DISSERTATION ON

A STUDY TO ASSESS THE EFFECTIVENESS OF HEALTHY AGEING PACKAGE ON PHYSICAL STIMULATION AMONG ELDERS IN SELECTED AREA AT CHENNAI.

M.Sc (NURSING) DEGREE EXAMINATION
BRANCH – IV COMMUNITY HEALTH NURSING

COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE, CHENNAI – 600 003

A dissertation submitted to
THE TAMIL NADU DR.M.G.R.MEDICAL UNIVERSITY,
CHENNAI – 600 032

In partial fulfilment of the requirement for the award of degree of
MASTER OF SCIENCE IN NURSING

OCTOBER 2020

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Examination	:	M.Sc (Nursing) Degree Examination
Examination month and year	:	OCTOBER 2020
Branch & Course	:	IV – COMMUNITY HEALTH NURSING
Register No	:	301826154
Institution	:	COLLEGE OF NURSING, MADRAS MEDICAL COLLEGE, CHENNAI – 600 003

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CERTIFICATE

This is to certify that this dissertation titled, **"A STUDY TO ASSESS THE EFFECTIVENESS OF HEALTHY AGEING PACKAGE ON PHYSICAL STIMULATION AMONG ELDERS IN SELECTED AREA AT CHENNAI"** is a bonafide work done by **N.UTHRAVATHY,** M.Sc (Nursing) II year Student, College of Nursing, Madras Medical College, Chennai – 03, submitted to The Tamil Nadu Dr.M.G.R. Medical University, Chennai, in partial fulfillment of requirement for the award of the degree of **MASTER OF SCIENCE IN NURSING BRANCH-IV : COMMUNITY HEALTH NURSING** under our guidance and supervision during academic period from 2018- 2020.

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ACKNOWLEDGEMENT

"I will thanks to you, Lord, with my whole heart"

– Psalm9:1

First of all, I praise and thank the **God Almighty** for showering his blessings to make my dream of studying in an esteemed college possible in real. He has been bestowed his blessings over me throughout the course of my study period and in completion of this dissertation successfully.

I express my sincere thanks to **Dr.E.Theranirajan, MD., DCH., MRCPCH (UK)., FRCPCH (UK).,** Dean, Madras Medical College, Chennai – 03 for permitting me to conduct the study in this prestigious institution.

My sincere thanks to **Dr.R.Jayanthi, MD., F.R.C.P.(Glasg).,** Former Dean, Madras Medical College, Chennai – 03 for permitting me to conduct the study in this prestigious institution.

I am more privileged to thank **Institutional Ethics Committee**, of Madras Medical College, Chennai-03 for giving me an approval to conduct this study.

I express my heartfelt thanks to **Mrs.A.Thahira Begum, M.Sc(N)., MBA., M.Phil., Principal,** College of Nursing, Madras Medical College, Chennai-03, for her academic and professional excellence, treasured guidance, highly instructive research mentorship, valuable suggestions, prudent guidance, moral support and patience that has molded me to conquer the spirit of knowledge for sculpturing my manuscript into thesis.

I extend my sincere thanks to **Dr.R.Shankar Shanmugam, M.Sc(N)., M.B.A., Ph.D.,** Reader and HOD in Nursing Research, College of

Nursing, Madras Medical College, Chennai-03 for all his motivating efforts in driving us to complete the study in a right way.

My great pleasure and privileges to express my gratitude to **Selvi.B.Lingeswari, M.Sc(N)., MBA., M.Phil.,** Reader, Community Health Nursing Department, College of Nursing, Madras Medical College, Chennai – 03 for her encouragement, valuable suggestion, support and advice given in the study which helped me to complete the study peacefully and successfully.

With utmost respect I wish to thank **Dr.Joy Patricia Pushparani MD.,** Professor, Institute of Community Medicine, Madras Medical College, Chennai-03, for her valuable guidance and encouragement which enabled me to accomplish this study.

My sincere thanks to **Mrs.T.Ramanibai, M.Sc(N)., MBA., Reader,** Community Health Nursing Department and **Mrs.R.Sumathi, M.Sc(N)., Reader,** Nursing Administration Department and **Mrs.D.Rajeswari, M.Sc(N).,** Nursing Tutor, College of Nursing, Madras Medical College, Chennai -03 for their sincere, support and motivating efforts and facilitation which guided us in making the study successfully.

I express my sincere gratitude to our respected **Mr.K.Kannan, M.Sc(N).,** Nursing Tutor, and **Mrs.P.Tamil Selvi, M.Sc(N).,** Nursing Tutor, College of Nursing, Madras Medical College, Chennai -03 for her valuable suggestions and in carrying out the study.

I wish to express my heartfelt gratitude to all the **Faculty Members** of College of Nursing, Madras Medical College, Chennai - 03 for their valuable guidance and suggestions in conducting this study.

I would like to express my special thanks to **Mrs.K.Banumathi, M.Sc(N).,** Apollo College of Nursing, Vanagaram, Chennai – 95 for

provoking the tool constructed for the study and for the valuable suggestions in bringing the tool in a right way. I also express my special gratitude to **Mrs.S.Kanchana, M.Sc(N).,** Madha College of Nursing, Kundrathur, Chennai – 69 for her valuable suggestions in bringing the tool in a right way for the study.

It's my pleasure to express my heartfelt gratitude to **Mr.P.Madhusudhan Reddy, I.A.S** Joint Commissioner (Health), Greater Chennai Corporation, Ripon Building, Chennai, for granting permission to conduct the study in Choolai Community area under the ambit of Chennai Corporation.

My sincere thanks to **Dr.A.Vengatesan, M.Sc., M.Phil., Ph.D., Retd.** Deputy Director (Statistics), Directorate of Medical Education, Chennai for his valuable suggestion and guidance in the successful completion of statistical analysis and compiling of this study.

My sincere thanks to Medical Officer and Other Medical Officer **Dr.S.Devikala, M.B.B.S., F.C.D.,** upgraded Primary Health Centre, Choolai for giving me permission to conduct the study in Choolai under the ambit of Choolai upgraded primary health centre, Chennai district.

My special word of thanks to **Mr.Ravi, M.A., MLIS.,** Librarian for extending his support in providing all the necessary materials needed to complete the study in an organized manner.

I have much pleasure of expressing my cordial appreciation and thanks to all elders who participated in the study with interest and cooperation

My special thanks to **Mrs.T.Jothilakshmi, M.A., B.Ed.,** Government higher secondary school, Koratti for Editing the English tool and content in for thesis work and **Mrs.M.Sarasu, M.A., B.Ed.,**

Government higher secondary school, Koratti for editing the Tamil tool and content in for thesis work.

I owe my great sense of gratitude to **Mr.Jas Ahamed Aslam, Shajee Computers** and **Mr.M.Ramesh B.A., MSM** Xerox for their enthusiastic help and sincere effort in typing manuscript using valuable computer skills and also bringing this study into a printed form

I express my heartfelt thanks to my ever loving parents **Mr.D.Natarajan & Mrs.N.Shanthi** the back bone of my life who sacrificed their present for my future. This journey would not have been possible without the meticulous support of my beloved husband **Mr.C.Sathasivam**, my lovable kids **S.Abhijeet Joshua** and **S.Ajay Joshua.**

I immensely extend my gratitude to thank my lovable and my sweet brother **Mr.N.Kannan** and my sister **Mrs.N.Dillirani** for their encouragement, constant support, timely help me to complete my study and the course peacefully and successfully.

I would like to thank my friends **Ms.Akiladevi, Mrs.Devi, Mrs.Rajkokila and Mrs.Valli** for their constant encouragement towards the successful completion of my study.

I am greatly indebted to **Mrs. V. Yamuna rani, Mrs.G.Valli, Mrs.G.Bama kanmani, R.Parimala, Ms.A.Vinodha, Mrs.Sajitha Parveen** and **Mrs.P.Vanmathi** who helped me during the course of my study.

Finally, I extend my special thanks and gratitude to one and all those who have been directly and indirectly helped me to complete the dissertation in grand manner.

ABSTRACT

Ageing is the normal process of time related change begins with birth and continues throughout life. Ageing is inevitable and common to all living organisms including animals, plants and humans. Elders are the most important member's acts a good teacher and back bone support of every one's life. They bounded with the cultural practices and transmit these healthier backgrounds from one generation to another generation. Elders wisdom and experiences are invaluable in solving day today problems. **World Health Organization (2018)** reports that the proportion of the world's population over 60 years will nearly double from 12% to 22% in between 2015 and 2050. Report on the Status of Elderly in Select States of India, 2011, in November 2012 found that only 15 percent of the elderly can perform all the activities without assistance. In order to achieve healthy ageing the elderly people need to meet some demands such as need for good nutrition, need for exercise, need for independence, economic security, companionship, meaningful activity and dignified death. The interventions on health promotion activities will reduce the level of disability among elders.

TITLE

"A study to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai."

OBJECTIVES

To assess the pre-test level of physical stimulation among elders in experimental and control group, to determine the effectiveness of healthy ageing package on physical stimulation among elders in experimental group, to compare the pre-test and post-test level of physical stimulation among elders in experimental and control group

and to find association between post-test level of physical stimulation among elders and their selected demographic variables.

METHODOLOGY

This study was conducted with 60 (elders above 60 years) samples in quantitative approach, Quasi-experimental nonrandomized control group design. Elders above 60 years were selected for the study from Choolai by purposive sampling technique. The pre-test level of physical stimulation was assessed using Katz Index of Independence in Activities of Daily Living (A.D.L) and Lawton – Brody instrumental activities of daily living scale (I.A.D.L.) in experimental group and control group. After pre-test, healthy ageing package was given to elders in experimental group for 30 minutes on daily basis. On the 15^{th} day post-test was conducted using the same tool in both groups.

RESULTS

Considering experimental group ADL score, in pretest elders were having 3.23 ADL score and in posttest elders were having 4.20 ADL score, so the difference is 0.97, this difference is large and it is statistically significant. Considering experimental group IADL score, in pretest elders were having 4.00 IADL score and in posttest elders were having 5.13 IADL score, so the difference is 1.13, this difference is large and it is statistically significant. Statistical significance difference between pre-test and post-test was calculated using student paired t-test.

Here $\mathbf{H_1}$ is accepted. It is seen that the t' value of ADL (**t=7.37**) and't' value of IADL (**t=5.19**) is more than the table value for DF= 29. Hence, there is a significant difference between pretest and posttest level of physical stimulation among elders in experimental group. It is inferred that healthy ageing package is effective among elders.

CONCLUSION

The present study had been supported that the healthy ageing package is more effective and it is more important to promote the level of physical stimulation among elders. Hence, healthy ageing package found to be cost effective, appropriate and feasible to implement in community settings. It gives a great insight to community health nurse and motivates them to arrange awareness programmes to promote healthy ageing and thereby helps the elders to improve the quality of life by improving the level of functional status.

