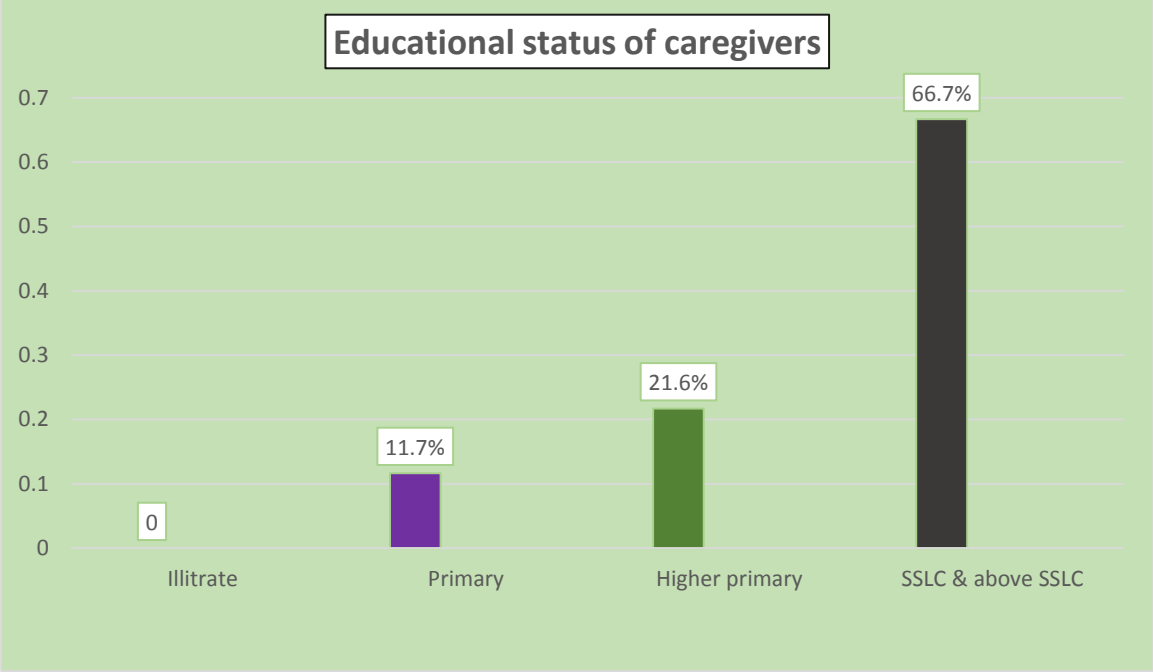


Figure 8: Distribution of participants according to Educational status of caregivers

The above table and figure show that the majority (66.7%) of care givers were found to have the educational status of SSLC & above. About (21.6%) of care givers had higher primary education and (11.7%) were found to have primary education and none of the care givers were illiterate (0%).

TABLE 9: Distribution of participants based on occupation of care givers

Variables	f	%
Occupation of care givers a) House Wife	**46**	**76.7**
b) Self Employee	05	8.3
c) Daily wages	08	13.4
d) Government Employee	01	1.6
TOTAL	**60**	**100**

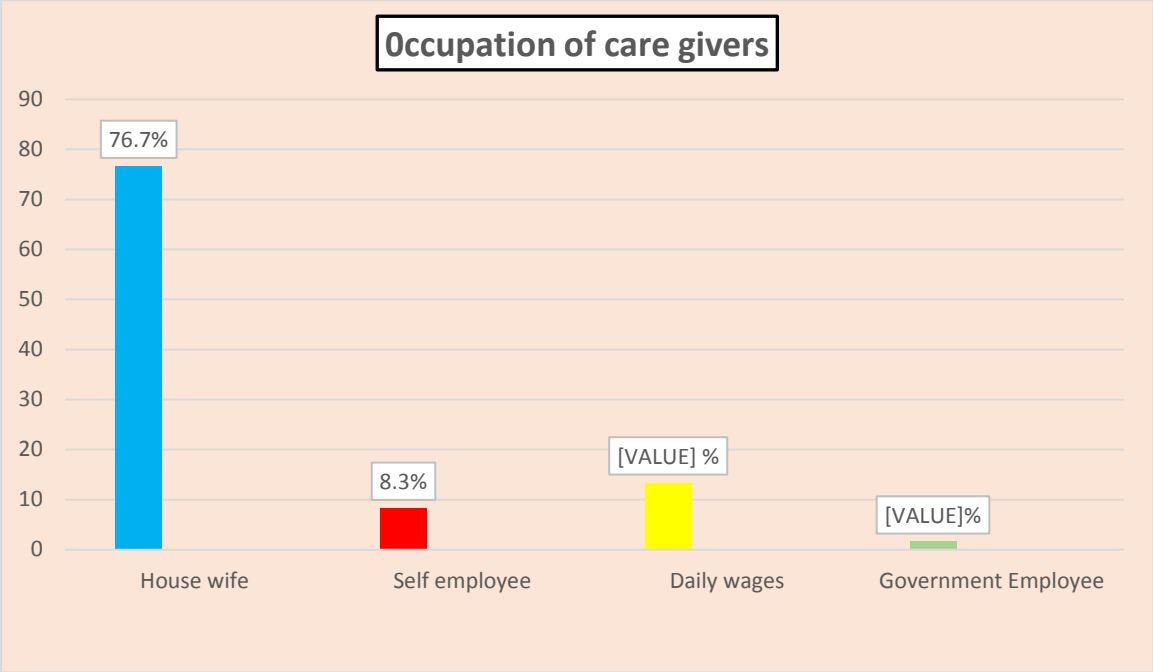


Figure 9: Distribution of participants according to Occupation of care givers

The above table and figure shows that the majority (76.66%) of care givers is house wife and (8.33%) were found as self-employee and the daily wages were (13.4%) and government employee were found as (1.6%).

Objective 01: Estimation of prevalence of disability among the elderly people by using Katz ADL standardized tool.

Table 10: Estimation of prevalence of disability among the elderly people by using Katz ADL standardized tool.

KATZ ADL SCALE

SI No	ADL Component	Frequency(f)	Percentage(%)	Interpretation
1	Bathing	20	66.7%	Improvement in self-bathing ability after IEC training
2	Dressing	18	60%	Better independence in dressing
3	Toileting	16	53.3%	Marked improvement in toileting independence
4	Transferring (Bed ↔ Chair)	22	73.3%	Notable gain in mobility and transfer ability
5	Continence (Bowel/Bladder)	14	46.7%	Improvement in continence control
6	Feeding	10	33.3%	Major improvement in self-feeding ability

Interpretation of KATZ ADL Scale

Total Score

06: Independent

3-5: Moderate dependent

≤2: Severe Dependent

0: Complete Dependent

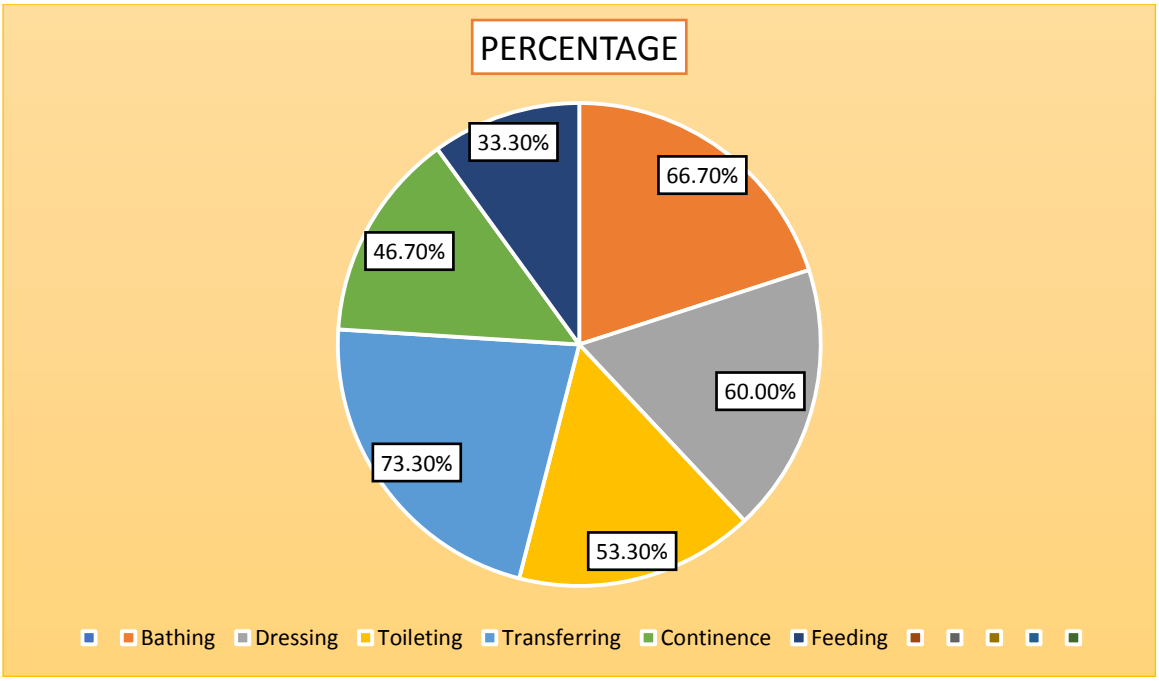


Figure No 10: Distribution of participants according to estimation of prevalence of disability among the elderly people by using Katz ADL standardized tool.

This table shows the distribution of difficulties in activities of daily living according to the Katz ADL scale were noted higher in continence (22.2%) and transferring (22.2%) followed by toileting (18.9%) and bathing (9.6%). This indicates that mobility – related functions (continence and transferring) were the most affected areas compared to basic self –care activities like feeding and bathing.

Objective 2: To assess the knowledge among elderly caregivers by using structured knowledge questionnaire.

Table 11: Mean knowledge scores among elderly caregivers by using structured knowledge questionnaire.

Aspect wise pretest knowledge	Score item	Mean	Mean %	SD
General questions on care taking	14	3.80	27.14	1.821
Knowledge on disability management	10	1.80	18	1.471
Knowledge on welfare service	06	0.82	13.6	1.321
Total	30	6.42	21.4	2.320

The table shows that in the pretest, caregivers had low knowledge across all aspects. The mean percentage of knowledge was highest in general questions on care giving (27.14 %) and lowest in knowledge on welfare services (13.6%). The overall mean percentage (21.4%). That the care givers possessed inadequate knowledge before the intervention.

Objective 3: To evaluate the effectiveness of IEC by comparing pre and post test scores of caregivers by using structured knowledge questionnaire.

POST TEST SCORES

Table 12: Post mean knowledge scores based on aspect wise among caregivers

Aspect wise post-test knowledge	Items	Mean	Mean %	SD
General questions on care taking	14	9.83	70.21	3.76
Knowledge on disability management	10	6.13	61.3	1.96
Knowledge on welfare services	06	3.78	63	1.40
Total	**30**	**19.78**	**65.93**	**5.40**

The table shows that in the post-test caregivers demonstrated a significant improvement in knowledge across all aspects. The highest mean percentage of the knowledge was observed in general questions on care giving (70.21%), followed by knowledge on disability management (61.3%). The overall mean percentage of (65.93%) indicates that the care givers had gained adequate knowledge after intervention program.

Table 13: Effectiveness of IEC by comparing pre and post test scores of caregivers by using structured knowledge questionnaire. (paired "t" test)

Aspect	**Pre-test (mean ± SD)**	**Post-test (mean ± SD)**	**t-value**	**p-value (p <0.005)**
General questions on care giving	3.80 ± 1.82	9.83 ± 3.76	15.62	0.001 SS*
Knowledge on disability	1.80 ± 1.471	6.13 ± 1.96	19.16	0.001 SS*
Knowledge on welfare services	0.82 ± 1.32	3.78 ± 1.40	16.82	0.001 SS*
Overall	**6.42 ± 2.32**	**19.78 ± 5.40**	**25.49**	**0.001** SS*

The above table shows that the IEC programme has increased the post-test knowledge scores in each aspects among care givers and the programme was statistically effective.

- In the aspects of general questions on care givers there is a large increase in knowledge score after the IEC programme from a mean of 3.80 to 9.83 and a standard deviation from1.82 to 3.76. The t-value is 15.62.
- Caregivers knowledge on disability increased significantly after the IEC programme, from a mean of 1.89 to 6.13 and a standard deviation from 1.47 to1.96. The t-value is 19.16.
- Knowledge on welfare services among care givers also improved from a mean of 0.82 to3.78 and a standard deviation 1.32 to 1.40. The t-value is 16.82.
- Overall knowledge increased remarkably after the IEC intervention, from a mean of 6.42 to 19.78 and standard deviation from 2.32 to 5.40.

Objective 4: To determine the association between post test score with selected socio-demographic variable of caregivers.

Table 14: The association between post test score with selected socio-demographic variable of caregivers

SI NO	Demographic Variables	Below median ≤ 20.5	Above median >20.5	Chi Square (χ^2)	df	P Value Inference
1	**Age in years** a) 60 -70years b) above 70 years	 08 22	 15 15	χ^2= 3.454	1	P = 0.63 NS*P<0.05
2	**Socio economic status** a) APL b) BPL	 09 21	 05 25	χ^2= 1.490	1	P = 0.22 NS*P<0.05
3	**Types of family** a) Nuclear family b) Joint family	22 08	24 06	χ^2=0.372	1	P =0.54 NS*P<0.05
4	**Number of earning members** a) 1 b) 2	 21 09	 12 18	χ^2=5.454	1	P = 0.019 SS*P<0.05
5	**Old age pension** a) yes b) no	 26 04	 25 05	χ^2=0.130	1	P= 0.717 NS*P<0.05
6	**Retired government** a) yes b) no	 03 27	 01 29	χ^2=1.071	1	P = 0.300 NS*P<0.05

7	**Educational status of care taker** **a) <SSLC** **b) >SSLC**	 15 15	 05 25	χ^2=7.5	1	P=0.006 SS*P<0.05
8	**Occupation of care taker** **a) Housewife** **b) Others**	 28 02	 18 12	χ^2=1.316	1	P=0.0022 SS*P<0.05

The above table shows that the study revealed a significant association between the variable study and the number of earning members of samples with chi- square value of χ^2=5.454 and P value of 0.19 with degree of freedom of 1,the chi square value of χ^2=7.5 and p value is 0.006 and degree of freedom is 1 for educational status of care givers and occupation of the care givers with chi square value of χ^2=1.316 and p value is 0.002 with degree of freedom is 1were ($P < 0.05$), while other variables shows no significant association ($P > 0.05$)

Summary

This chapter deals with data analysis and interpretation of findings of the study. The data gathered was summarizes in master sheet, descriptive and inferential statistics were used for analysis. Frequency and percentage were used to analyse sample characteristics. Mean, median, percentage and 't' test was used to find out the association between elderly disabled people with their demographic variables in Quasi experimental group.


DISCUSSION

CHAPTER VI

DISCUSSION

The main aim of the study was to assess the effectiveness of IEC on disability management among care givers of elderly. The study was conducted by using Quasi experimental study. The present study was conducted by selected rural village in Kolar. The sample technique is Convenient sampling technique was used for this study. the total sample size was 60 After data collection, data was organized, tabulated, summarized and analysis. in study finding where discussed in this chapter with reference to the objective of the study.

OBJECTIVES OF THE STUDY

1) Estimation of prevalence of disability Among the elderly people by using Katz ADL standardized tool.
2) To assess the knowledge among elderly caregivers by using structured knowledge questionnaire.
3) To evaluate the effectiveness of IEC by comparing pre and post test scores of caregivers by using structured knowledge questionnaire.
4) To determine the association between post test score with selected socio-demographic variable of caregivers.

HYPOTHESIS

H_1: There will be a significantly high prevalence of disability among elderly people.

H_2: There will be a significantly difference between pre and post test score of management of disability among care givers.

Section A:

Socio- demographic data Distribution of participants according to the socio-demographic variables of Quasi experimental group including age of elderly people, socio economic status, type of family, number of earning members in the family, getting old ag pension or not, retired government employee or not.

Section B:

1) Estimation of prevalence of disability among the elderly people by using Katz ADL standardised tool.
2) Assess the knowledge among elderly caregivers by using structured knowledge questionnaire.
3) Evaluate the effectiveness of IEC by comparing pre and post-test of care givers by using structured knowledge questionnaire.
4) Find out the association between the post test score with selected socio demographic variable of care givers.

MAJOR FINDINGS OF THE STUDY

Section A:

Distribution of demographic variables of elderly people in Quasi experimental group.

Age

The major findings of the study revealed that in Quasi experimental group majority (61.6%) of elderly people belongs to 60-70 years and (38.3%) belongs to 70-80 years.

Socio economic status

The findings of the study revealed that in quasi experimental group (76.7%) of elderly people were found to be in the above poverty and (23.3%) were found to be in the below poverty.

Type of family

The findings of the study revealed that in quasi experimental group majority (76.6%) of elderly people were found to be in the nuclear family and (23.3%) were found in joint family.

Number of earning members in the family

The findings of the study revealed that quasi experimental group (55%) of elderly people were found one earning member in the family and (45%) were found two earning member in the family.

Getting old age pension or not

The findings of the study revealed that in quasi experimental group (85%) of elderly people were found to be getting an old age pension and (15%) were not getting old age pension.

Retired government employee or not

The findings of the study revealed that in the quasi experimental group majority (93.3%) of elderly, were found not a retired government employees and (6.6%) were found to be retired government employees.

Type of diet

The findings of the study revealed that in quasi experimental group the majority (100%) of elderly people were found to be as with mixed diet and (0%) were found in vegetarian.

Educational status of care givers

The findings of the study revealed that in quasi experimental group the majority (66.66%) of care givers were found to have the educational status of SSLC & above. About (21.70%) of care givers had higher primary education and (11.66%) were found to have primary education and none of the caretakers were illiterate (0%).

Occupation of care givers

The findings of the study revealed that in quasi experimental group the majority (76.66%) of care givers is house wife and (8.33%) were found as self-employee and the daily wages were (13.4%) and government employee were found as (1.6%).

SECTION B

1)Estimation of prevalence of disability among the elderly people by using Katz ADL standardized.

The findings according to the distribution of difficulties in activities of daily living by using Katz ADL scale were noted higher in continence (22.2%) and transferring (22.2%) followed by toileting (18.9%) and bathing (9.6%). This indicates that mobility – related functions (continence and transferring) were the most affected areas compared to basic self –care activities like feeding and bathing.

2)Assess the knowledge among elderly caregivers by using structured knowledge questionnaire

In pre-test, the care givers had below average knowledge across all aspects, with the highest mean score in general questions on care taking were 3.80, (27%) and the lowest in knowledge on welfare service 0.82, (13.6 %). The overall mean knowledge score was 6.42 (58.6%) indicating inadequate baseline knowledge among care givers regarding disability management.

3) Evaluate the effectives of IEC by comparing pre and post-test of care givers by using structured knowledge questionnaire.

I. Post-test scores among care givers by using structured knowledge questionnaire after intervention phase.

The post-test caregivers demonstrated a significant improvement in knowledge across all aspects. The highest mean percentage of the knowledge was observed in general questions on care giving (70.21%), followed by knowledge on disability management (61.3%). The overall mean percentage of (65.93%) indicates that the care givers had gained adequate knowledge after intervention program.

II. Comparison of knowledge level in both pre and post-test.

The study found that initially, 100% of care givers had below average knowledge in disability management, with a poor overall mean score of 6.42(21.4%). Post intervention, care givers knowledge significantly improved, resulting in an overall mean score of 19.78 (65.93%). While all respondents scored below adequate knowledge in the pre- test, 50% achieved adequate knowledge in in the post test, with 31.66% at a moderate level demonstrating substantial enhancement in understanding of disability management.

III. Effectives of IEC by comparing pre and post-test of care givers by using Paired "t" test.

- In the aspects of general questions on care givers there is a large increase in knowledge score after the IEC programme from a mean of 3.80 to 9.83 and a standard deviation from1.82 to 3.76. The t-value is 15.62.
- Caregivers knowledge on disability increased significantly after the IEC programme, from a mean of 1.89 to 6.13 and a standard deviation from 1.47 to1.96. The t-value is 19.16.

- Knowledge on welfare services among care givers also improved from a mean of 0.82 to3.78 and a standard deviation 1.32 to 1.40. The t-value is 16.82.
- Overall knowledge increased remarkably after the IEC intervention, from a mean of 6.42 to 19.78 and standard deviation from 2.32 to 5.40.

4)Association between post test score with selected socio demographic variables of care givers.

The findings of the study revealed a significant association between the variable study and the number of earning members of samples with chi- square value of χ^2=5.454 and P value of 0.19 with degree of freedom of 1,the chi square value of χ^2=7.5 and p value is 0.006 and degree of freedom is 1 for educational status of care givers and occupation of the care givers with chi square value of χ^2=1.316 and p value is 0.002 with degree of freedom is 1were ($P < 0.05$), while other variables shows no significant association ($P > 0.05$).

Summary

This discussion chapter dealt with statistically analysis regarding effectiveness of IEC by comparing pre and post-test of care givers by using structured knowledge questionnaire between Quasi experimental group participants and there was a significant association with post-test of care givers with selected socio demographic variables.


Search
Conclusions

CHAPTER-VII

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 evaluating the impact of IEC on prevention of disability among elderly. The present study was conducted at Bemapura and Betageranahalli village in kolar. The sample technique is Convenient sampling technique was used for this study the total sample size was 60 elderly people.

OBJECTIVES OF THE STUDY

1) Estimation of prevalence of disability among the elderly people by using Katz ADL standardized tool.
2) To assess the knowledge among elderly caregivers by using structured knowledge questionnaire.
3) To evaluate the effectiveness of IEC by comparing pre and post test scores of caregivers by using structured knowledge questionnaire.
4) To determine the association between post test score with selected socio-demographic variable of caregivers.
5)

MAJOR FINDINGS OF THE STUDY

The major findings of the study are as follows:

1. Findings related to demographic variables of participants

- The study found that most elderly participants (61.7%) were above 60 while 38.3% were exactly 60 years old.

- Most elderly participants (76.7%) were above the poverty line, while 23.3% were below it.
- Most elderly participants (76.6%) lived in nuclear families, while 23.4% lived in joint families.
- Most elderly participants (55%) had only one earning member in the family, while 45% had two earning members.
- Most elderly participants (85%) received old age pension, while 15% did not.
- Most elderly participants (93.3%) were not retired government employees, while 6.7% were retired government employees.
- All elderly participants (100%) followed a mixed diet, with none being vegetarian.
- Most caregivers (66.7%) had SSLC or above, 21.6% had higher primary education, and 11.7% had primary education; none were illiterate.
- Most caregivers (76.7%) were housewives, followed by daily wage earners (13.4%), self-employed (8.3%), and government employees (1.6%).