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LIST OF ABBREVIATTION

ABBREVIATION	EXPANSION
ADL	Activities Of Daily Living
CI	Confidence Interval
DF	Degree of Freedom
Fig	Figure
H1 & H2	Research Hypothesis
HRQOL	Health Related Quality Of Life
IADL	Instrumental Activities Of Daily Living
NIA	National Institute of Ageing
NS	Non-significant
S	Significant
SD	Standard Deviation
WHO	World Health Organization
χ^2	Chi square test
QOL	Quality of Life

CHAPTER- I
INTRODUCTION

Caring for our seniors is perhaps the greatest responsibility we have. Those who walked before us have given so much and made possible the life we all enjoy

- Senator John Hoeven

Ageing is the normal process of time related change begins with birth and continues throughout life. Ageing is inevitable and common to all living organisms including animals, plants humans. In 1991 Michael rose's gave the definition based on his thesis "ageing is defined as a persistent decline in the age specific fitness components of an organism due to internal physiological degeneration". Ageing can also be defined as a progressive functional decline, or a gradual deterioration of physiological function with age, including a decrease in fecundity (Partridge and Mangel et al, 1999).

Ageing process influenced by many factors such as hereditary, environmental, abiotic, biotic and socio economic factors. Various theories have been proposed to explain the process of ageing. Biological theory explained that physical ageing is an involuntary process which cause to cumulative changes in cells, tissue and fluids. Wear and tear theory says due to repeated injury or over use of internal and external stressors predicts the process of ageing. Whereas programmed theory explains ageing is genetically programmed to occur with time and progressively deterioration eventually leads to death.

Normally, the normal ageing process brings changes in vision, hearing, bone density, systolic blood pressure, glucose tolerance, renal function, immune function etc. These changes appear to be time related and inevitable. These changes can be delayed and controlled by modification of lifestyle, habits, diet and exercise and retaining

autonomy and social support. Successful ageing is an active process in which an individual has to adapt their choices in healthy manner.

In our country, most of the families consist of at least one or two elders .They are most important member's acts a good teacher and back bone support of every one's life. Elders play vital role to support and take responsibility of their children, grand children and neighborhoods. They bounded with the cultural practices and transmit these healthier backgrounds from one generation to another generation. Their wisdom and experiences are invaluable in solving day today problems. As the age passes through, elders face many problems related to physical, psychological, economical, spiritual and social activities. Caring of elders is the greatest responsibility of every citizen.

Chennai is the metropolitan city where both parents commit to work, financial problems, stressful situations and many people migrate to city with elders to take care of their children. In these situations little attention is given to enormous needs of elders in families and also the elders fail to take care of themselves. It may lead to get physical, psychological and social distress among elders. But many of these distresses can be prevented by modifying factors such as diet, exercise, and lifestyle supportive measures.

The **WHO Active ageing** states that encouraging our elders in appropriate physical activity, healthy eating, cessation of alcohol and smoking can promote the functional status extend life expectancy and promote ones quality of life. **Sandra C, et al. (2010)** framed A Comprehensive Framework on Mobility among older adults. They found that mobility is fundamental to active ageing and is intimately linked to health status and quality of life of older adults, regardless of living situation or functional ability.

Andi Masyitha Irwan et.al (2016) conducted study on self-care practices and health-seeking behavior among older persons in a developing country. It was concluded that an understanding of self-care practices and self-efficacy is needed to improve health care. High self-efficacy should be promoted along with adequate health literacy among elders. Self-care practices among older persons are internally and externally to be initiated based on actions. Internal activities include knowledge and skills acquired to reach defined goals of self-care. It includes, having adequate sleep and rest, eating a balanced diet and regular physical exercise. External activities are health-seeking behaviors from the environment which can be promoted with the help of healthcare professionals in community settings as to maintain the health of elders.

BACKGROUND OF THE STUDY

The natural process of ageing causes physiological changes in all organ systems. The cardiac output decreases, blood pressure increases and arteriosclerosis develops. The lungs show impaired gas exchange. Functional changes, such as loss of appetite and thirst are common in the elderly. Degenerative changes occur in many joints and this, combined with the loss of muscle mass, inhibits elderly patients' functional status. Psychological changes include loss of self esteem, coping with personal loss, possible depressions and disruption of sleep. Social changes include changes in lifestyle, loss of family members and friends, failed relationship, social isolation. Spiritual changes are feeling of rejection, hopelessness, helplessness, depression, powerlessness, anxiety and insecurity. These problems get aggravated when the attentions towards elders are decreased. Successful ageing refers to modification of behavioural process to achieve the best possible outcome of ageing.

Various descriptive studies have been conducted to assess the level of Physical inactivity among older adults and showed that of them suffer from anxiety. The overall prevalence of physical inactivity among individuals age 55 or older in the 16 countries was 12.5%. The prevalence of physical inactivity differs between countries to countries ranging from 4.9% (Sweden) to 29% (Portugal). Lack of awareness on diet and exercise, Increasing age, depression, physical limitations, and poor sense of meaning in life, were significant variables associated with physical inactivity. Interventions aimed to promote physical activity among elder people are needed to promote the functional status.

World Health Organization (2018) reports that the proportion of the world's population over 60 years will nearly double from 12% to 22% in between 2015 and 2050. The growth of longer life brings with it opportunities, not only for older people and their families, but also for societies as a whole. World Health Organization (2018) developed the strategy and action plan on ageing and health includes five priority areas for action. It consists of Commitment to healthy ageing, aligning health systems as per needs of older populations, developing systems for providing long-term care, creating age-friendly environments, and Improving measurement, monitoring and understanding

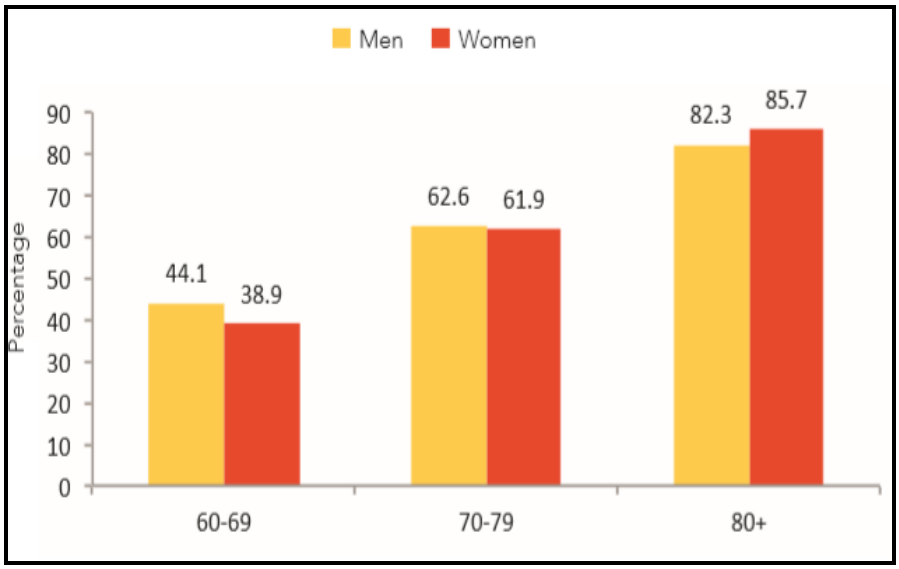
Healthy and active ageing can be defined in terms of the ability to function autonomously (independently) within a given social setting. In order to achieve healthy ageing the elderly people need to meet some demands such as need for good nutrition, need for exercise, need for independence, economic security, companionship, meaningful activity and dignified death.

World report on Ageing and Health (2015) developed a public-health framework for healthy ageing. Two ways helps the elders to foster functional ability .This can be achieved by supporting the

building and maintenance of intrinsic capacity, and by enabling those with a decrement in their functional capacity to do the things that are important to them.

India Ageing Report (2017) surveyed that the functional ability among elders becomes major concern and limited to activities of daily living with the increase in age. It also increases care giver burden and health expenditure of the family. According to census of India 2011, the disability rate of elders between the age group of 60 and 79 years was 51.8% and 84.1% of elders above 80 years.

Fig: 1.1 Incidence of disability per 1,000 Persons (by age and sex), 2011



Though various interventional studies have been conducted on promoting the functional status among elders, studies on finding the effectiveness of healthy ageing package with exercise, healthy diet and life style modifications on promoting the functional status of elders is lacking. Hence the present study aims to test the effectiveness of healthy ageing package on physical stimulation among elders by using Quasi-experimental study with non-randomized control group design. Assignment of subjects in control group will help to prove effectiveness more meticulously and hence the study design was selected.

1.1 NEED FOR THE STUDY

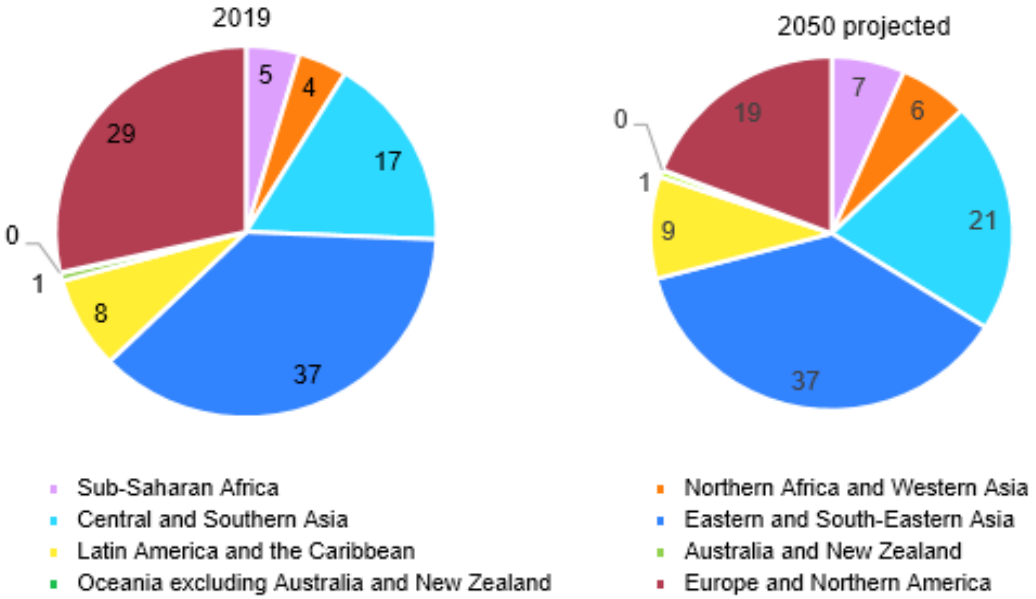
Caring for our body, mind, and spirit is your greatest and grandest responsibility. It's about listening to the needs of your soul and then honoring them."

– Kristi Ling

Ageing is the undeniable fact of human life. In developing countries where people are living longer lives, the levels of chronic health conditions are increasing and the levels of physical activity and functional capacity are declining. In spite of excellent programme implementation and policy making process continued in most countries, to some extent elders uncared by themselves and family members to maintain their physical wellbeing due to family burden, frustration, lack of economy support , lack of knowledge and social isolation.

According to World Population Ageing 2019, more than one in three older people's lives in Eastern and South-Eastern Asia.

Fig 1.2 Global distribution of elder population over by region, 2019 and 2050 (Percentage).