2)Estimation of prevalence of disability among the elderly people by using Katz ADL standardized

- The study found the highest ADL difficulties in continence (22.2%) and transferring (22.2%),
- Other Difficulties toileting (18.9%) and bathing (9.6%).
- This shows that mobility-related functions were more affected than basic self-care activities like feeding and bathing.

3)Assess the knowledge among elderly caregivers by using structured knowledge questionnaire.

- In the pre-test, caregivers showed below-average knowledge, with the highest score in general caregiving (27%) and the lowest in welfare services (13.6%). The overall mean score of 58.6% indicates inadequate baseline knowledge on disability management.

4) Evaluate the effectives of IEC by comparing pre and post-test of care givers by using structured knowledge questionnaire.

post-test scores among care givers by using structured knowledge questionnaire after intervention phase.

Post-test results showed significant improvement in care givers knowledge, with the highest scores in general caregiving (70.21%) followed by disability management (61.3%). The overall mean score of 65.93% indicates adequate knowledge gained after the intervention**.**

comparison of knowledge level in both pre and post-test.

Initially, all caregivers had below-average knowledge (mean score 6.42; 21.4%). After the intervention, knowledge improved markedly (mean 19.78; 65.93%), with 50% reaching adequate and 31.66% moderate knowledge, showing substantial improvement in understanding disability management**.**

Effectives of IEC by comparing pre and post-test of care givers by using Paired "t" test.

The study assessed the effectiveness of an IEC programme in improving care givers knowledge on disability care. Results showed a significant increase in knowledge across all areas after the intervention.

General caregiving knowledge from a mean score of 3.80 to 9.83, with a t-value of 15.62, indicating strong significance. Knowledge on disability also improved markedly, increasing from 1.89 to 6.13, supported by a high t-value of 19.16. Awareness of welfare services increased from 0.82 to 3.78, with a t-value of 16.82 confirming statistical significance.

Overall, total knowledge scores increased from 6.42 to 19.78, demonstrating that the IEC programme was highly effective. These findings highlight the value of structured educational interventions in enhancing caregivers understanding and ability to support persons with disabilities.

5)Association between post test score with selected socio demographic variables of care givers.

The study findings revealed that there was a significant association between the post-test score and selected socio-demographic variables of the care givers. The number of earning members in the family showed a significant association with the post-test score ($\chi^2 = 5.454$, $p = 0.019$), leading to the rejection of the null hypothesis and acceptance of the research hypothesis. Similarly, the educational status of the care givers demonstrated a significant association ($\chi^2 = 7.5$, $p = 0.006$), and the occupation of the care givers also showed a significant association ($\chi^2 = 13.16$, $p = 0.002$); therefore, the null hypothesis was rejected and the research hypothesis was accepted for both variables. However, other socio-demographic variables showed no significant association with the post-test score ($p > 0.05$), hence the null hypothesis was accepted and the research hypothesis was rejected for those variables.

Significant association with:

- Number of the earning members (x^2 =5.454, p=0.019)
- Education status (x^2=7.5, p=0.006)
- Occupation (X^2 = 13.16, p = 0.002)

No significant association with other demographic variables (p > 0.05)

IMPLICATION OF THE STUDY

Nursing implication includes specific information for Nursing practice, Nursing education, Nursing administration and Nursing research.

1. Nursing Practice

- Nurses, particularly community health nurses, can play a crucial role in promoting self-care and independence among the elderly through periodic home visits and health education.
- Caregiver counselling, assistive technique demonstration, and environmental change are examples of practical nursing interventions that can lessen the burden of impairment and avoid problems.
- This study emphasizes the importance of holistic care, which addresses the social, emotional, and physical facets of elderly people's disabilities in a community environment.

2. Nursing Research

- The study supports the importance of educational interventions as a field of study in community health nursing by offering empirical evidence that structured IEC programs considerably increase caregivers understanding of managing impairments.

- It promotes more research on the long-term effects of educational initiatives, contrasting various approaches like peer-group sessions, mobile learning, and audio-visual assistance.
- In order to create affordable models of caregiver training in rural areas, the findings can be used as a baseline for comparative and experimental investigations in the future.

3. Nursing Administration

- To enhance elder well-being and lessen caregiver stress, nurse administrators might incorporate such educational intervention programs into primary healthcare and geriatric outreach services.
- The findings can assist PHC and community authorities in creating policies and procedures for recurring caregiver education and disability screening.
- The study backs the necessity of allocating resources for the creation of IEC materials, such as brochures, posters, and films, in order to efficiently spread knowledge.
- The results of the study can be used by administrators to assess and improve the quality of community-based senior care initiatives.
- To standardize caregiver education, community and public health nurses can incorporate the model into their continuing nursing education (CNE).

4. Nursing Education

- The results emphasize how crucial it is to incorporate disability management and geriatric nursing into undergraduate and graduate nursing programs.

- Students can be taught how to create successful IEC interventions that are suited to the requirements of the community and how to use standardized tools as Katz ADL.
- This study offers nursing students a great teaching-learning example of how theory, evaluation, and instruction work together to create quantifiable changes in community health.
- Nurse educators can encourage students to carry out community-based mini-research projects by using the study as an example of evidence-based practice.

LIMITATIONS OF THE STUDY

- The study's small sample size of 60 participants may limit how far the results may be applied.
- Results may differ in other geographical or cultural situations because the study was limited to a single rural village in Kolar.
- The convenience sample method used in the study may have introduced sampling bias.
- The examination of long-term knowledge retention and behavioural changes was constrained by the brief follow-up time (7 days) following the IEC intervention.
- The study did not measure actual caregiver practices or patient outcomes after the intervention; instead, it concentrated on knowledge assessment.

RECOMMENDATIONS

- To improve the generalizability of the findings, the study can be replicated with a larger sample size and in various rural and urban contexts.

- To more precisely gauge the impact of IEC interventions, future research is advised to use a comparative or control group approach.
- To evaluate wider applicability, similar research can be expanded to include other age groups or populations, such as institutionalized old people or disabled individuals.
- To assess long-term gains in caregiver knowledge and their effects on older people's functional independence, long-term follow-up research should be conducted.
- To improve disability management and knowledge among rural caregivers, regular IEC sessions should be incorporated into primary health care services.

Summary

This study demonstrates that structured IEC interventions are effective and practical tools for improving caregivers knowledge and thereby enhancing elderly care in rural communities.

Its implications extend to practice, education, administration, and research**,** reinforcing the nurse’s central role in health promotion, caregiver empowerment, and evidence-based geriatric care**.**


SUMMARY

CHAPTER-VIII

SUMMARY

An elderly disability refers to the impairment or difficulty a person over a certain age (60 and above) experience in performing activities of daily living(ADL's) or complex task due to physical or mental limitation.

Activities of Daily living(ADL's) these often involves difficulty or dependency in performing basic self-care activity like bathing, dressing, walking, eating.

So the researcher took the present study to show to assess the effectiveness of IEC on disability management among care givers of elderly.

The aim of the study is IEC will help to prevent disability among elderly.

OBJECTIVES OF THE STUDY

1) Estimation of prevalence of disability among the elderly people by using Katz ADL standardized tool.

2) To assess the knowledge among elderly caregivers by using structured knowledge questionnaire.

3) To evaluate the effectiveness of IEC by comparing pre and post test scores of caregivers by using structured knowledge questionnaire.

4)To determine the association between post test score with selected socio-demographic variable of caregivers.

HYPOTHESIS

H_1: There will be a significantly high prevalence of disability among elderly people.

H_2: There will be a significantly difference between pre and post test score of management of disability among care givers.

The present study is aimed in evaluating that IEC will help to prevent disability among elderly.

The present study was conducted by selected rural village in Kolar. The sample technique is Convenient sampling technique was used for this study. the total sample size was 60 After data collection, data was organized, tabulated, summarized and analysis. in study finding where discussed in this chapter with reference to the objective of the study. The researcher used ADL Scale for evaluating their daily living activities and structured questionnaire to evaluate the knowledge level of care givers.

The analysis was done by applying descriptive and inferential statistics. The data obtained are in tabular and graphical form. The difference between pre- test and post-test level of knowledge in caregivers was used to assess the association with demographic variables at 0.05 significant and non-significant.

MAJOR FINDINGS OF THE STUDY

The major findings of the study are as follows:

1. Findings related to demographic variables of participants

- The major findings of the study revealed that in the terms of age majority (61.7%) of elderly people belongs to >60 years and (38.3%) belong to 60 years.
- In the terms of Socio-economic status, the findings of the study revealed that the majority (76.7%) of elderly people belongs to above poverty and (23.3%) were found to be in the below poverty.
- In the terms of type of family, the findings of the study revealed that the majority (76.6%) of elderly people were living in the nuclear family and (23.4%) were found to be in the joint family.
- In the terms of number of earning members, the findings of the study revealed that the majority (55%) of elderly people were found to be only one earning member of the family and (45%) were found to be two earning members in the family.
- In the terms of getting old age pension the findings of the study revealed that the majority (85%) of elderly people were found to get old age pension and (15%) were found to not getting old age pension.
- In the terms of retired government employee findings of the study revealed that the majority (93.3%) of elderly were not found to be retired government employee (6.7%) were found to be retired government employee.

- In the terms of type of diet findings of the study revealed that the majority (100%) of elderly people were found to be in mixed diet and no one were found in vegetarian.
- In the terms of educational status of care givers findings of the study revealed that the majority (66.7%) of care givers were found to have the educational status of SSLC and above. (21.6%) care givers had higher primary education and (11.7%)were found to have primary education and none of the caregivers were illiterate.
- In the terms of occupation of care givers findings of the study revealed that the majority (76.7%) were belongs to the category of house wife (13.4%)belongs to daily wage and (8.3%) belongs to self -employee and (1.6%) belongs to government employee.

2)Estimation of prevalence of disability among the elderly people by using Katz ADL standardized

- The findings according to the distribution of difficulties in activities of daily living by using Katz ADL scale were noted higher in continence (22.2%) and transferring (22.2%) followed by toileting (18.9%) and bathing (9.6%). This indicates that mobility – related functions (continence and transferring) were the most affected areas compared to basic self –care activities like feeding and bathing.

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- In pre-test, the care givers had below average knowledge across all aspects, with the highest mean score in general questions on care giving were 3.80, (27%) and the lowest in knowledge on welfare service 0.82, (13.6 %). The overall mean knowledge score was 6.42 (58.6%) indicating inadequate baseline knowledge among care givers regarding disability management.

4) Evaluate the effectives of IEC by comparing pre and post-test of care givers by using structured knowledge questionnaire.

Post-test scores among care givers by using structured knowledge questionnaire after intervention phase.

- The post-test caregivers demonstrated a significant improvement in knowledge across all aspects. The highest mean percentage of the knowledge was observed in general questions on care giving (70.21%), followed by knowledge on disability management (61.3%). The overall mean percentage of (65.93%) indicates that the care givers had gained adequate knowledge after intervention program.

Comparison of knowledge level in both pre and post-test.

- The study found that initially, 100% of care givers had below average knowledge in disability management, with a poor overall mean score of 6.42(21.4%). Post intervention, care givers knowledge significantly improved, resulting in an overall mean score of 19.78 (65.93%). While all respondents scored below adequate knowledge in the pre- test, 50% achieved adequate

knowledge in in the post test, with 31.66% at a moderate level demonstrating substantial enhancement in understanding of disability management.

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- Knowledge on welfare services among care givers also improved from a mean of 0.82 to3.78 and a standard deviation 1.32 to 1.40. The t-value is 16.82.
- Overall knowledge increased remarkably after the IEC intervention, from a mean of 6.42 to 19.78 and standard deviation from 2.32 to 5.40.

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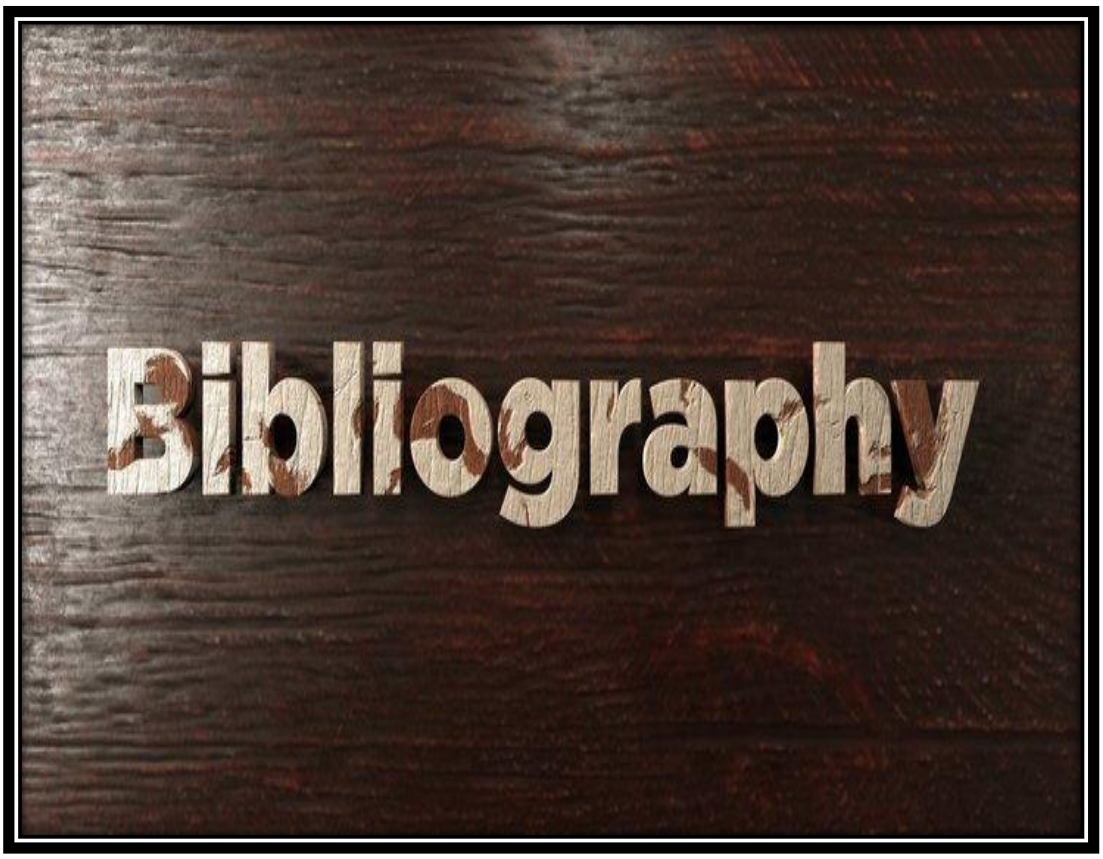
value is 0.002 with degree of freedom is 1were ($P < 0.05$), while other variables shows no significant association ($P > 0.05$)

SUMMARY

This chapter deals with summary of the study findings, implication, limitation and recommendation of the study.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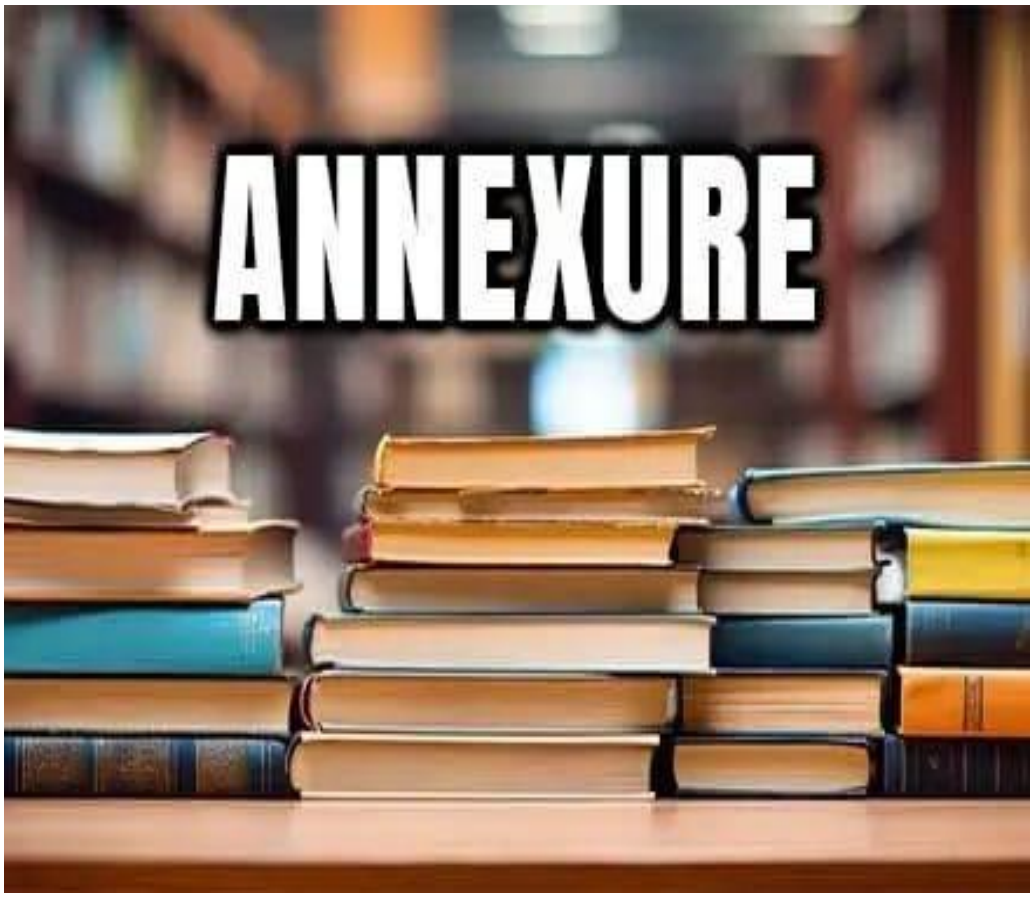

ANNEXURE

ANNEXURE –I

ETHICAL CLEARANCE CERTIFICATE

SRI DEVARAJ URS COLLEGE OF NURSING
Tamaka, Kolar-563 103, Karnataka.
(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

Ref,:No. SDUCON/IEC/UG-156/ 2023-2024 **Date: 09-05-2024**

From,
The Institutional Ethics Committee
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563103

To
Dr. Malathi K V
HOD Community Health Nursing
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563103

This is to certify that the Institutional Ethics Committee of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has examined and unanimously approved III B.Sc.(N) Students of Group –III Miss. Alna Sara Eldhose, Miss. Anakha Santhosh, Miss. Amitha T S Miss.Aneena Shaji Miss. Aneeta Joshy Miss. Angel Mariya Shaju Miss. S L Swathy Krishna Miss. Trisha Ghosh on **Topic : A Study to assess the Prevalence of Disability among Elderly and Impact of Information Education Communication in Management of Disability among their care givers at selected village of Rural, Kolar** under the guidance **Dr. Malathi K V, HOD Community Health Nursing** of Sri Devaraj Urs College of Nursing, Kolar.

Member Secretary
CHAIR PERSON
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.

ANNEXURE –II

LETTER REQUESTING PREMESION TO COLLECT THE DATA FROM THE RURAL AREA

From,

Research Group 03

IIIrd Year BSc. Nursing

SDUCON, Tamaka

Kolar

To,

The Principal (through the class coordinator)

SDUCON, Tamaka

Kolar

Subject :- Permission letter for research data collection

Respected Mam,

We the IIIrd Year BSc. Nursing Students of Research Group 03 under the guidance of Dr. Malathi K.V requesting permission for going to collect the data from the village :- Beemapura and Betagaranahalli on 13.01.2025 to 14.01.2025 for our research purpose. kindly consider our request and please do the needful.

Yours faithfully

Research Group 03

11.01.2025
Tamaka

Forward to Principal
can be permitted to go community area for data collection

Permitted

10/1/25

Principal
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563103

ANNEXURE –III

LETTER REQUESTING OPINIONS AND SUGGESTION OF EXPERTS FOR ESTABLISHING CONTENT VALIDITY OF RESEARCH TOOL

FROM

Research group 3

IVth year B.Sc. nursing

SDUCON

Tamaka, Kolar

563103

TO

The principal

Sri Devaraj Urs College of Nursing Tamaka Kolar

Subject: Request for acceptance of validate the research tool

Respected Madam / Sir

We are group number 3, IVth year B.Sc. nursing of Sri Devaraj Urs College Of Nursing Tamaka, Kolar have selected the below mentioned topic for our research project to be submitted to Rajiv Gandhi University of Health science, Karnataka as a partial fulfilment of university requirement for in degree of nursing.

TITLED: **"A STUDY TO ASSESS THE PREVALENCE OF DISABILITY AMONG ELDERLY AND IMPACT OF IEC IN MANAGEMENT OF DISABILITY AMONG ELDERLY AND THEIR CARE GIVERS AT SELECTED VILLAGE OF RURAL, KOLAR"**

With regard to this, I kindly request you to validate our tool (scale) for its appropriateness and relevancy? We are enclosing objective of the study and scale. I would be highly obliged and thankful to hear for you.