As per Population Census in 2011 there are nearly 104 million elderly persons in India 53 million females and 51 million males respectively. A report published by The United Nations Population Fund and Help Age India suggested that the number of elderly persons is expected to grow as 173 million by 2026. The size of elderly population is increasing over time. From 5.6% in 1961 the proportion has increased to 8.6% in 2011. By the year 2100 the growth of the elderly population will constitute nearly 34 percent of the total population in the country.

Report on **The Status of Elderly in Select States of India, 2011** shown that approximately 7.5 million persons in Tamil Nadu who were 60 years of age or above in 2011, the elderly population size has increased across all the states in the country. The percentage of the population has increased at the age 60 years and above for the years 2001 and 2011. Tamil Nadu is in third place of all states and one of the highest proportions of elderly persons in the country, as next state to Kerala and Goa.

The elder's ability to perform activities of daily living, such as bathing, dressing, and walking, is essential to live independently. Disability is associated with increased mortality and leads to increased rates of hospitalization, admission to a nursing home, and use of formal and informal home services, it places a substantial burden on elderly persons, their care givers and health care resources. Therefore, interventions to be designed to promote the functional status on daily activities among elders.

Lack of awareness on nutritional education among elders also one of the major cause for inability to perform daily activities. Amal Yousef Abdelwahed et al. (2018) revealed that The nutritional education program evaluated at 3 months was highly statistically significant (P=

0.000) and 51% of the elders had good knowledge on nutritional intervention.

In 2013 a study was published in the journal of the Academy of Nutrition and Dietetics found that older adults with a high intake of fruits, vegetables, whole grains, and fish have improved physical function and general health than their counterparts who consume less nutritious food. Another study, published in the British Journal of sports Medicine in 2013, revealed that elders who exercise regularly are seven times more likely to live healthy and also preserve cognitive, affective, and social function.

Community-based health care services among elders facilitates them to practice at home, promote independence, strengthen primary health and community services, and strengthen voluntary and neighborhood support.

District Human Development Report 2017, Chennai surveyed in 2001, the population of Chennai above 60 years of age was 8% and it has increased to 10% in 2011. Managing these people and providing enough social support services should be considered as more important in our governance. With the increasing age expectancy, also increases pressures on managing elderly population. There is an urging need to pay greater attention to ageing-related health issues and to promote holistic policies and programs for dealing with the ageing society in Chennai.

Report on the Status of Elderly in Select States of India, 2011, in November 2012 found that only 15 percent of the elderly can perform all the activities without assistance. The need for assistance increases significantly with age, about 6 per cent of the elderly need full or partial assistance for carrying out at least one of the above mentioned six activities. **National Institute on Ageing** leads the federal government

effort on conducting and supporting research related to ageing and the health and well-being of older people. The Institute's broad scientific program pursue to understand the nature of ageing and to extend the healthy, active years of life.

Fougere (2018) reported that effective methods for preventing or delaying the onset of disability are urgently required to decrease the incidence of frailty among elders. Lifestyle interventions focusing on physical exercise, nutrition, and cognition appear to be effective against disability in ADL and IADL. In order to be actually effective these interventions should be inexpensive, feasible, and should be easy to implement in poor resource settings.

Zahid A. Khan et al. (2018) reported that one in every five elderly persons were aged 60 years and above and one out of two elderly aged 75 years and above are disabled. Rapid increase in older population there is a need to improve the primary preventive measures. Physical disability increased significantly with the increasing age. Functional assessment of elderly provides objective data to evaluate their health status, and give an indication for future improvement or to modify the necessitate intervention.

Amit agrawal (2016) found that disability is a major public health challenge among elders. The link between ageing and disability is a biological fact as the risk of disability increases with increase in age. It requires knowledge on health promoting measures and understanding of the risk factors involved in order to allow efficient preventive strategies. The interventions on health promotion activities will reduce the level of disability among elders.

The Ministry of Social Justice and Empowerment considers the International Day for Older Persons on 1st October every year. The day is dedicated to acknowledge the contribution of senior citizens to the

society and to sensitize the public at large about their problems and needs and to create our society more elderly friendly.

Epidemiological research suggests that regular physical activity is closely related to the health of the older adults. This includes a universe association with various chronic diseases as well as with functional deficits such as limitation in activities of daily living and mobility addition Physical activity associate with psychological constructs such as self-efficacy, quality of life and wellbeing.

Community health nursing care is recognized as the largest component of all the services to care for the elders in order to maintain and to promote the health. The Community health nurse provides direct care to the elders in community settings, especially the care which can't be given by the family members. Nurses need to maintain their level of competence through in-service education, plan and delivery of quality care and involving in research activities to achieve optimal health and to deliver comprehensive health care services among elders.

1.2 STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai."

1.3 OBJECTIVES OF THE STUDY

- To assess the pre-test level of physical stimulation among elders in experimental and control group.
- To determine the effectiveness of healthy ageing package on physical stimulation among elders in experimental group.
- To compare the pre-test and post-test level of physical stimulation among elders in experimental and control group.

- To find association between post-test level of physical stimulation among elders and their selected demographic variables.

1.4 OPERATIONAL DEFINITIONS

***Assess*:** If refers to the estimate the level of physical stimulation through measuring the functional status of the elder's ability to perform activities of daily living.

Effectiveness: In this study, effectiveness refers to the extent to which the Healthy ageing package has impact on physical stimulation among elders.

Healthy ageing package: Healthy ageing package refers to the group of nursing interventions includes strength and balance exercises such as leg extension, calf rises, wall push up's, walk on heal to toe and sideways leg lift exercise .The content of this package includes exercise such as leg extension, calf rises, wall push up's, walk on heal to toe and sideways leg lift exercise to strengthen the muscles and improve balance. Dietary advice for elders which insists on omega 3faty acids, calcium, fiber, vitamin D and B12. Life style modifications includes cessation of smoking and alcohol, sun protection, routine dental care, adequate sleep, connect with their peer groups and grand children.

Physical stimulation: In this study physical stimulation refers to the level of functional status as a measurement of the elder's ability to perform activities of daily living and instrumental activities of daily living needed to meet basic needs and to maintain health and wellbeing.

Elders: In this study, it refers to people above 60 years who were residing in selected area during the data collection period.

1.5 HYPOTHESIS

H1: There will be a significant difference between pretest and posttest level of physical stimulation among elders in experimental group

H2: There will be a significant association between posttest level of physical stimulation among elders and their selected demographic variables

1.6 ASSUMPTIONS

- The elders may have clinically significant level of functional impairment.
- The level of physical stimulation among elders may vary with their selected demographic variables.
- Healthy ageing package will help to enhance the level of physical stimulation among elders.

1.7 DELIMITATIONS

- The study is limited to a period of 4 weeks
- This study is limited to elders above 60 years of age.
- The study is limited with in Choolai premises.

1.8 CONCEPTUAL FRAME WORK

Conceptual framework deals with concepts assembled together by virtue of their relevance to research problems. The framework gives direction for planning research design, data collection and interpretation of findings. Theoretical model for this study was derived from **NOLA J PENDER'S HEALTH PROMOTION MODEL (1982, revised in 1996).**

According to Pender's model each person has unique personal characteristics and experiences that affect subsequent actions. The set of variables for behavior specific knowledge and affect are important motivational significance.

These variables can be modified through nursing actions. Health promoting behavior is the desired behavioral outcome that resulted in improved health, enhanced level of physical stimulation and better quality of life at all stages of development.

MAJOR CONCEPTS

Pender's model focuses on three areas:

- ❖ Individual characteristics and experiences
- ❖ Behavior specific cognition and affect
- ❖ Behavior outcome

INDIVIDUAL CHARACTERISTICS AND EXPERIENCES:

PRIOR RELATED BEHAVIOR

It refers to the frequency of occurrence of the similar health behavior in the past. In this study the prior related behavior is physiological changes, not performing daily exercise, loss of muscle strength and balance, separation from the family and community, not able to perform activities of daily living, lack of family support, poor intake of nutritious diet and lack of knowledge on lifestyle modification for healthy ageing.

PERSONAL FACTORS

In this study it refers to general characteristics of the individual that has an impact on health behavior such as age ,sex, occupation, monthly income , type of family, body mass index, sleeping hours,

habits of exercise**,** social habits, method of travelling, relaxation activities. The investigator assessed the pretest level of ADL and IADL score among elders by using Katz Index of Independence in Activities of Daily Living and Lawton – Brody instrumental activities of daily living scale (I.A.D.L.).

BEHAVIOR SPECIFIC COGNITION AND AFFECT:

The model views that the prior related behaviors have a significant influence on the individual's behavior and emotions.

PERCEIVED BENEFITS OF ACTION

It refers to expected positive outcomes that occur as a result of following a healthy behavior. In this study, elders initially had lack of perception about the importance of healthy ageing package on physical stimulation. The elders will have improved level of functional status through assessing ADL and IADL as a measurement of the client's ability to perform activities of daily living.

PERCEIVED BARRIERS TO ACTION

It refers to expected real blocks in understanding a given behavior. In this study the elders have physiological changes due to ageing process, not performing daily exercise, separation from the family and community, frustrations, lack of family support, and poor intake of nutritious diet,lack of time and interest, dislike of change and impaired memory

PERCEIVED SELF EFFICACY

It refers to judgment of personal capability to organize and execute a health promoting behavior. Elders perceived that they have lack of knowledge and practice on improving functional status effectively.

ACTIVITY RELATED AFFECT

It refers to subjective positive or negative feeling that occur before, during and following specific health behavior. In this study, initially the elders are not interested, irritable, tired. The investigator believed that elders will feel relaxed, comfortable and with improved functional status after healthy ageing activity.

INTERPERSONAL INFLUENCES

The investigator believed that getting support from family, peers will be helpful for elders to promote the functional status in day to day activities.

SITUATIONAL INFLUENCES

The investigator identified that physiological changes, physical inactivity, poor nutritional intake, sense of helpless, not involving in social activities, improper sleeping pattern, smoking and alcohol consumption as a major cause for decreased functional status among elders.

BEHAVIOR OUTCOME

It consists of commitment to plan of action and health promoting behavior.

COMMITMENT TO PLAN OF ACTION

It refers to the concept of intention and identification of a planned strategy leads to implementation of health behavior. In this study the investigator administers daily easy exercise such as leg extension, calf rises, wall push up's, walk on heal to toe and sideways leg lift exercise to strengthen the muscles and improve balance, employing healthy dietary intake and life style modifications to elders in study group.

IMMEDIATE COMPETING DEMANDS AND PREFERENCES

It refers to alternation in behaviors that intrude into consciousness as possible courses of action just prior to the intended occurrence of a planned health behavior. In this study, the investigator identified lack of time, feeling shy, and study overload, lack of support, linguistic problem and fear of failure to perform exercise. The investigator believed healthy life styles such as balanced diet, adequate intake of water, exercise and adequate sleep as preferences among elders.

HEALTH PROMOTING BEHAVIOR

It refers to the desired behavioral end point or outcome of health decision-making and preparation for action. In this stage the investigator reassessed the level of physical stimulation by using ADL and IADL scale among elders through conducting post-test. Improvement in physical stimulation level will exhibit certain health promoting behavior in daily activities.