Yours faithfully

Research group 3

Thanking you

ANNEXURE- 1V

CONTENT VALIDITY CERTIFICATE

We hereby certify that we have validated the tool of **Ms. Alna Sara Eldhose, Ms. Anakha Santhosh, Ms. Amitha T S, Ms. Aneena Shaji, Ms. Aneeta Joshy, Ms. Angel Mariya Shaji, Ms. S L Swathy Krishna, Ms. Trisha Ghosh, Ms. Pallavi C M** III Year Bsc. Nursing students of Sri Devaraj Urs College of Nursing, Tamaka, Kolar, who is undertaking a research study on **"A study to assess the prevalence of disability among elderly and impact of IEC in management of disability among elderly and their care givers at selected village of rural, kolar"**

Place : Signature of the expert

Date: Name and Designation

ANNEXURE –V

CERTITICATE FROM STATISTICIAN

CERTIFICATE FROM STATISTICIAN

I hereby certify that I have provided statistical guidance in analysis of data to Ms.Alna Sara Eldhose, Ms.Amitha T S, Ms.Anakha Santhosh, Ms Aneena Shaji, Ms. Aneeta Joshy, Ms.Angel Mariya Shaju, Ms.S l Swathy Krishna, Ms. Trisha Ghosh from III rd. year BSc Nursing students for her titled as **"A study to assess the prevalence of disability among elderly and impact of IEC in management of disability among elderly and their care given at selected village of rural, Kolar."**

Date:

Place: Tamaka, Kolar

Signature

10/07/2025

S. RAVISHANKAR
Lect./Assit. Professor,
Dept. of Community Medicine,
Sri Devaraj Urs Medical College,
Tamaka, Kolar-563101

ANNEXURE –VI

CERTIFICATE FOR KANNADA EDITING

CERTIFICATE OF KANNADA EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Ms. Alna Sara Eldhose, Ms. Amitha T S, Ms. Anakha Santhosh, Ms. Aneena Shaji, Ms. Aneeta Joshy, Ms. Angel Mariya Shaju, Ms. L Swathy Krishna, Ms. Trisha Ghosh from III rd. Year BSc Nursing students of Sri Devaraj Urs College of Nursing, Tamaka, Kolar. has done a project study interest **"A STUDY TO ASSESS THE PREVALENCE OF DISABILITY AMONG ELDERLY AND IMPACT OF IEC IN MANAGEMENT OF DISABILITY AMONG ELDERLY AND THEIR CARE GIVEN AT SELECTED VILLAGE OF RURAL, KOLAR."**

This Study was edited for Kannada language appropriateness by:

Date: 18-11-2025

Place: Tamaka, Kolar

ಮುಖ್ಯೋಪಾಧ್ಯಾಯರು
ಪಿಎಂಶ್ರೀ ಸರ್ಕಾರಿ ಉನ್ನತೀಕರಿಸಿದ ಹಿರಿಯ ಪ್ರಾಥಮಿಕ ಶಾಲೆ
ಕೆಂಬೋಡಿ, ಕೋಲಾರ ತಾಲ್ಲೂಕು

Signature with Designation

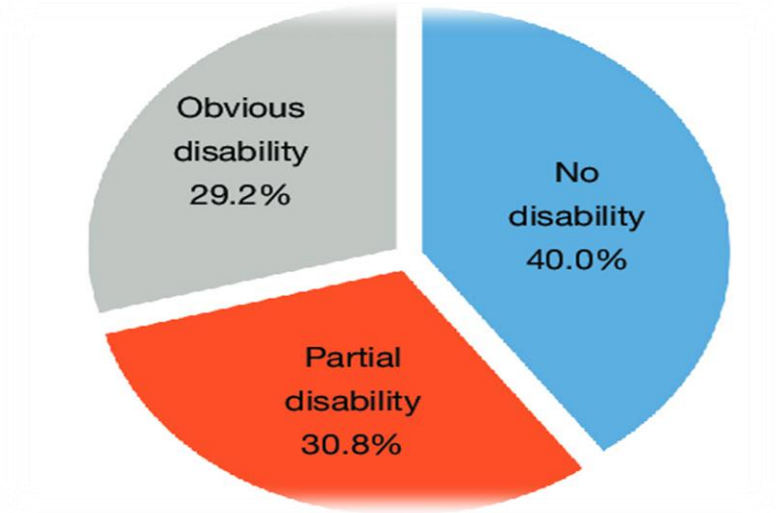
ANNEXURE –VII

LESSON PLAN

SL. NO.	SPECIFIC OBJECTIVES	CONTENTS	AV AIDS	EVALUATION
1	**INTRODUCTION**	Aging is a universal phenomenon associated with deteriorating socio-psycho-physiological changes. The aging process has had considerable influence on the development and functioning of societies, to such an extent that all countries tend to give priority to the possible repercussions of this progression in the areas of public health and national economy. The number of elderly in the developing world is increasing due to demographic transition, whereas their condition is deteriorating as a result of fast eroding traditional family system coupled with rapid modernization and urbanization. These sociodemographic changes have not been occurring homogeneously in all the regions or even in the cities of a same state. This situation results in important difference elderly as belonging to the most vulnerable groups, where the various risk factors are interconnected, we observe the need for special attention from the health care point of view. Ageing, the accumulation of damage to molecules, cells and tissues over a lifetime, often leads to frailty and malfunction. Growing old seems intimately linked with decline. Longevity has increased		**To introduce the topic**

		significantly in the last few decades mainly due to the socio-economic and health care developments. These factors are responsible for the higher numerical presence of elderly people leading to a higher dependency ratio. Demographers, researchers, and responsible citizens have started to think about the aged population and its problems because of the demographic transition in many countries of the third world now taking place in a much period of time. Aging of the population will be one of the major challenges of the near future" 		

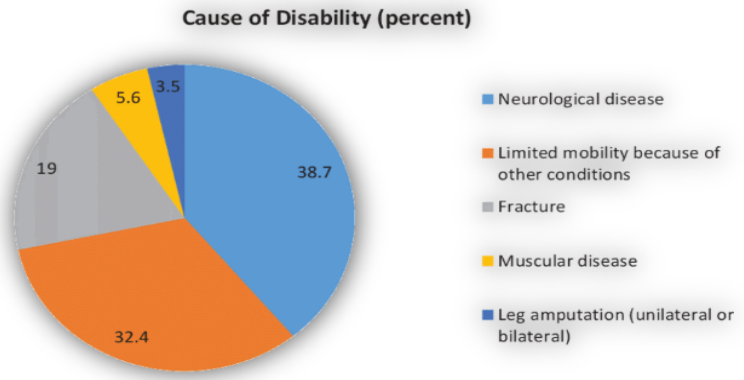
2	**DEFINITION**	According to the World Health Organization (WHO), "The affected person may be unable to carry out certain activities considered normal for his age, sex, etc. This inability to carry out certain activities is termed "disability". A disability has been defined as "any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being. 	**FLASH CARD**	**To define the topic**
3	**INCIDENCE**	As of 2021, India is a population of 1.21 billion people. It is the second most populous country in the world, only to china In 1997, the no of people aged 60 years and above, was 63.64 million, As of March 1 2012, the projected number stands at 98.5 million. The no.	**LEAF LETS**	**To describe the incidence**

4	**TYPES**	of elder people in India (60+years) has increased by 34.77% in the last 15 years.  **The four main types of disability in elderly people are:** **1. Physical Disability:** Impairments in physical functions, such as: - Mobility (walking, balance, transferring) - Dexterity (hand function, fine motor skills) - Chronic health conditions (arthritis, diabetes, heart disease)	**PAMPLETS**	**To explain the types**

		 **2. Cognitive Disability:** Impairments in cognitive functions, such as: - Memory (short-term, long-term) - Attention and concentration - Processing speed and executive function - Communication (language, speech)		

		 **3. Sensory Disability**: Impairments in sensory functions, such as: - Visual impairment (blindness, low vision) - Hearing impairment (deafness, hearing loss) - Speech and language disorders 		

		4. Psychological Disability: Impairments in mental health and emotional well-being, such as: - Depression - Anxiety and stress - Mood disorders - Dementia (Alzheimer's disease, other types) 		
5	**CAUSES**	Old age, pathology causes impairments (e.g. decreased muscle strength, poor balance, low oxygen consumption). Impairments predispose people to functional limitations (e.g. slow walking speed, inability to grasp with hands) which lead to disabilities (e.g. difficulties in mobility and self-care. Arthritis is one of the most common causes of disability among American adults .The main	**FLASH CARD**	**To enlist the causes**

		cause for disability amongst older adults is cognitive decline and dementia [Natural Ageing. As we get older, our bodies naturally change, making us more vulnerable to health problems elderly. Lifetime Exposures, Reduced Resilience, Chronic Conditions, Immunity, Arthritis, Heart Disease, Cancer Cognitive health Mental health Physical injury Diabetes Bladder control and constipation Eye sight problems. The major causes of disabling impairments in the developing countries are communicable diseases, malnutrition, low quality of perinatal care and accidents. These are responsible for about 70 per cent of cases of disability in developing countries. Primary prevention is the most effective way of dealing with the disability problem in developing countries.  		

6	**MANAGEMENT**	Some ways to manage disability in the elderly: **Caregivers;** Caregivers and family members are important in managing the disability of the elderly. **Case management;** Case managers can assess a person's needs and abilities, develop a care plan, and ensure services are provided and changed as needed. Assistive technology Assistive devices can improve mobility, reduce disability, and decrease the burden of care providers. Senior day care dementia or physical disabilities. These facilities offer access to medical care, social activities, and meals**. Legal assistance;** Legal assistance can help older adults and adults with disabilities with a variety of legal matters, including representation in court and administrative hearings, counseling on legal rights, and drafting of legal documents .**Independence at Home**; Independence at Home helps those with long-term illness or disability in need of financial help towards cost of equipment, home adaptations, or other essential items. How to support patient with disability: 1. Talk as you would to anyone else 2. Don't ask intrusive questions 3. Communicate at eye level	**LEAF LETS**	**To explain the management**

7	**PREVENTION**	4. Focus on the person, not their disability 5. Don’t use patronizing gestures like patting a head or shoulder 6. Host events in accessible spaces 7. Always respect a person's choices and independence 8. Avoid being judgmental  Preventing elderly disability in India involves a multifaceted approach that addresses healthcare, lifestyle, social support, and policy measures. Here are some key strategies:	**FLASH CARD**	**To describe the preventive measures**

		Healthcare Interventions 1. Regular Health Screenings: Routine check-ups to monitor and manage chronic conditions such as diabetes, hypertension, and arthritis. 2. Vaccinations: Immunizations against diseases like influenza and pneumococcal infections. 3. Rehabilitation Services: Access to physiotherapy and occupational therapy to maintain mobility and functionality. **Lifestyle and Nutrition** 1. Balanced Diet: Ensuring adequate nutrition with a focus on vitamins, minerals, and proteins to maintain muscle mass and overall health. 2. Physical Activity: Encouraging regular exercise tailored to the elderly, such as walking, yoga, and light strength training. 3. Fall Prevention: Modifying homes to reduce fall risks (e.g., installing grab bars, improving lighting). **Social and Community Support** 1. Social Engagement: Promoting social interactions to prevent loneliness and depression, which can contribute to physical decline. 2. Community Programs: Establishing senior centers and clubs that offer various activities and support services.		

8	**HEALTH PROBLEMS OF AGED**	**Policy and Infrastructure** 1. Accessible Healthcare: Improving access to healthcare services in rural and urban areas, including mobile clinics and telemedicine. 2. Elderly-Friendly Policies: Implementing policies that support the financial and social well-being of the elderly, such as pensions and subsidies for healthcare. 3. Public Awareness: Conducting awareness campaigns about the importance of elderly care and preventive measures. **Technological and Innovative Solutions** 1. Assistive Devices: Providing access to mobility aids, hearing aids, and vision aids. 2. Health Monitoring: Utilizing technology like wearable devices to monitor health parameters and alert caregivers to any issues. **Research and Training** 1. Training Healthcare Workers: Ensuring healthcare professionals are trained in geriatric care. 2. Research: Investing in research on aging and disability prevention to develop evidence-based interventions. Implementing these strategies requires collaboration between government, healthcare providers, communities, and families to create a	**FLASH CARD**	**To explain the health problem of ageing**

supportive environment that promotes healthy aging and prevents disability among the elderly in India.

To prevent the elderly disabilities the government has implemented several welfare programs aimed at supporting the elderly. Here are some key initiatives:

PROBLEMS DUE TO THE AGEING PROCESS

No one knows when old age begins. The "biological age of a person is not identical with his "chronological age". It is said that nobody grows old merely by living a certain number of years. Years wrinkle the skin, but worry, doubt, feat. anxiety and self-distrust wrinkle the soul. While ageing merely stands for growing old, senescence is an expression used for the deterioration in the

		vitality or the lowering of the biological efficiency that accompanies ageing. With the passage of time, certain changes take place in an organism. These changes are, for the most part deleterious and eventually lead to the death of the organism. Our knowledge about the ageing process is incomplete. We do not know much about the disabilities incident to the ageing process. However the following are some of the disabilities considered as incident to it; (a) senile cataract, (b) glaucoma, (c) nerve deafness, (d) osteoporosis affecting mobility, (e) emphysema, (f) failure of special senses, (g) changes in mental outlook. This list is not exhaustive, we need to know a lot more about the disabilities incident to the ageing process. **2) PROBLEMS ASSOCIATED WITH LONG-TERM ILLNESS** Certain chronic diseases are more frequent among the older people than in the younger people. These are: **(a)** DEGENERATIVE DISEASES OF HEART AND BLOOD VESSELS: Of particular importance after the age of 40, are the degenerative diseases of the heart and blood vessels. The inner walls of arteries break down, and a lipoid material is deposited.		

		This in time is replaced by calcium which leads to narrowing of blood vessels or atherosclerosis. This leads to diminished blood supply, thrombus formation, rupture of blood vessels and high blood pressure. No single factor has been identified as the cause of atherosclerosis. Diet, heredity, overweight, nervous and emotional strain have all been implicated. Cardiovascular diseases are the major causes of death in the developed countries. A reduction of body weight and modification of the habits of life are needed to decrease the strain on heart and blood vessels. By these, it is possible to lead a longer and more useful life. **(b)** CANCER: The danger of cancer looms large past middle life. In the developed countries, cancer is a leading cause of death. The incidence of cancer rises rapidly after the age of 40. Cancer of the prostate is common after the age of 65. **(c)** ACCIDENTS Accidents are a health problem in the elderly. The bones become fragile due to a certain amount of decalcification as a result of which they break easily. Accidents are more common in the home than outside. Fracture neck of femur is a very common geriatric problem.		

9	**CONCLUSION**	**(d)** DIABETES: Diabetes is a long-term illness due to faulty carbohydrate metabolism. It is a leading cause of death as the population grows older. About 75 per cent of the diabetics are over 50 years of age. **(e)** DISEASES OF LOCOMOTOR SYSTEM: A wide range of articular and non- articular disorders affect the aged neuritis, gout, rheumatoid arthritis, fibrositis, myositis, osteoarthritis, spondylitis of spine, etc. These conditions cause more discomfort and disability than any other chronic disease in the elderly. **(f)** RESPIRATORY ILLNESSES: In the upper decades of life, respiratory diseases such as chronic bronchitis, asthma, emphysema are of major importance. **(g)** GENITOURINARY SYSTEM: Enlargement of the prostate, dysuria, nocturia, frequent and urgency of micturition are the common complaints. **(3) PSYCHOLOGICAL PROBLEMS** **(1)** MENTAL CHANGES: Impaired memory, rigidity of outlook and dislike of change are some of the mental changes in the aged. Reduced income leads to a fall in the living standards of the elderly; it does have mental and social consequences.		**To conclude the topic**

		(2) SEXUAL ADJUSTMENT: Between 40 and 50, there is cessation of reproduction by women and diminution of sexual activity on the part of men. During this phase, physical and emotional disturbances may occur. Irritability, jealousy and despondency are DISORDERS: Emotional disorders result from social frequent. **(3)** EMOTIONAL maladjustment. The degree of adaptation to the fact of ageing is crucial to a man's happiness in this phase of life. Failure to adapt can result in bitterness, inner withdrawal, depression, weariness of life, and even suicide. **Central Government Programs** **1. National Social Assistance Programmes (NSAP**); Indira Gandhi National Old Age Pension Scheme (IGNOAPS): Provides a monthly pension to elderly citizens above the age of 60 who are below the poverty line Annapurna Scheme: Offers 10 kg of free food grains per month to eligible senior citizens who are not receiving a pension **2. Integrated programs for Senior Citizens:** - Provides financial assistance to NGOs and other organizations for running old age homes, daycare centers, mobile Medicare units, and other welfare		

		services for senior citizens. **3. Rastriya Vayoshri Yojana (RVY):** - Distributes physical aids and assisted-living devices to senior citizens belonging to the Below Poverty Line (BPL) category. **4**. **Varishtha Pension Bima Yojana (VPBY):** - A pension scheme offering a guaranteed pension to senior citizens aged 60 years and above. **5. Pradhan Mantri Vaya Vandana Yojana (PMVVY):** - A pension scheme for senior citizens aged 60 years and above, providing an assured return on investment. 		

		Illness or disability is a psychological or behavioural and physiological pattern generally associated with subjective distress or disability that occurs in elderly individuals and perceived by the majority of society as being outside of normal development or cultural expectations. The recognition and understanding of mental health conditions has changed over time and across cultures, and there are still variations in the definition, assessment, and classification of mental and physiological disorders, although standard guideline criteria are widely accepted and we should take more care about the elderly people. 		

ANNEXURE –VIII

TOOL

KATZ ADL SCALE

Name and Phone number	Bathing	Dressing	Toileting	Transferring	Continence	Feeding	Signature

SECTION A SOCIODEMOGRAPHIC DATA

Sociodemographic data									
Age									
Socio economic status									
Type of family									
No of earning members									
Are you getting old age pension									
Are you retired government employee									

SECTION B

STRUCTURAL KNOWLEDGE QUESTIONAIRE REGARDING MANAGEMENT DISABILITY AMONG THE CARE TAKER

GENERAL QUESTIONS

1. What is meant by disability?

a) It is an action or inaction of an individual caregiver
b) It is a result of the interaction between health condition and environmental and personal factors
c) It is a disadvantage that limit or prevent of an individual from fulfilling a normal role
d) All of the above

2. What are the physical disabilities among elderly people?

a) Bathing and walking
b) Bedridden
c) Incontinence
d) All of the above

3.What are the characteristics of elderly disability?

a) Apathy inactivity
b) Communication difficulties
c) Sensory impairment
d) All of the above

4. What are the physical needs for elderly?

a) Sleep
b) Proper diet
c) Medicines
d) All the above

5. What is the most difficult type of disability?

a) Emotional abuse

b) Financial abuse

c) Sexual abuse

d) Physical abuse

6. What are the major constraints of geriatric health care?

a) Lack of specialized and trained manpower

b) Geriatrics not yet a popular specialty

c) No dedicated health care infrastructure

d) All of the above

7. What is the ratio of elderly care placement in the home based care?

a) 78%

b) 22%

c) 45%

d) 55%

8. What is the example of elderly care?

a) Adult daycare

b) Long term care

c) Home care

d) Hospice care

9. Which of the following may cause visual impairment?

a) Glaucoma

b) Cataract

c) Macular degeneration

d) All of the above

10. What is the main problem face by elderly people?

a) Toxic stress

b) Memory difficulty

c) Post traumatic stress disorder

d) Drug addiction

11. What are the hardships of elderly people?

a) Financial Insecurity

b) Dependency

c) Social Isolation

d) All of the above

12. What causes violence in elderly?

a) Delusion

b) Paranoia

c) Anxiety

d) Dementia

13. What signs of self-neglect in the elderly disability?

a) Not enough food

b) Water

c) Heat

d) All of the above

14. Which is not considered as a physical disability?

a) Spinal Cord Injury
b) Cerebral Palsy
c) Multiple Rib Injury
d) Toothache

KNOWLEDGE ON DISABILITY MANAGEMENT

15. How to improve the quality of life for elderly persons ?

a) Prioritize stress control

b) Provide Shelter

c) Medical care

d) All of the above

16. What are the ways to prevent disability?

a) Support prevention programs

b) Provide awareness

c) Know the signs

d) All of the above

17. What are the factors to protect the elders from disability?

a) Social connections

b) Giving mental support

c) Health education

d) All of the above

18. How to manage a person with disability?

a) Treat everyone in equal way

b) Think before you speak

c) Avoid showing pity or being patronizing

d) All of the above

19. What are the primary prevention of elderly disability?

a) Nutrition

b) Exercise and physical activity

c) Recreation and social activities

d) All of the above

20. What are the secondary prevention of elderly disability?

a) Periodic medical checkups

b) Early detection and evidence based treatment

c) Involves physiotherapist

d) all of the above

21. What are the tertiary prevention of elderly disability?

a) Rehabilitation

b) Creation of age friendly environment

c) Mostly for retraining of mobility and self care

d) All of the above

22. What are the community based intervention for retraining of mobility and selfcare for elderly disability?

a) Outpatient clinics

b) Domiciliary visits

c) Daycare

d) All of the above

23. What are the NPOP Agenda for health care of the elderly?

a) Geriatric ward for elderly at all DH

b) Treatment facilities for chronic, terminal and degenerative disease

c) Training for geriatric caregivers

d) All of the above

24. What is the main function of elderly welfare?

a) Citizens basic social and economic security

b) For ensuring health care

c) For ensuring medical services

d) None of the above

KNOWLEDGE ON WELFARE SERVICES

25. What are the components of national policy on older persons?

a) Support for financial security
b) Health Care
c) Shelter
d) All of the above

26. What are the welfare schemes for elderly peoples?

a) Food stamps

b) Health care assistance

c) Pension services

d) Providing shelter

27. Which is the elderly welfare programs from the following?

a) Rastriya Vayoshra yojana

b) Mid day meal programs

c) Vitamin A prophylaxis

d) None of the above

28. What are the welfare activities for elders?

a) Free medical facilities

b) Retirement benefits

c) Housing benefits

d) All of the above

29. What is the card for disability?

a) Disabled identification card

b) UHID Card

c) UDID Card

d) EDID Card

30. What are the initiatives taken by government to help the disabled people?

a) The Vikkaas Daycare Scheme

b) ICDS

c) Vitamin A Prophylaxis Programme

d) None of the above

ANNEXURE –IX

MASTER SHEET PRE-TEST

SI NO	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	TOTAL	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	TOTAL	Q25	Q26	Q27	Q28	Q29	Q30	TOTAL
1	0	1	0	0	0	0	1	0	1	0	0	0	1	1	**5**	0	0	0	1	0	0	0	0	0	0	**1**	0	1	0	1	0	0	**2**
2	1	0	0	0	0	1	0	0	0	1	0	1	0	1	**4**	0	0	0	0	0	0	0	0	1	0	**1**	1	1	0	0	0	1	**3**
3	0	1	0	0	0	1	0	1	1	0	0	0	0	1	**4**	0	0	0	1	0	0	0	0	1	0	**2**	0	0	0	0	1	0	**1**
4	0	0	0	0	0	0	0	1	1	0	1	0	0	1	**4**	0	0	0	0	1	1	0	0	1	0	**3**	0	0	0	0	0	0	**0**
5	0	0	0	0	0	1	0	0	0	0	1	0	0	0	**2**	0	0	0	0	1	1	1	0	0	0	**3**	0	0	0	0	0	0	**0**
6	0	0	0	0	0	0	0	0	0	1	1	1	1	0	**4**	1	1	1	1	0	1	1	0	0	0	**6**	1	0	0	1	0	0	**2**
7	0	0	0	0	0	0	1	1	1	0	1	0	1	0	**5**	0	0	0	0	0	1	1	1	0	0	**3**	0	0	0	1	1	0	**2**
8	0	0	0	0	0	0	0	1	0	0	0	0	0	0	**1**	0	0	0	0	0	0	1	0	0	0	**1**	0	1	0	0	0	0	**1**
9	0	1	0	0	0	0	0	0	0	0	1	1	0	0	**3**	0	0	0	1	0	1	1	0	0	0	**3**	0	0	0	0	1	0	**1**
10	1	1	0	0	0	0	0	1	0	1	1	1	0	0	**6**	0	0	0	0	0	1	0	0	0	0	**1**	0	1	1	1	0	0	**3**
11	0	0	1	0	0	0	1	0	0	0	0	1	1	0	**4**	0	0	0	1	1	1	1	0	0	0	**4**	0	0	0	0	0	0	**0**
12	0	0	0	0	0	0	0	1	0	0	1	1	0	1	**4**	0	0	0	0	0	0	1	0	1	0	**3**	0	0	1	1	0	0	**2**