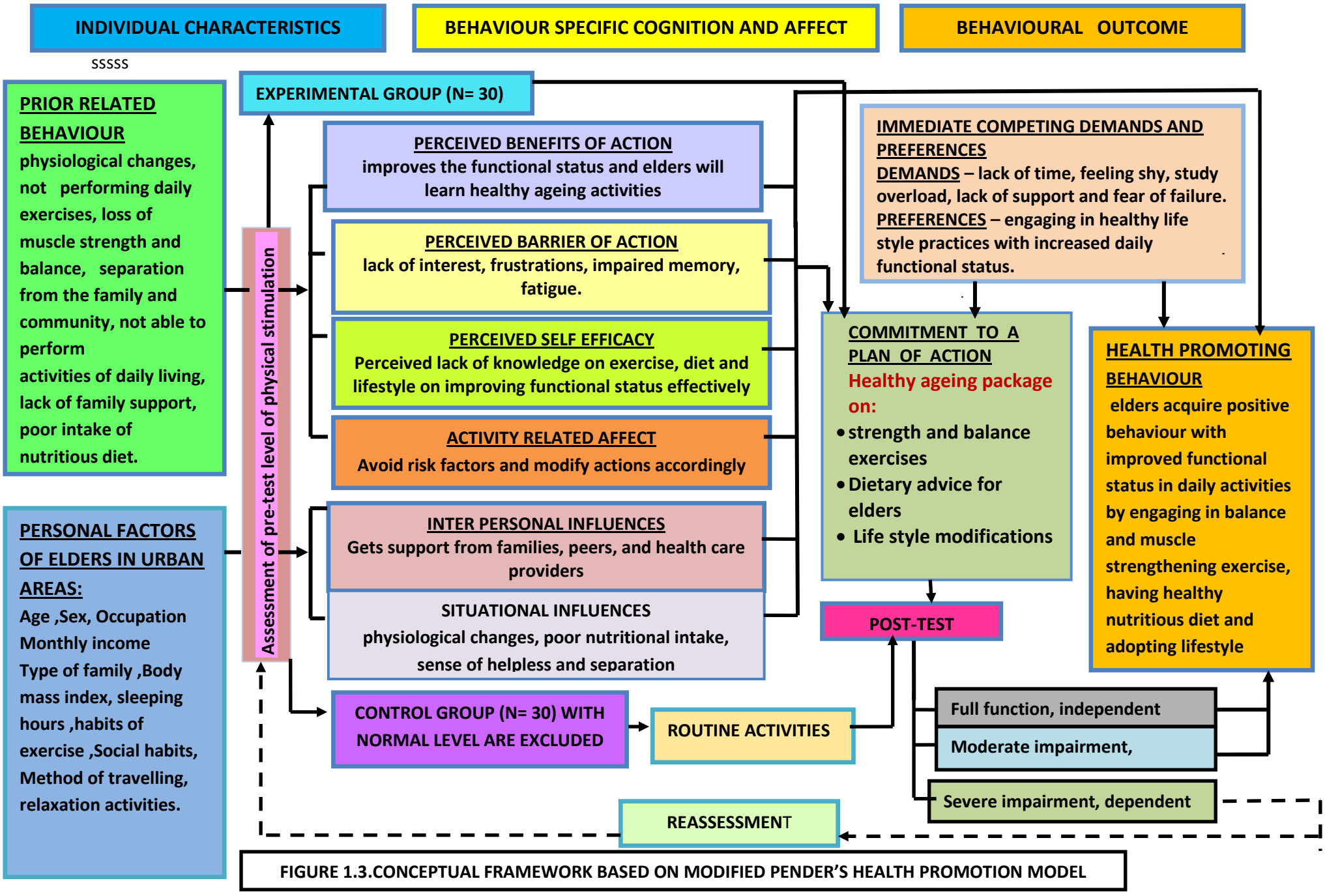


FIGURE 1.3.CONCEPTUAL FRAMEWORK BASED ON MODIFIED PENDER'S HEALTH PROMOTION MODEL

CHAPTER-II
REVIEW OF LITERATURE

Review of Literature is an important step in the development of research product and broadening the understanding and developing an insight into the problem area. An extensive review was made to strengthen the resent study to lay down the foundation.

2.1. LITERATURE REVIEW RELATED TO THE STUDY

The related kinds of literatures for this study are discussed in the subtitles.

Section-A **:** Literature related to prevalence of health problems among elders

Section-B : Literature related to functional status among elders.

Section-C : Literature related to effectiveness of healthy ageing package.

Section-D : Literature related to effectiveness of healthy ageing package on Physical stimulation.

SECTION-A: LITERATURE RELATED TO PREVALENCE OF HEALTH PROBLEMS AMONG ELDERS

Badr SA et al. (2017) carried out a case-controlled study to assess and compare common medical health problems among the elderly living either in endwelling homes or with their families in Banha City. 140 elders were living with families and 70 elders selected from elderly home residence through convenient sampling technique. The study result revealed that 48.1% of overall elders had three or more chronic morbidities. 50% of ischemic heart diseases, 37.1% of memory disorders and 52.9% history of falls are at highest prevalence among geriatric home residents. The percentage of home residence elders stay at

endwelling homes as they need physical and medical assistance was 54.3%, due to family troubles and to avoid being alone .

Pereira DS, Nogueira JA.et al. (2015) conducted a cross-sectional study on Quality of life and the health status of elderly persons in the city of Caninde. 372 samples were selected by proportional stratified sampling technique. ***World Health Organization Quality of Life Assessment*** tool was used to evaluate Quality of life among elders. 46.5% of elders reported the occurrence of one to three consultations or hospitalizations in the past 12 months, followed by 33.3% of elders reported the occurrence of four to six consultations or hospitalizations in this period, while 15.1% said they had not had either a consultation or a hospitalization. The domains of QOL such as ***environment among women(p=0.04)*** was statistically significant and the overall QOL and all its domains tend to decrease as age increases with such an decrease being statistically significant once again in the ***environment*** domain(***p***=0.02).

Thakur R, Banerjee et al. (2013) conducted a cross sectional study to identify the geriatric health problems and also to explore the gender and urban–rural difference morbidity in Markal village at Pune. 407 samples 203 in urban area and 204 in rural areas selected by survey method. Survey was carried out house to house of all the eligible elderly population above 60 years. The tool developed by the WHO for study of health status of elderly people in a multicenter study in India was used for the data collection. The study result revealed that Tobacco usage was very high at 58.97%. 83.29% of them with Visual impairment, Urinary complaints were also more common in males. More elders were living alone in rural than urban area (95% CI 1.23-6.86). 29.2% (119/407) elders had cataract. Prevalence of hypertension was 30.7% and 12% of elders had diabetes 7.6% are living with ischemic heart disease, almost half of the population had depression.

SECTION-B: LITERATURE RELATED TO FUNCTIONAL STATUS AMONG ELDERS

Gajendra Kumar, Medhi et al. (2019) conducted a cross-sectional study to explore the functional status and its association with different dimensions of Health Related Quality Of Life among elders. 300 samples were randomly selected from urban wards of Dibrugarh City, Assam. Participants were assessed by using short form 36 questionnaire. Functional status was assessed by using Barthel activity of daily living tool. The study result revealed that 34.7% of elders had limitations in one or more ADL items. Overall mean Health Related Quality Of Life scores ranged from 48 for general health perception domain, 71.78 for body pain domain. The study concluded that decline in ADL had negative impact on different dimensions of Health Related Quality Of Life among elders.

Devendra Kumar et al. (2019) investigated a community based cross-sectional study to assess the disability in activities of daily living among elders in Palam village of west Delhi. 350 samples were selected by systematic random sampling. The Barthel ADL index used to evaluate activities of daily living disability. The study revealed that 20.3% of elders found with ADL disability.

Burman J et al. (2019) investigated a community-based cross-sectional study to assess the functional status and its predictors among elders in West Bengal. 246 subjects were recruited by simple random sampling. Activities of daily living (ADL) and instrumental Activities of daily living (IADL) scale were used to assess the functional status. The study concluded that 32.4% were dependent for basic ADL and 59.3% were dependent for IADL. The prevalence of dependency in at least one of the activities for ADL was 32.5%. 19 (7.7%) participants were highly dependent and need assistance to perform all the six basic daily activities of living (ADL).

Cwirlej - Sozanska et al. (2019) carried out cross-sectional study to assess the prevalence of activities of daily living (ADL) and instrumental activities of daily living (IADL) disability and to analyze its determinants among people aged 60 and older living in southeastern Poland.2207 elders including 1325 women and 882 men were selected by simple random sampling method. The Katz Index of Independence in Basic Activities of Daily Living and Lawton Instrumental Activities of Daily Living tool were used to assess the ADL and IADL .The research results shown that 35.75% of elders had one problem with IADLs and 17.13% of elders had at least one problem with ADLs.

Mukesh C. Parmar (2018) conducted a descriptive study to assess the chronic morbidity and reported disability among older persons. Researcher collected the data from the Indian Human Development Survey. The survey conducted among 42,152 households and 53,582 individuals across India. Katz Index of independence in ADL tool was used to examine the burden of disability among the elders. The survey shown 10,636 male and 11,289 female elders were not able to perform their activities of daily living. The study concluded that 17.91% of males and 26.21% of females had severe and mild disability in performing their activities of daily living.

Anandaraj R et al. (2018) conducted a cross sectional study to assess the disability in activities of daily living among rural elderly in a union territory of south India. 245 elders were randomly selected. Everyday abilities scale was used to assess to assess disability in activities of daily living. The study result shown that 13.9% of elders had disability in activities of daily living. Multivariate analysis shown predictors of disability were economic dependency and living arrangement emerged as predictors of disability in activities of daily living.

Parveen singh et al. (2017) conducted a cross sectional survey to assess the functional disability of rural elderly population in North-West India. 418 samples were selected by multistage randomized sampling technique. Katz basic activities of living scale were used to assess functional disability. The six basic personal care tasks such as bathing, dressing, toileting, transferring, continence, and feeding were assessed by this scale. The study result revealed that 5.26% of elders with moderate impairment 2.64% of elders with severe impairment and 1.67%of elders were complete dependent. The total impairment prevalence was 9.5% among elders.

Plernta Ethisan et al. (2017) conducted a cross sectional study to assess the factors related to physical activity among the elderly Population in rural Thailand. 300 elders were selected by purposive sampling. Interview method and adapted global Physical activity questionnaire were used to collect the data. The result shown that 42% of elders did not perform physical activity and found that females were about 3 times more likely to be physically active when compared with males (***P***<0.001).The researcher recommend for improved efforts to involve elders in physical activity by involving them in locally relevant recreational and leisure time physical activities.

Priya Keshari et al. (2017) conducted a community-based cross-sectional study to assess the prevalence and spectrum of functional disability of urban elders at Varanasi, India. 616 elderly subjects selected by an appropriate sampling procedure. Barthel's Index was used to measure activities of daily living. The study result shown that 13.5% of elders with restriction of any ADL with maximum severity were observed. 25.2% and 4.4% of the elders had moderate and severe dependency.