13	0	0	1	0	0	0	0	0	0	1	1	0	0	0	**3**	0	0	0	0	0	0	0	1	0	0	**1**	1	0	0	1	0	0	**2**
14	1	0	0	0	0	0	0	0	0	0	1	0	1	0	**3**	0	0	0	0	0	0	0	0	1	1	**2**	0	0	0	0	0	0	**0**
15	0	1	0	0	0	0	0	0	1	0	0	0	0	0	**2**	0	0	0	1	0	0	0	0	0	0	**1**	0	0	0	0	1	0	**1**
16	1	0	0	0	0	0	0	0	0	0	1	0	0	0	**2**	0	0	0	0	0	1	0	0	0	0	**1**	0	0	0	0	0	0	**0**
17	0	0	0	0	0	0	0	1	1	0	1	0	0	0	**3**	0	0	1	0	0	0	0	0	0	0	**1**	0	0	0	0	0	0	**0**
18	1	1	0	0	0	0	0	1	0	0	1	1	1	0	**6**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
19	1	1	0	0	0	0	0	0	0	0	1	1	1	0	**5**	1	1	1	0	0	0	0	0	0	0	**3**	0	0	0	0	0	0	**0**
20	1	1	0	0	0	0	0	0	1	0	1	1	1	0	**6**	0	0	0	0	1	1	1	0	0	0	**3**	0	0	0	0	0	0	**0**
21	1	1	0	0	0	0	0	0	0	0	1	1	1	1	**6**	0	0	0	0	0	1	0	0	0	0	**1**	0	0	0	0	0	0	**0**
22	1	1	0	0	0	0	0	1	1	0	1	0	0	0	**5**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
23	1	0	0	0	0	0	0	0	0	1	1	1	0	1	**5**	0	0	0	1	1	1	0	0	0	0	**3**	0	0	0	0	0	0	**0**
24	1	1	0	0	1	0	0	1	0	1	1	1	0	0	**7**	0	0	0	0	0	1	1	0	0	0	**2**	0	0	0	0	0	0	**0**
25	1	1	1	0	0	0	0	0	0	1	1	1	0	1	**7**	1	0	0	1	0	1	0	0	0	0	**3**	0	0	0	0	0	0	**0**
26	0	0	0	0	0	0	0	1	0	1	1	1	0	0	**4**	0	0	0	0	0	1	1	0	0	0	**2**	0	0	1	0	0	0	**1**

27	0	0	0	0	0	0	0	0	0	1	0	1	1	0	**3**	0	0	0	1	1	0	0	0	0	0	**2**	0	0	0	0	0	0	**0**
28	0	0	0	0	0	0	0	0	0	0	0	1	0	1	**3**	0	0	0	0	0	1	0	0	0	0	**1**	0	0	0	0	0	0	**0**
29	1	1	0	0	0	0	0	0	1	0	0	0	0	0	**3**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
30	0	0	0	0	0	0	0	1	0	0	1	1	1	1	**5**	1	0	0	0	0	0	0	0	0	0	**1**	0	0	0	0	1	0	**1**
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	1	0	0	0	1	1	0	**3**	0	1	0	1	0	0	**2**
32	0	0	0	0	0	0	0	0	0	0	1	1	0	1	**3**	0	0	0	0	0	1	0	1	1	1	**4**	0	0	0	1	1	0	**2**
33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	0	1	1	1	**3**	1	1	0	1	1	0	**4**
34	1	1	0	0	0	0	0	0	0	0	0	1	0	1	**4**	0	0	0	0	1	1	1	0	1	0	**4**	0	1	0	0	0	0	**1**
35	0	0	0	0	0	0	0	1	0	0	0	0	1	1	**3**	1	1	1	0	0	0	1	0	0	0	**4**	0	0	0	0	0	1	**1**
36	0	0	0	1	1	0	1	1	0	0	0	0	0	0	**4**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
37	0	0	1	0	0	0	0	0	0	0	0	0	0	0	**1**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	1	0	1	**2**
38	0	0	0	1	1	0	0	0	0	0	0	0	0	0	**2**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	0	0	0	0	**0**	0	1	1	1	1	0	**4**
40	0	0	1	0	0	0	0	0	1	0	0	0	1	0	**3**	0	1	1	0	0	0	0	0	0	0	**2**	0	0	0	0	0	0	**0**

41	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	1	1	0	0	0	**2**	1	1	1	1	1	1	**6**
42	1	1	1	0	1	1	0	0	0	0	0	1	0	0	**6**	1	1	1	0	0	0	0	0	0	0	**3**	0	0	0	0	0	0	**0**
43	0	0	0	0	0	0	0	0	1	0	1	1	1	1	**5**	0	0	0	0	1	1	0	0	1	0	**3**	0	0	0	0	0	0	**0**
44	0	0	0	0	1	1	1	1	0	1	0	0	0	0	**5**	1	0	0	0	0	1	0	0	0	0	**2**	0	0	0	0	0	0	**0**
45	0	0	0	0	0	0	0	1	1	1	0	1	1	1	**6**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
46	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**1**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	1	1	1	1	**4**
47	1	1	0	0	0	0	0	0	0	0	1	1	0	0	**4**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
48	0	0	0	0	1	0	1	1	0	0	0	0	0	0	**3**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
49	0	0	0	1	0	1	0	0	0	0	0	0	0	0	**2**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
50	0	0	1	0	0	0	0	1	0	1	0	0	1	0	**4**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
51	0	0	0	0	0	0	0	0	0	1	1	1	1	1	**5**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
52	1	1	1	1	1	1	0	0	0	0	0	0	0	0	**6**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
53	0	0	0	0	0	0	0	0	0	1	1	1	1	0	**4**	1	1	1	0	0	0	0	0	0	0	**3**	0	0	0	0	0	0	**0**
54	1	1	0	0	0	0	0	1	0	1	0	1	1	1	**7**	0	0	0	0	0	1	1	0	0	0	**2**	0	0	0	0	0	0	**0**

55	0	0	1	1	1	0	1	1	1	0	0	0	0	0	**6**	0	0	0	0	0	0	0	0	1	1	**2**	0	0	0	0	0	0	**0**
56	0	0	0	0	0	0	0	0	0	1	1	0	0	0	**2**	0	1	1	0	0	0	0	0	0	0	**2**	0	0	0	0	0	0	**0**
57	0	1	0	0	1	1	0	1	0	0	0	1	1	0	**6**	0	0	0	0	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**
58	1	0	0	0	0	1	0	1	0	0	0	0	0	1	**4**	1	1	0	0	0	0	0	0	0	1	**3**	0	0	0	0	0	0	**0**
59	0	0	0	0	0	0	1	1	0	0	0	0	1	0	**4**	1	0	1	1	1	0	0	0	0	0	**4**	0	0	0	0	0	0	**0**
60	0	0	0	0	1	1	1	0	1	0	0	0	0	0	**4**	1	0	1	0	0	0	0	0	1	1	**4**	1	0	0	0	0	0	**1**

POST-TEST

SI NO	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	TOTAL	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	TOTAL	Q25	Q26	Q27	Q28	Q29	Q30	TOTAL
1	1	0	0	0	0	1		1	0	0	1		1	0	**5**	0	0	1	0	0	0	1	0	0	1	**3**	1	0	0	0	**0**	1	**2**
2	0	1	0	0	0	0	0	0	1	0	0	1	0	0	**3**	0	0	1	0	0	0	1	0	0	1	**3**	0	1	1	0	**1**	0	**3**
3	1	0	1	0	0	0	0	1	0	1	0	0	0	0	**4**	0	0	1	0	1	1	0	1	0	0	**4**	1	1	1	0	**0**	1	**4**
4	0	1	0	1	0	0	1	0	0	1	0	1	0	1	**6**	0	1	0	0	1	0	0	1	0	1	**4**	0	0	1	1	**0**	1	**3**
5	0	1	0	1	0	0	1	1	0	0	1	0	1	1	**7**	0	1	0	1	0	0	0	1	1	0	**4**	0	1	0	1	**0**	1	**3**
6	0	0	0	0	1	1	0	0	1	1	0	0	1	0	**5**	0	1	0	0	1	0	0	1	0	1	**4**	1	0	1	0	**1**	1	**4**
7	1	0	1	0	0	0	0	1	0	0	1	1	1	0	**6**	0	0	1	0	1	0	0	0	0	0	**2**	0	0	0	0	**0**	0	**0**
8	1	0	1	0	1	1	0	1	0	0	1	0	1	0	**7**	1	0	1	0	1	0	1	0	1	0	**5**	1	1	0	1	**0**	1	**4**
9	1	0	0	0	0	0	1	0	0	1	0	0	1	0	**4**	1	0	1	0	0	1	0	0	0	1	**4**	0	0	1	0	**0**	1	**2**
10	1	0	1	0	0	0	0	1	0	1	0	1	0	1	**6**	0	1	0	1	0	1	0	1	0	1	**5**	0	0	0	0	**1**	0	**1**
11	0	0	1	0	0	0	0	1	0	1	0	0	0	1	**4**	0	1	0	1	0	1	0	0	0	0	**3**	0	0	0	0	**0**	1	**1**
12	0	1	0	1	0	0	1	0	0	0	0	0	0	0	**3**	1	1	0	0	1	1	0	0	0	0	**4**	0	1	1	0	**0**	1	**3**
13	0	1	1	1	0	0	0	0	0	1	0	0	1	1	**5**	1	0	0	0	0	1	0	0	0	1	**3**	0	0	0	0	**0**	1	**1**
14	1	0	0	1	1	0	0	1	1	0	0	0	0	0	**5**	1	1	0	0	0	0	0	0	0	0	**2**	1	0	0	0	**0**	0	**1**
15	0	1	0	1	0	0	1	0	0	1	0	0	1	0	**5**	0	1	0	0	1	0	0	0	0	0	**2**	0	0	0	0	**0**	1	**1**