Samuel A. Ajayi et al. (2015) conducted a cross-sectional study to assess the functional status of elderly patients. 360 samples were randomly selected from primary care clinic in Nigeria. Modified Barthel Index was used to assess basic activities of living (BADL). The study result revealed that 88.3% of elders had overall functional disability. The highest prevalence of functional disability was experienced in maintaining personal hygiene and grooming was 95.3% and transferring from bed to chair was 95.3%. The study concluded that overall functional disability significantly increased with increasing age.

Deepak Sharma et al. (2014) conducted a cross-sectional study to assess the prevalence of limitations in activities of daily living (ADL) and instrumental ADL (IADL) and to identify the predictors of IADL limitation among elders living in Shimla district of Himachal Pradesh. 400 samples were selected by multistage simple random sampling from urban and rural wards of Shimla. Interview method and Katz ADL and Lawton and Brody IADL functional assessment scale were used to assess the functional status of elders. The study result revealed that 5.5% had ADL activity limitation and was 21.8% had IADL activity limitation. The study concluded that poor self-rated health and ailments such as musculoskeletal problems and cataract significantly predict functional limitation of elders.

Puneet Ohri et al. (2014) conducted a cross-sectional study to assess the daily living dependency status among elderly in an urban slum area of Dehradun.215 elders were selected by systematic random sampling. Daily dependency of the elderly was assessed with activities of daily living (ADL) and instrumental activities of daily living (IADL) using Katz and Lowton Brody scales. The study concluded that 7% of elders were dependent on one or more of ADL and 70 % of elders were dependent on one or more IADL.

SECTION-C: LITERATURE RELATED TO EFFECTIVENESS OF HEALTHY AGEING PACKAGE

Manav et al. (2019) conducted a cross sectional study to associate between poor socio economic status and decline in functional capacity among female geriatric population. Subjects were selected by simple random sampling. Data was collected by using Lawton scale of Instrumental Activities of Daily Living (IADL), Katz Index of Activities of Daily Living (ADL) and kuppuswamy socio economic scale. The study revealed that significant association found between socio economic status and functional dependence. Healthy diet, regular physical exercise, regular health check-ups, support by family, economic independence, legal security and special government schemes for the elderly can improve their health status and nutritional status improved the functional capacity and thus promoting healthy aging.

Henskens et al. (2018) conducted an experimental study to assess the effectiveness of movement stimulation on activities of daily living performance and quality of life among 87 nursing home residents with dementia. Samples were recruited by double parallel randomized controlled trial. ADL training and exercise were given to improve the quality of life. The Qualidem and the care dependency scale, Erlangen ADL test were used to assess the quality of life and activities of daily living. The study revealed that ADL training positively affected overall quality of life ($p = 0.004$) and multiple aspects of quality of life. There was a significant main effect of ADL training on the quality of life.

Amal Yousef Abdelwahed et al. (2018) conducted a one group pre-test post-test interventional study to assess the effect of nutritional education program on nutritional status of elders in rural areas of Damanhur city, Egypt. 100 samples were selected by convenience sampling technique. The results revealed that significant improvement (23.01±5.45 to 25.62 ±1.84) in nutritional status through assessing Mini

Nutritional Assessment .The program evaluated after 3 months was highly statistically significant (P= 0.000) and 51% of the elders had good knowledge on nutritional intervention.

Mei-Lan Chen et al. (2018) carried out a quasi-experimental study to examine the effect of lifestyle-based intervention on Health-Related Quality Of Life among older adults with hypertension. Samples were recruited by convenience sampling technique from the urban Los Angeles area in California. There were a total of 196 participants in this study. 103 subjects were randomly assigned to the intervention group and 93 subjects to control group. The interventions included the impact of everyday activity on health, time spending and energy conservation, transportation utilization, home and community safety, social relationship, cultural awareness, goal setting, and changing routines and habits. The results shown that there were no statistically significant differences between the intervention and control groups on change in health-related quality of life, but the final regression models were statistically significant.

Neha Kapoor et al. (2017) conducted an experimental study to assess the Impact of a nutrition-sensitive intervention on quality of life and health status among women with cancer in India. 63 samples from palliative care clinics with symptoms of chacexia were randomly assigned into control group (n=33) and intervention group (n=30). Both groups were provided with nutritional and physical activity counseling, but the experimental group had an additional 100 g of Improved Atta for 6 months daily intake. The Indian Migrant Study Physical Activity Questionnaire was used to assess the physical activity, 24-hour dietary recall data were used to assess nutritional status. The study results revealed that the patients receiving nutrition-sensitive intervention had significant improvement in body weight (n = 17, P = .08), body fat (P =

.002) and improvement in fatigue (P = .002) with improved quality of life.

Ramdas R Jadhav (2017) conducted a study to reveal the effect of exercise on anxiety of college students in Aurangabad, India .A total of 60 college students were selected by randomized sampling technique. The treatment group had (n =30) and control group had (n =30). Data was collected from college students using a Sports Competitive Anxiety Test consists of fifteen items which include 5 spurious items, 8 positive items and 2 negative items. Low score indicates higher anxiety and a high score indicates low anxiety. The average score of anxiety in the experimental group before intervention was 11.20 and after exercise were 16.13 respectively. The result indicated that regular exercise can improve mental health.

Sumathi (2015) conducted a study to assess the effectiveness of Family Focused Nursing Interventions on knowledge and functional health problems among older adults and their caregivers in Community Health Centre, Arakambakkam. The subjects and their caregivers were randomly assigned to intervention group (n =108) and control group (n =112). The intervention was given over the period of 6 months which included balance and strengthening exercise, modification at home environment health education and sleep hygiene. Modified Fulmer Sleep disturbances, Problems with eating, Incontinence, Confusion, Evidence of fall and Skin breakdown Screening tool and Modified Screening Assessment for Fall Evaluation tool, Pittsburgh Sleep Quality Index tool were used to obtain data from subjects..The overall mean score of risk fall among elders in experimental group was 3.37 and in control group was 7.35. The result shown high statistical significant difference between the experimental and control group ($t=18.26$, $p<0.001$).

Pavithran rayaroth (2015) investigated a study to assess the effect of structured nursing intervention on anxiety, depression and quality of life among senior citizens of Calicut and Palakkad old age homes. 320 senior citizens selected by multiphase random sampling techniques. Hamilton Anxiety Rating Scale, Beck Depression Inventory II scale, Scale were used to assess to assess anxiety, depression and quality of life. The structured nursing intervention included Warming up exercises, Relaxation training, structured group interaction session and Recreational session. The samples received intervention for 45 minutes on alternative days, for 6 months. The posttest level of anxiety depression, were decreased from 50% to 18% and 51% to 16% respectively. The posttest level of quality of life was increased from 13.14% to 62.18%.

Abbas Rahimi Foroushani et al.(2014) investigated a study to find the effect of health promoting intervention on healthy lifestyle and social support in elders at health homes in 22 districts of Tehran's municipality. Samples were selected by double stage cluster sampling and then divided into intervention and control groups of 232 individuals in each. Health-promoting interventions consists of healthy lifestyle, proper nutrition, elders' physical activities and interpersonal relations, control of stress, night sleep, memory empowerment, and acceptance of aging for study group. **The Effect of Educational Intervention on healthy lifestyle** showed that there were significant differences in means of total health promoting lifestyle and total social support scores between the two groups ($P < 0.0001$).

SECTION–D: LITERATURE RELATED TO THE EFFECTIVENESS OF HEALTHY AGEING PACKAGE ON PHYSICAL STIMULATION.

Haripriya et al. (2020) conducted a quasi-experimental study to assess the effectiveness of a multi-component exercise program on cognitive function and functional ability in community dwelling older adults in Mangalore, South India. 52 subjects were selected by purposive sampling technique.10-week multi-component exercise program included aerobic exercise, strength training, balance exercises and functional training. Mini Mental Status Examination and Barthel Index were used to assess cognitive and functional ability for every two weeks till 10weeks.The result revealed statistically significant difference ($p<.001$) on cognitive function and functional ability.

Bhoomika Brahmbhatt et al. (2019) conducted a quasi experimental study to assess the efficacy of an exercise program on balance and lower limb functional level in elderly population with moderate risk of fall in Gujarat, India. 50 subjects were selected by simple random sampling method. The subjects were randomly divided in to an interventional group (n= 25) and control group (n=25).An exercise program including warm up exercises, balancing exercises, strengthening exercises, flexibility, and cool-down exercises were designed for interventional group. Berg balance scale, Lower extremity functional scale was used to assess the balance and functional status. The study result revealed that pre and post exercise mean score among intervention group was increased from 41.68±1.93 to 44.64±2.02 and from 48.48±6.27 to 45.84±7.14.The study concluded that there was a significant improvement found in balance and lower limb functional level in participants who received the exercise program.

Mark Stoutenberg et al .(2019) conducted a study to assess the community based life style modification program on improving physical activity and nutrition status among adults. 121 participants were enrolled in this study by convenient sampling technique and randomly divided into small teams of 13 to 17 individuals in each group. Life style modification program solely focused on physical activity and healthy eating. Height, weight, fruits and vegetable consumption, physical fitness, and several psychosocial measures were assessed before and after the lifestyle modification program. The study concluded that significant improvements in 6-minute walk distance ($p < .001$). Fruits and vegetables servings ($p < .001$) and increased body weight, ($p < .001$) after intervention.

Dharma raj P (2019) conducted a study to assess the effectiveness of Progressive Resistance Exercise over conventional therapy on activities of daily living and motor performance in idiopathic Parkinsonism disease clients. 30 samples were selected by simple random sampling. Patients were divided in to experimental group (n=15) and control group (n=15). Experimental group patients received conventional physiotherapy along with Progressive Resistance Exercise and control group received only conventional physiotherapy. The difference between pre and post test values of experimental group was $p<0.05$. The study concluded that there was significant effect of Progressive Resistance Exercise in improving motor performance and ADL.

Parimala (2019) conducted a study to assess the effectiveness of exercise program on the functional status of older adults in selected old age home, Vellore. 150 older adults were selected by simple random sampling method. Flexibility, strengthening and balancing exercise were practiced with the demonstration for 30minutes, for a period of 6 weeks. Katz Index of Independence activities of daily living (ADL) and Lawton

– Brody Instrumental activities of daily living (IADL scale) used to assess the functional status among elders. The pretest level of ADL showed 88% of older adults were highly dependent and none of them were independent. In posttest 73% of them became independent after exercise intervention. The pretest result of IADL showed 94% of older adults were highly dependent, whereas in posttest 77% of older adults were highly dependent. No one in pretest was independent, but after the completion of exercise program 8% of elders became independent. The ADL pretest and posttest mean score was 1.79 and 4.52 and IADL pretest and posttest mean score 2.11 and 4.52.The study concluded that exercises plays a vital role in improving the functional status of older adults.

Chiung-ju liu et al. (2017) conducted an experimental study to assess whether the effectiveness of 3-Step workout for life which consists of combined resistance exercise, functional exercise, and activities of daily living exercise would be more beneficial than resistance exercise alone. 52 inactive, community-dwelling older adults from local subsidized senior housing communities with muscle weakness and difficulty in activities of daily living were included in this study. The samples were randomly assigned into intervention group (n=27) who received 3-Step workout for life and control group (n=25) received resistance exercise. The study result found that 3-Step workout for life improved mean change from baseline =0.29, P=0.02 in the performance of activities of daily living in older adults.

Todd M. Manini et al. (2017) investigated a study to assess the effect of Physical Activity on Self-reported disability among older adults in University-based research clinics. 1,635 sedentary men and women elders were selected by purposive sampling. 818samples were randomized to structured, moderate intensity Physical Activity program that included aerobic, resistance, and flexibility exercises and 817

samples received Health Education program. The study result revealed that ADL dependency was 15.2% among physical activity groups and 15.1% among groups (HR=1.0, 95%CI=0.78– 0.1.3). Intervention groups had similar rates of incidents in ADL disability, IADL disability and reported mobility disability. Reporting severe mobility disability (HR=0.78, 95%CI=0.64–0.96) and ratings of difficulty on mobility tasks were reduced in the physical Activity group. A structured physical Activity intervention reduces the severe mobility disability and difficulty on mobility tasks among older adult.

Manjula (2015) carried out a quasi experimental study to assess the effectiveness of therapeutic nursing intervention on psycho physiological wellbeing among elderly residing in old age home at Madurai.140 elders were selected by simple random technique. Interventions consisted of exercises for elders, and geriatric counseling. The posttest comparison of the psychological wellbeing scores of the elderly in the experimental group and control group was statistically significant ($t = 17.19$, $P<0.001$ and all the items of physiological wellbeing scores (maintenance of desirable weight, independent in moving around without difficulty, ability to perform ADL) between the control group and the experimental group were statistically significance ($t = 9.32$, $P<0.001$). The study concluded that the therapeutic nursing intervention had an effective outcome in enhancing physiological and physiological wellbeing in the elderly.

Yungreiwon Shaiza et al .(2015) carried out a quasi experimental study to assess the effectiveness of range of motion exercise on limitation in activities of daily living among elder people suffering from arthritis in selected areas of Pune city. 60 samples were selected and assigned in to control group (n=30) and experimental group (n=30) selected by convenient sampling method. The study concluded that the range of motion exercise reduced the number of people having severe

limitation from 36% to 22%. Average change in the mean score among experimental group was 5.1% and change in experimental group daily activity score is highly significant (t=10.2 at DF=58, P =0.000).

Earnest Rajasingh (2012) conducted an experimental study to assess the effectiveness of selected nursing intervention in improving the functional status among elders with impaired mobility in old age homes, Madurai. 60 subjects were selected by Purposive sampling technique. The subjects were divided into study group (n =30) and control group (n =30) respectively. Therapeutic exercises were given to subjects for 6 weeks. The results showed that there was a statistically significant difference between ($p<0.005$) study and experimental group pre-test and post-test mean scores for functional status among elders.

CHAPTER –III
RESEARCH METHODOLOGY

This chapter deals with the methodology which was followed in this study to assess the effectiveness of healthy ageing package on physical stimulation about improving functional abilities of day to day living among elders in selected urban area. This chapter deals with research design, variables, settings of the study, population, sample, criteria for sample selection, sample size, sampling technique, development and description of the tool, content validity, reliability of the tool, procedure for data collection and plan for data analysis.

3.1 RESEARCH APPROACH

Quantitative research approach was adopted to accomplish the main objective of assessing the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai.

3.2 RESEARCH DESIGN

The research design adopted for the study is quasi experimental- Non Randomized control group design with manipulation, control group and no randomization.

Group	Pre Test	Intervention	Post Test
Experimental	O1	X	O2
Control	O3	Routine Activities	O4

KEY NOTES

- O1-pre test level of physical stimulation in experimental group
- X - Healthy ageing package
- O2-post –test level of physical stimulation in experimental group
- O3- pre test level of physical stimulation in control group
- O4- post –test level of physical stimulation in control group

3.3 SETTING OF THE STUDY

The study was conducted in 6 streets of Choolai, at Chennai.

3.4 DURATION OF THE STUDY

The study was conducted for a period of four weeks from 20.01.2020 to 15.02.2020.

3.5 STUDY POPULATION

Elders residing in selected area at Chennai.

3.5.1 Target Population

It includes Elders above 60 years in Choolai at Chennai

3.5.2 Accessible Population

Elders above 60 years with decreased functional status residing in selected area.

3.6 STUDY SAMPLE

In this study, Elders who met the inclusion criteria were selected as sample.

3.6.1 CRITERIA FOR SAMPLE SELECTION

(a) Inclusion Criteria

- ❖ Elders who are residing at selected area.
- ❖ Elders who are willing to participate.
- ❖ Elders who can able to read Tamil / English.
- ❖ Elders who are free from hearing and physical impairments.

(b) Exclusion criteria

- ❖ Elders who are not available during the data collection period.

- ❖ Elders participate in other studies.
- ❖ Elders may with normal level of functional status.
- ❖ Those who are undergoing any special physical training program.
- ❖ Elders with mental illness.

3.7. SAMPLE SIZE

The study sample comprises of 30 elders in the experimental group from Erran street, Kariappa street, Tana street and 30 in control group from Andiappan street, Alathur subramani nagar, appa rao street ,Choolai.

3.8 SAMPLING TECHNIQUE

Non probability Purposive sampling technique used in this study.

3.9 RESEARCH VARIABLES OF THE STUDY

3.9.1. Independent Variable

In the present study the independent variable is healthy ageing package to elders.

3.9.2 Dependent Variable

In the present study, physical stimulation is the dependent variable represents the level of functional status among elders which is assessed using the pretest and post testADL and IADL scores.

3.9.3. Demographic Variable

Age, sex, education, occupation, income, marital status, type of family, BMI ratio, number of food intake per day, times of exercise, Social habits, Method of for travel, meeting friends and relatives, nutritious food, Sleep hours, Recreational activities.

3.10 DEVELOPMENT AND DESCRIPTION OF THE TOOL

The tool used for the research purpose is a structured questionnaire with two parts:

Section I – Demographic details

Section II –Standardized Katz Index of Independence in Activities of Daily Living (A.D.L) and Lawton – Brody instrumental activities of daily living scale (I.A.D.L.)

3.10.1 Development of the Tool

After extensive review of literature appropriate tool named Katz Index of Independence in Activities of Daily Living (A.D.L) and Lawton – Brody instrumental activities of daily living scale (I.A.D.L.) was obtained. The investigator discussed with the experts and incorporated their valuable suggestions in the format of the assessment tool.

3.10.2. Description of the tool

Section – A

This section consists of information about demographic variables such as age, sex, education, occupation, income, marital status, type of family, BMI ratio, number of food intake per day, times of exercise, Social habits, Method of for travel, meeting friends and relatives, nutritious food, Sleep hours, and Recreational activities.

Section – B

Katz Index of Independence in Activities of Daily Living is a standardized tool consists of 6 questions based on functional status as a measurement of the elder's ability to perform activities of daily living independently. The scoring ranks adequacy of performance in the six functions of bathing, dressing, toileting, transferring, continence, and

feeding. The score is based on yes or no for independence in each of the six functions. The total score of 5- 6 indicates full function, 4-3 indicate moderate impairment, and 0-2 indicates severe functional impairment.

Lawton – Brody instrumental activities of daily living (I.A.D.L.) scale consists of 8 questions to assess independent living status of elders. These skills considered more complex than the basic activities of daily living. There are 8 areas of function measured ,which includes the ability to use a telephone, shopping, food preparation, housekeeping, laundry, mode of transportation, responsibility for taking own medications, and ability to handle finances . The Lawton IADL Scale takes nearly 10 minutes to complete and is scored using a 2-point rating scale (0 or 1). During assessment the subject picks the most correct answer from several choices, of up to 5 for each item. The total score of 6-8 represents high function, independent 3- 5 indicates moderate function, 0 – 2 indicates Low function, dependent.

Scoring Procedure

Section- A: Demographic variables were coded to assess the background of the students and thereby to subject it for statistical analysis.

Section–B: This section deals with tool Katz Index of Independence In activities of Daily Living (**ADL**) contains 6 questions, and the Lawton Instrumental Activities Of Daily Living Scale (**IADL**) contains 8 questions to assess the functional status among elders.

3.11. SCORE INTERPRETATION

Katz Index of Independence in Activities of Daily Living:

Total questions=6, Total score= 6, Min=0, Max=1

Table 3.1 Scoring Interpretation of the ADL questionnaire

S. No.	Level of ADL	Score
1.	Severe functional impairment	0-2
2.	Moderate impairment	3- 4
3.	Full function	5- 6

Modified Lawton – Brody instrumental activities of daily living scale (I.A.D.L.) Total questions=8, Total score= 8, Min=0, Max=1

Table 3.2 Scoring Interpretation of the IADL questionnaire

S No.	Level of IADL	Score
1.	Low function, dependent	0- 2
2.	Moderate function	3- 5
3.	High function, independent	6-8

3.12 CONTENT VALIDITY

The validity of the tool was assessed through the content validity by the two nursing experts in the field of community health nursing. They suggested certain modifications, the experts suggestions were incorporated and with those minor modifications, the tool was approved by the guide and was finalized to be executed in the main study.

3.13 ETHICAL CONSIDERATION

The investigator has considered the ethical principles during the course of research study.

Human Rights

The study was proposed among the experts of the Institutional Ethics Committee, Madras Medical College and got the permission to carry out the study.

The study details were also explained to the City Medical Officer, Chennai to carry out the study in selected area coming under the ambit of Upgraded Primary Health Centre and got the permission.

The content validity was received from the various expert in the community health nursing and community medical experts.

Beneficence

Potential benefits and risks were explained to the samples.

Dignity

- ❖ Participants were informed about the study in detail and ensured their participation.
- ❖ Informed consent was obtained from the participants.
- ❖ Freedom was given to the participants in opting to participate in the study or withdrawal from the study.

Confidentiality

- ❖ Confidentiality and anomity pledge was ensured.
- ❖ The study participants were also ensured for maintaining the confidentiality of their details.

Justice

- ❖ The study participants were treated with justice.
- ❖ The content of healthy ageing package was taught to the participants through booklet and demonstration after the posttest.

3.14 RELIABILITY OF THE TOOL

The reliability of the tool was assessed by using Inter-rater method. ADL score reliability correlation coefficient value was 0.83 and IADL score reliability correlation coefficient value was 0.85

These correlation coefficients are very high and it is good tool for assessing effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai.

3.15 PILOT STUDY

The pilot study is a trial run for the main study to test the reliability, practicability, appropriateness and flexibility of the tool for the study. Formal permission to conduct the study in Choolai, Chennai was obtained from City Health officer of Chennai Corporation, Chennai-03.