16	1	0	0	0	0	0	1	1	0	0	0	0	0	0	**3**	1	0	0	0	0	1	1	0	0	0	**3**	0	0	0	0	**1**	0	**1**
17	0	0	0	0	0	0	0	0	0	1	0	1	1	0	**6**	1	0	1	1	0	0	1	0	0	0	**4**	0	0	0	0	**0**	0	**0**
18	1	0	1	0	1	0	1	1	0	1	0	0	0	0	**4**	0	0	0	0	0	0	0	0	0	0	1	**1**	1	1	0	0	**0**	0	**2**
19	1	1	1	0	0	0	0	0	0	0	0	0	0	1	**4**	1	0	1	1	1	0	1	1	0	0	**6**	0	1	0	1	**0**	0	**2**
20	1	0	1	1	1	0	1	0	0	1	0	1	0	1	**8**	0	1	0	0	1	0	0	1	0	1	**4**	0	0	1	1	**0**	0	**2**
21	1	1	1	0	1	0	1	0	1	1	0	0	1	1	**9**	1	0	1	0	0	1	0	1	0	1	**5**	1	0	1	1	**1**	0	**4**
22	1	0	0	1	1	0	0	0	1	0	1	0	1	1	**7**	0	1	0	0	0	0	0	1	0	0	**2**	0	1	0	0	**1**	0	**2**
23	1	0	0	1	1	0	0	1	1	0	0	0	1	0	**6**	1	1	0	0	0	1	0	1	0	0	**4**	1	0	1	1	**1**	0	**4**
24	1	0	1	0	1	1	0	1	0	0	0	0	1	0	**7**	0	0	1	0	1	0	1	0	1	1	**5**	1	1	1	0	**1**	1	**4**
25	0	1	0	0	1	1	0	0	0	1	0	1	0	1	**6**	1	1	0	0	0	1	0	1	0	0	**4**	0	1	0	0	**0**	0	**1**
26	1	0	1	0	0	0	1	1	1	0	1	0	0	0	**7**	0	1	0	0	1	0	0	1	0	0	**3**	1	0	1	1	**0**	0	**3**
27	0	0	0	0	0	0	0	0	0	1	1	0	0	0	**2**	1	0	1	0	0	1	0	1	0	0	**4**	0	0	0	0	**1**	1	**2**
28	0	1	1	0	0	1	0	0	0	0	0	0	0	0	**2**	1	0	1	0	0	1	0	0	1	1	**5**	0	0	1	1	**1**	0	**3**
29	1	0	0	0	0	1	0	0	1	0	0	0	0	0	**3**	0	0	0	0	0	0	1	0	0	0	**1**	0	1	0	1	**0**	0	**2**

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31	0	1	1	0	0	0	1	0	1	0	0	1	0	1	**6**	1	0	0	1	1	0	1	0	0	0	**4**	1	1	0	0	**0**	0	**2**
32	1	0	1	0	1	1	0	1	1	0	1	0	1	0	**8**	1	0	1	0	1	0	1	0	1	1	**6**	0	1	0	1	**0**	1	**3**
33	0	0	1	0	1	0	1	0	0	0	0	0	0	0	**3**	0	1	0	1	0	0	1	0	0	0	**3**	1	0	0	0	**1**	0	**2**
34	1	1	1	0	1	1	0	1	1	0	1	0	1	0	**9**	1	1	1	0	1	0	1	0	1	1	**7**	0	1	0	1	**0**	1	**3**
35	1	0	1	1	1	0	1	0	0	1	0	1	0	1	**8**	0	1	0	0	1	0	0	1	0	1	**4**	0	0	0	0	**0**	0	**0**
36	0	0	1	0	0	0	0	0	0	0	0	1	0	0	**2**	0	0	1	0	0	0	0	1	0	0	**2**	1	0	1	0	**0**	0	**2**
37	1	0	1	0	0	0	1	0	0	0	0	1	0	0	**4**	0	1	0	0	0	1	0	0	0	0	**2**	1	1	0	1	**0**	0	**3**
38	0	1	1	0	0	0	0	0	0	1	1	0	0	0	**4**	1	0	0	0	0	1	0	1	0	0	**3**	0	0	0	0	**0**	0	**0**
39	1	0	0	0	0	0	1	0	0	1	0	0	1	0	**4**	1	0	1	0	0	1	0	0	0	1	**4**	0	0	1	0	**0**	1	**2**
40	1	0	0	0	0	1	0	0	0	0	1	0	0	1	**4**	1	0	1	0	0	1	0	1	0	0	**4**	1	0	1	1	**0**	0	**3**
41	0	1	0	1	0	0	1	1	0	0	1	0	1	1	**7**	0	1	0	1	0	0	0	1	1	0	**4**	0	1	0	1	**0**	1	**3**
42	1	1	0	1	1	0	1	0	0	1	0	1	0	1	**8**	0	1	0	0	1	0	0	1	0	1	**4**	0	0	1	0	**0**	1	**2**
43	1	1	0	0	0	0	1	0	0	1	0	0	0	0	**4**	0	1	0	0	1	1	0	1	0	0	**4**	1	1	1	1	**0**	0	**4**

44	1	0	0	0	1	0	0	1	0	1	0	0	0	0	**4**	1	0	1	0	0	1	0	1	0	0	**4**	0	0	0	0	**0**	1	**1**
45	0	1	0	1	0	0	1	0	1	0	1	0	1	0	**6**	1	0	0	0	1	0	0	1	0	1	**4**	0	0	0	0	**1**	0	**1**
46	0	1	0	1	0	0	0	0	0	1	0	0	1	1	**5**	0	1	0	0	0	1	0	0	0	1	**3**	0	0	0	0	**0**	1	**1**
47	0	1	0	0	0	0	0	0	0	0	0	0	0	0	**1**	0	0	0	0	1	0	0	1	0	0	**2**	1	1	0	0	**0**	1	**3**
48	1	0	0	0	0	0	0	0	0	0	0	1	0	0	**2**	0	0	0	0	0	0	1	0	0	0	**1**	1	0	0	0	**0**	1	**2**
49	0	1	0	0	0	1	0	0	0	0	0	0	1	0	**3**	0	0	0	0	0	0	0	0	0	0	**0**	0	1	1	0	**1**	1	**4**
50	1	0	1	1	0	0	1	0	0	1	0	1	0	1	**7**	0	1	1	0	1	1	0	1	0	0	**5**	1	0	0	0	**0**	0	**1**
51	1	1	0	0	0	0	0	0	0	0	0	0	0	0	**2**	1	0	0	0	1	0	1	1	1	1	**6**	0	0	0	0	**0**	0	**0**
52	1	0	0	1	0	0	1	0	1	1	1	1	0	0	**7**	1	0	1	0	0	1	0	1	0	0	**4**	1	0	1	0	**1**	1	**4**
53	0	1	1	0	1	1	0	0	1	0	1	1	0	0	**7**	0	1	0	0	0	1	0	0	1	0	**3**	1	0	1	0	**1**	0	**3**
54	0	1	1	0	0	1	0	1	1	1	0	1	0	0	**7**	1	1	0	1	1	0	1	0	1	0	**6**	1	0	1	0	**1**	0	**3**
55	1	0	1	0	1	1	0	1	1	0	1	0	1	0	**8**	1	0	1	0	1	0	1	0	1	1	**6**	0	1	0	1	**0**	1	**3**
56	1	0	0	0	0	0	0	1	0	0	0	0	0	0	**2**	1	0	1	0	0	1	1	1	0	1	**6**	1	0	0	0	**1**	1	**3**
57	0	0	1	0	0	1	1	0	0	0	0	0	0	0	**3**	0	1	0	0	0	1	0	1	0	0	**3**	0	1	1	1	**0**	0	**3**

58	1	0	0	1	1	0	0	0	1	0	1	0	1	1	**7**	0	1	0	0	0	0	0	1	0	0	**2**	0	1	0	0	**1**	0	**2**
59	1	0	1	0	0	0	1	1	1	0	0	1	1	0	**7**	0	1	0	0	1	0	0	1	0	0	**3**	1	0	1	1	**0**	0	**3**
60	1	1	1	0	0	0	0	0	0	0	0	0	0	1	**4**	1	0	1	1	1	0	1	1	0	0	**6**	0	1	0	1	**0**	0	**2**

ANNEXURE-X

PHOTO GALLERY OF THE STUDY


GPS Map Camera
Bettagerahalli, Karnataka, I...
5852+q2p, Bettagerahalli, Karnataka 563127, India
Lat 13.158559° Long 78.299748°
14/03/2025 10:49 AM GMT +05:30
Google


GPS Map Camera
Bettagerahalli, Karnataka, India
5852+jw3, Bettagerahalli, Karnataka 563127, India
Lat 13.159982° Long 78.301747°
15/01/25 11:08 AM GMT +05:30
Google


GPS Map Camera
Bettagerahalli, Karnataka, I...
5852+q2p, Bettagerahalli, Karnataka 563127, India
Lat 13.158774° Long 78.299394°
14/03/2025 10:51 AM GMT +05:30
Google


GPS Map Camera
Kammadatti Kamanur, Karnataka, India
Nh75, Kammadatti Kamanur, Karnataka 563127, India
Lat 13.150798° Long 78.297974°
13/01/25 10:33 AM GMT +05:30
Google

ANNEXURE-XI

Research grand received from RGUHS

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU

4th T Block, Jayanagar, Bengaluru – 560 041

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE
UNDER GRADUATE PROJECT APPROVAL ORDER

Sub:	Orders for approval of research grants to the UG students of affiliated institutions of RGUHS to carryout research projects for the year 2024-25.reg
Ref:	1. University notification No: RES/UG-RANTS/212/2024-25 dated 03-01-2024
	2. Approval of the 189th Syndicate meeting held on 18-09-2024
Project Code	UG24NUR0600
Subject and faculty	NURSING
Principal Investigator	Alna Sara Eldhose
College	Sri devaraj urs college of nursing
Name of the Guide/Designation and Dept	Dr. Malathi K.V Associate Professor
Research Project Title	A study to assess the prevalence of disability among elderly and impact of IEC in management of disability among elderly and their care given at selected village of rural, Kolar
Research Grants Sanctioned	15000
Duration of the Project	Three months from the date of issue of amount through NEFT/RTGS.

One of the main objectives of the University is to promote research activities in the University affiliated colleges. In this regard University had invited applications for financial assistance for conducting the research projects by the UG students of colleges affiliated to RGUHS for the year 2024-25, wherein university received 915 research proposals. The Subject Experts as suggested by the concerned BOS UG chairpersons and the Expert Committee have scrutinized the research proposals and shortlisted them based on the criteria set out by the

University. Such of the proposals which have fulfilled the norms, have been recommended by the Expert Committee for sanction of research grants.

ANNEXURE-XII

PLAGIARISM CERFICATE

SRI DEVARAJ URS COLLEGE OF NURSING
Tamaka, Kolar 563103

Certificate of Plagiarism Check

Title of the Project	A study to assess the prevalence of disability among elderly and the impact of Information Education and Communication in management of disability among elderly and their care giver by selected village of rural Kolar.
Name of the Student	Alna Sara Eldhose, Amitha PS, Anakha Santhosh, Aneena Shaji, Aneeta Joshy, Angel Mariya Shaju, S L Swathykrishna, Prisha Ghosh, Pallavi CM
Registration Number	21C3876, 21C3877, 21C3878 21C3881, 21C3882, 21C3883 21C3939, 21C3957, 22V7619
Name of the Supervisor / Guide	Dr.Malathi K.V.
Department	Community Health Nursing
Acceptable Maximum Limit (%) of Similarity UG Project	10%
Similarity	1%
Software used	Turnitin
Paper ID	2217185407
Submission Date	18-11-25

Signature of Student

Signature of Guide/Supervisor

Librarian
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563103

HOD Signature