The pilot study was conducted in New Manikam Street at Choolai for 1 week. 6 elders were selected as per inclusion and exclusion criteria. 3 in experimental group and 3 in control group were selected by using purposive sampling technique in Choolai .Confidentiality of the information was assured.

During pre-test, the structured questionnaire to elicit socio-demographic variables and Katz Index of Independence in Activities of Daily Living (A.D.L), Lawton – Brody instrumental activities of daily living scale (I.A.D.L.) were used to assess the functional status among elders. Healthy ageing package was given for one week for 30 minutes duration daily then post-test was conducted for experimental and control group. Booklet was given to control group elders. The result revealed that healthy ageing package was very effective. The feasibility of the pilot study revealed that functional status among were improved and assured the investigator's confidence to proceed with the main study.

The reliability of the tool was tested using Inter-rater method. ADL score reliability correlation coefficient value is 0.83 and IADL score reliability correlation coefficient value is 0.85 .These correlation coefficients are very high and it is good tool for assessing effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai.

3.16 DATA COLLECTION PROCEDURE

The data collection procedure for the study is as follows:

The formal written permission was obtained from the Institutional Ethics Committee and from the City Medical Officer of Chennai Corporation to carry out the study in the areas under the ambit of Choolai Health Post, Chennai. Samples were drawn using Non probability Purposive sampling technique. Six streets were selected and divided in to study group and control group according to the feasibility. Three streets selected for experimental group such as Erran Street, Kariappa Street and Tana Street, the other three streets selected for control group namely Andiappan Street, Alathur subramani nagar, and appa Rao Street with some interval between the selected streets of experimental and control group.

During the first visit, the researcher approached the elder's established good rapport and explained about the study. The elders after understanding the importance of the study ensured full cooperation and signed the informed consent. The elders in the households who met the inclusion criteria of the study were included in the study and were assured regarding confidentiality of their details. The data collection was done during the period from 20.01.2020 to 15.02.2020.

Pre-test results showed that 66 samples, 32 elders in experimental group and 34 elders in control group met inclusion criteria and were selected by purposive sampling technique. 6 samples were dropped out due to their unavailability at time of intervention and post-test, so sample size reduced to 60.

Followed by pre-test, the samples in the experimental group were demonstrated and re demonstrated on muscle Strengthening and balance exercise, explained on dietary advice and lifestyle modifications for elders with booklet. The intervention was given for 30 minutes for each

individual for four weeks. Intervention was given around 6-8 samples every day. At the end of 15 days of intervention post-test was conducted for experimental group elders using the same tool. Post-test for elders in control group were conducted. Booklets were given to the control group as an ethical consideration. The investigator observed and scored the level of physical stimulation among elders. The data collection procedure was terminated by thanking the respondents. The investigator is able to complete the data collection within the period of 4 weeks.

Table-3.3: Intervention protocol of the study

S. No	Protocol	Experimental Group	Control Group
1	Place	Erran street, Kariappa street and Tana street Choolai , Chennai. sample's home	Andiappan street, Alathur subramani nagar, and appa rao street Choolai , Chennai. sample's home
2	Intervention	Healthy ageing package	No Intervention
3	Duration per sample	10 to 15 minutes for pretest 30 minutes for structured exercise and teaching program.	10 to 15 minutes for pretest
4	Mode of teaching	Demonstration and return-demonstration on structured exercises, Nutritious dietary intake, and lifestyle modifications using booklet.	No
5	Post-test evaluation	On the 15th day of intervention	On the 15th day of pretest

3.17 DATA ANALYSIS

Data Entry: Data collected was entered into the excel sheet with appropriate coding

Analysis: The Collected data was analyzed by using descriptive and inferential statistics.

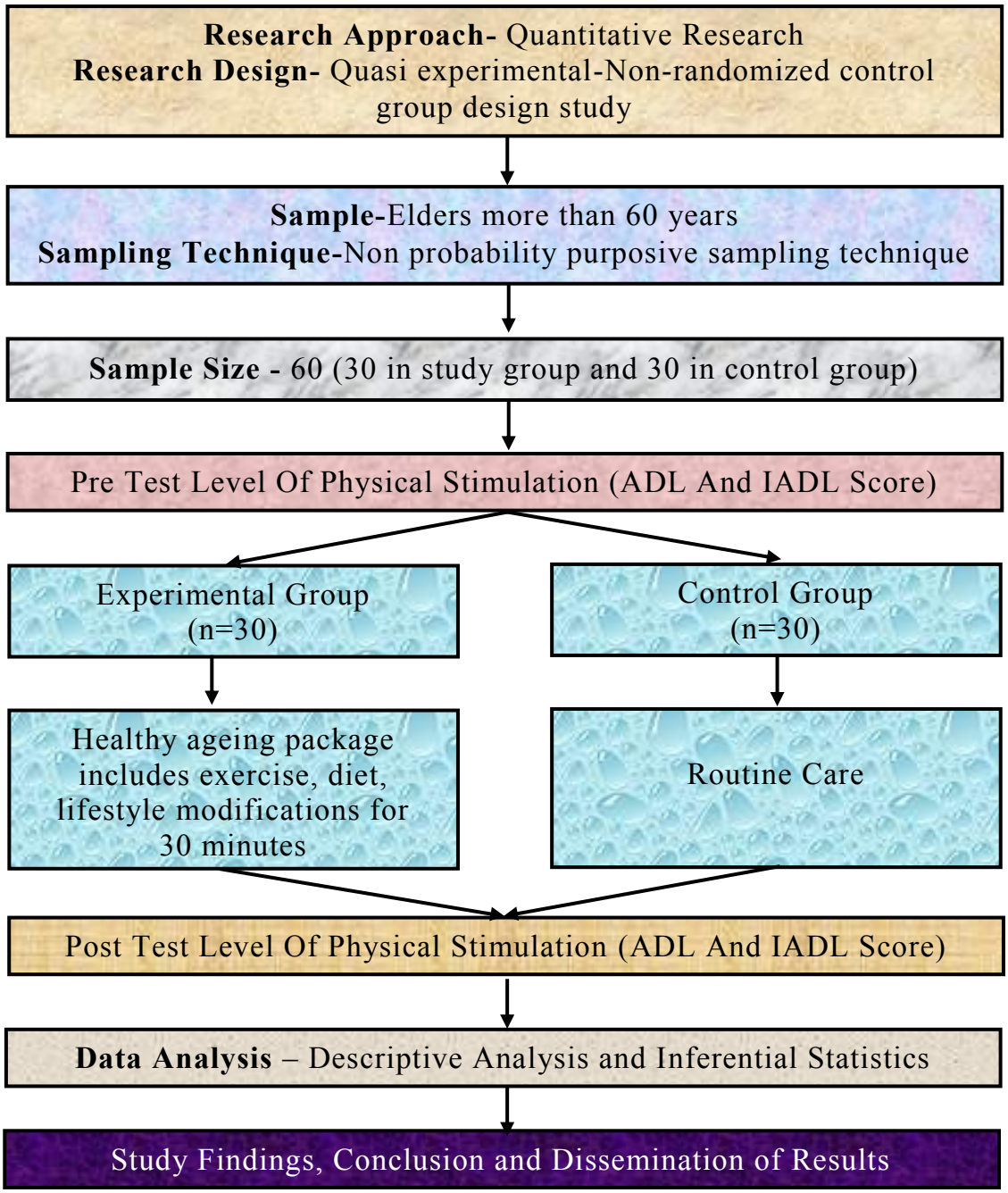
3.17.1 Descriptive statistics

- Demographic variables in categories were given in frequencies with their percentages.
- ADL and IAL score were given in mean and standard deviation.

3.17.2 Inferential statistics

- Association between demographic variables and ADL and IADL score were analyzed using Pearson chi-square test
- Quantitative ADL and IADL score in pretest and posttest were compared using student's paired t-test.
- Quantitative ADL and IADL score in experiment and control were compared using student's independent t-test.
- Qualitative data Difference between pretest and posttest was calculated using Extended McNemar's test.
- Effectiveness and generalization of study result was given in percentage with 95% CI and mean difference with 95% CI.
- Simple bar diagram, Multiple bar diagram, Pie diagram, and Simple bar diagram were used to represent the data.
- $P \leq 0.05$ was considered statistically significant. All statistical tests are two tailed test.

FIG.3.1 - SCHEMATIC REPRESENTATION OF THE RESEARCH METHODOLOGY



CHAPTER – IV
DATA ANALYSIS AND INTERPRETATION

"Analysis is a process of organizing, synthesizing data in such a way that the research questions can be answered and hypothesis tested."

– Polit and Hungler 2008

This chapter deals with the analysis and interpretation of the data obtained from 60 elders to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai.

ORGANIZATION OF DATA

The analysis and interpretation of the study was based on the data collected through modified standardized scale to assess the level of physical stimulation among elders, Chennai. The collected data were tabulated and presented according to the objectives formulated by the researcher. The data were analyzed using descriptive and inferential statistics. The analyzed data were tabulated under tables and figures under the sections below:

Section- I: Description of frequency and percentage distribution of demographic variables of elders in experimental and control group

Section–II: Description of pre-test level of physical stimulation among elders in experimental and control group.

Section–III: Description of post-test level of physical stimulation among elders in experimental group and control group.

Section–IV: Effectiveness of healthy ageing package and generalization of physical stimulation gain score

Section –V: Comparison of pre-test and post-test level of physical stimulation among elders in experimental group and control group.

Section-VI: Association between the post-test level of physical stimulation and demographic variables in experiment group.

SECTION- I: DESCRIPTION OF FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF THE STUDY POPULATION IN EXPERIMENTAL AND CONTROL GROUP

Table- 4.1: Distribution of demographic variables of the elder's population in experimental and control group

Demographic Variables		Group			
		Experimental (n=30)		Control (n=30)	
		n	%	n	%
Age	60 – 65 years	15	50.00%	11	36.67%
	66 – 70 years	6	20.00%	8	26.67%
	71 - 75 years	5	16.67%	7	23.33%
	> 75 years	4	13.33%	4	13.33%
Sex	Male	5	16.67%	6	20.00%
	Female	25	83.33%	24	80.00%
Education status	Primary/Secondary level school	12	40.00%	8	26.67%
	Higher secondary level school	4	13.33%	5	16.67%
	Graduate degree	3	10.00%	2	6.66%
	Non-formal	11	36.67%	15	50.00%
Occupation	Employee	3	10.00%	4	13.33%
	Self employment	3	10.00%	5	16.67%
	Retired pensioner	7	23.33%	3	10.00%
	Not working	17	56.67%	18	60.00%

Demographic Variables		Group			
		Experimental (n=30)		Control (n=30)	
		n	%	n	%
Monthly Income	Less than 5000 rupees	18	60.00%	18	60.00%
	5000-10,000 rupees	8	26.67%	9	30.00%
	10,000-15,000 rupees	4	13.33%	3	10.00%
	>15,000 rupees	0	0.00%	0	0.00%
Marital status	Married	22	73.33%	20	66.67%
	Un Married	1	3.33%	0	0.00%
	Divorced	3	10.00%	2	6.66%
	Widow	4	13.33%	8	26.67%
Type of family	Nuclear family	10	33.33%	15	50.00%
	Joint family	12	40.00%	10	33.33%
	Extended family	3	10.00%	2	6.67%
	Alone	5	16.67%	3	10.00%
BMI	< 18.5 kg/meter².	5	16.67%	3	10.00%
	18.5 – 24.9 kg/meter².	18	60.00%	16	53.33%
	25.0 – 29.9 kg / meter²	5	16.67%	8	26.67%
	>30 kg /meter²	2	6.66%	3	10.00%
Number of food intake per day	Once	1	3.33%	0	0.00%
	Twice	8	26.67%	5	16.67%
	Three to four times	21	70.00%	25	83.33%
	More than 4 times	0	0.00%	0	0.00%
Times of exercise per day	Once	0	0.00%	0	0.00%
	Twice	0	0.00%	0	0.00%
	Occasionally	0	0.00%	0	0.00%
	Never	30	100.00%	30	100.00%

Demographic Variables		Group			
		Experimental (n=30)		Control (n=30)	
		n	%	n	%
Social habits	Smoking	2	6.67%	3	10.00%
	Alcohol	1	3.33%	2	6.66%
	Smoking /Alcohol	4	13.33%	6	20.00%
	Tobacco	6	20.00%	5	16.67%
	None of the above	17	56.67%	14	46.67%
Method of travel	Self-driving	5	16.67%	7	23.33%
	Travel by booking cabs	13	43.33%	13	43.33%
	with help of others	10	33.33%	5	16.67%
	Not travelling	2	6.67%	5	16.67%
Habit of meeting friends and relatives	Daily	3	10.00%	6	20.00%
	Once a week	11	36.66%	13	43.33%
	Once a month	8	26.67%	5	16.67%
	Occasionally	8	26.67%	6	20.00%
Awareness on nutritious food	Fully aware	0	0.00%	0	0.00%
	Somewhat aware	23	76.67%	26	86.67%
	Not aware	7	23.33%	4	13.33%
	Other	0	0.00%	0	0.00%
Sleep hours per day	8 –10 hours	4	13.33%	5	16.67%
	6 – 8 hours	20	66.67%	16	53.33%
	4– 6 hours	4	13.33%	7	23.33%
	Less than 4 hours	2	6.67%	2	6.67%
Recreational activities	Gardening	2	6.67%	5	16.67%
	Knitting	1	3.33%	1	3.33%
	Watching television	22	73.33%	21	70.00%
	Reading books	5	16.67%	3	10.00%

The above shows the description of demographic variables of the study population in experimental and control group.

Regarding age group of the elders, in the experimental group, 15(50%) belongs to 60 – 65 years of age, 6 (20%) belongs to 66 – 70 years of age, 5(16.67%) were belongs to 71 - 75 years and 4 (13.33%) were belongs to > 75 years. In control group, 11 (36.67%) belongs to 60 – 65 years of age, 8 (26.67%) of them belongs to 66 – 70 years of age, 7 (23.33%) 71 - 75 years and 4 (13.33%) are > 75 years.

Regarding sex of the elders, in experiment group 5 (16.67%) of elders are male and 25 (83.33%) of elders female. In control group, 6 (20%) of elders male and 24 (80%) female.

Regarding level of education of the elders, in experiment group, 12 (40.00%) of elders had Primary/ Secondary level school, 4 (13.33%) of elders were higher secondary level school, 3 (10.00%) of them had Graduate degree and 11 (36.67%) of elders non-formal education. In control group, 8 (26.67%) of elders had Primary/ Secondary level school, 5 (16.67%) of elders were higher secondary level school, 2(6.66%) of elders Graduate degree and 15 (50%) of elders were non-formal education.

Regarding occupation of the elders, in experiment group, 3 (10.00%) of elders are employee, 3 (10.00%) of elders self employed, 7 (23.33%) of elders retired pensioner and 17 (56.67%) of them not working. In control group 4 (13.33%) of elders employee, 5 (16.67%) of them self employed, 3 (10%) of elders retired pensioner and of elders not working.

Regarding monthly Income of the elders family**,** in experiment group, 18 (60.00%) of elders are in the income group of less than Rs. 5000, 8 (26.67%) of elders in the income group of Rs. 5000-10,000 and 4 (13.33%) in the income group of Rs. 10,000-15,000. in control group, 18 (60.00%) of elders in the income group of less than Rs. 5000, 9

(30%) of elders in the income group of Rs. 5000-10,000 and 3 (10%) of them in the income group of Rs. 10,000-15,000.

Regarding marital status of the elders in experiment group, 22 (73.33%) of elders were married, 1 (3.33%) of elders were un married, 3(10.00%) of elders were divorced and 4 (13.33%) of elders were widow. in control group, 20 (66.67%) of elders were married, 0 (0%) of elders were un married, 2 (6.66%) of elders were divorced and 8 (26.67%) of elders were widow.

Regarding type of family of the elders in experiment group, 10 (33.33%) of elders living in nuclear family, 12 (40.00%) living in joint family, 3 (10.00%) of elders in extended family and 5 (16.67%) of them living alone. in control group, 15(50%) of elders living in nuclear family, 10 (33.33%) living in joint family, 2 (6.67%) living in extended family and 3 (10%) of them living alone.

Regarding Body Mass Index (BMI) of the elders in experiment group, 5 (16.67%) of elders < 18.5 kg/meter², 18 (60.00%) of them 18.5 – 24.9 kg/meter², 5 (16.67%) of elders 25.0 – 29.9 kg / meter² and 2 (6.66%) of elders >30 kg /meter². in control group, 3 (10%) of elders < 18.5 kg/meter², 16 (53.33%) of them 18.5 – 24.9 kg/meter², 8 (26.67%) of elders 25.0 – 29.9 kg / meter² and 3 (10%) of elders >30 kg /meter².

Regarding number of intake per day of the elders in experiment group, 1(3.33%) of elders eating once, 8 (26.67%) eating twice, 21 (70.00%) eating Three to four times. In experiment group, 5 (16.67%) of elders eating twice, 25 (83.33%) eat Three to four times.

Regarding times of exercise of the elders in experiment group, 30 (100.00%) of elders never doing exercise. In experiment group, 30 (100.00%) of elders never doing exercise.

Regarding social habits of the elders in experiment group, 2 (6.67%) of elders smoking, 1 (3.33%) alcoholic, 4 (13.33%) smoking and alcoholic, 6 (20.00%) of elders had tobacco and 17 (56.67%) of elders none of the above. In control group, 3 (10%) of elders smoking, 2 (6.66%) alcoholic, 6 (20%) smoking and alcoholic, 5 (16.67%) of elders had tobacco and 14 (46.67%) of elders were none of the above.

Regarding method of travel of the elders in experiment group, 5 (16.67%) of elders are self-driving, 13 (43.33%) travel by booking cabs, 10 (33.33%) going out with others help and 2 (6.67%) of elders not travelling. In control group, 7 (23.33%) of elders self-driving, 13 (43.33%) of elders travel by booking cabs, 5 (16.67%) of elders going out with others help and 5 (16.67%) of elders not travelling.

Regarding time for meeting friends and relatives of the elders in experiment group, 3 (10.00%) of elders meeting friends and relatives daily, 11 (36.66%) meeting friends and relatives once a week, 8 (26.67%) meeting friends and relatives once a month, 8 (26.67%) of elders were meeting friends and relatives occasionally. In control group, 6 (20.00%) of elders meeting friends and relatives daily, 13 (43.33%) meeting friends and relatives once a week, 5 (16.67%) meeting friends and relatives once a month, 6 (20%) of them meeting friends and relatives occasionally.

On awareness on the benefits of nutritious food of the elders in experiment group, 23 (76.67%) somewhat aware and 7 (23.33%) not aware. In control group, 26 (86.67%) somewhat aware and 4 (13.33%) not aware.

Regarding sleep hours per day of the elders in experiment group, 4 (13.33%) of elders has 8 –10 hours sleep, 20 (66.67%) 6 – 8 hours sleep, 4 (13.33%) 4 –6 hours sleep, 2 (6.67%) of elders has less than 4 hours sleep. in control group, 5 (16.67%) of elders has 8 –10

hours sleep, 16 (53.33%) 6 – 8 hours sleep, 7 (23.33%) 4 –6 hours sleep, 2 (6.67%) of elders has less than 4 hours sleep.

Regarding recreational activities of the elders in experiment group, 2 (6.67%) recreate in gardening, 1 (3.33%) of Knitting, 22 (73.33%) recreates in watching television, 5 (16.67%) recreates in reading books. In control group, 5 (16.67%) recreates in gardening, 1 (3.33%) of Knitting, 21 (70%) watching television, 3 (10%) of them reading books.

Figure 4.1 - Age distribution of the elders

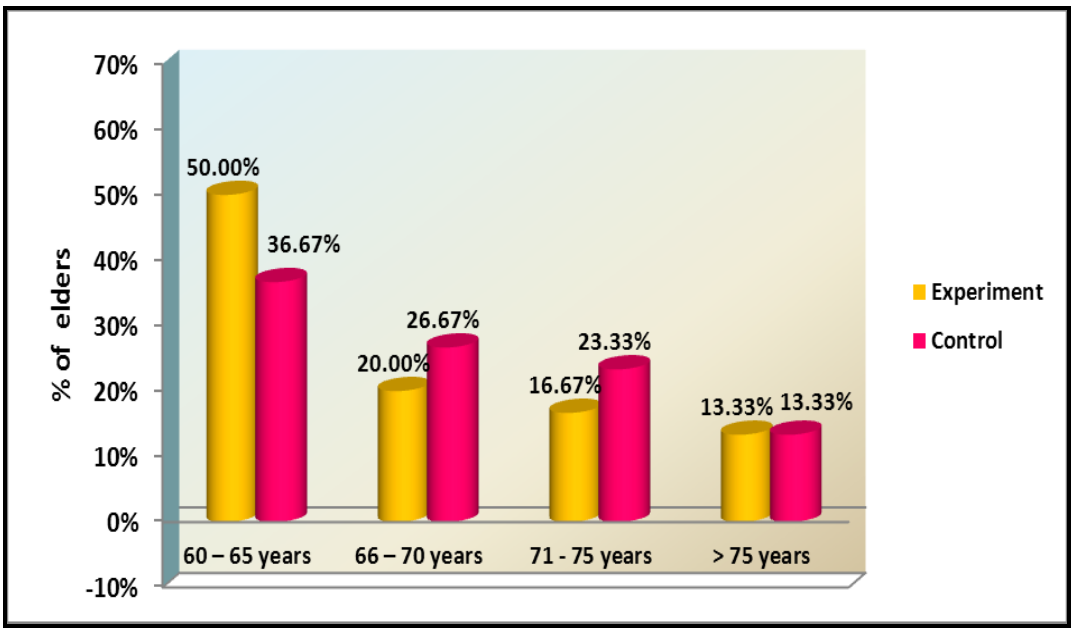


Figure 4.1 shows majority of elders 15(50%) in experimental group and 11(36.67%) in control group belongs to the age group of 60 to 65 years.

Figure 4.2 - Gender distribution of the elders

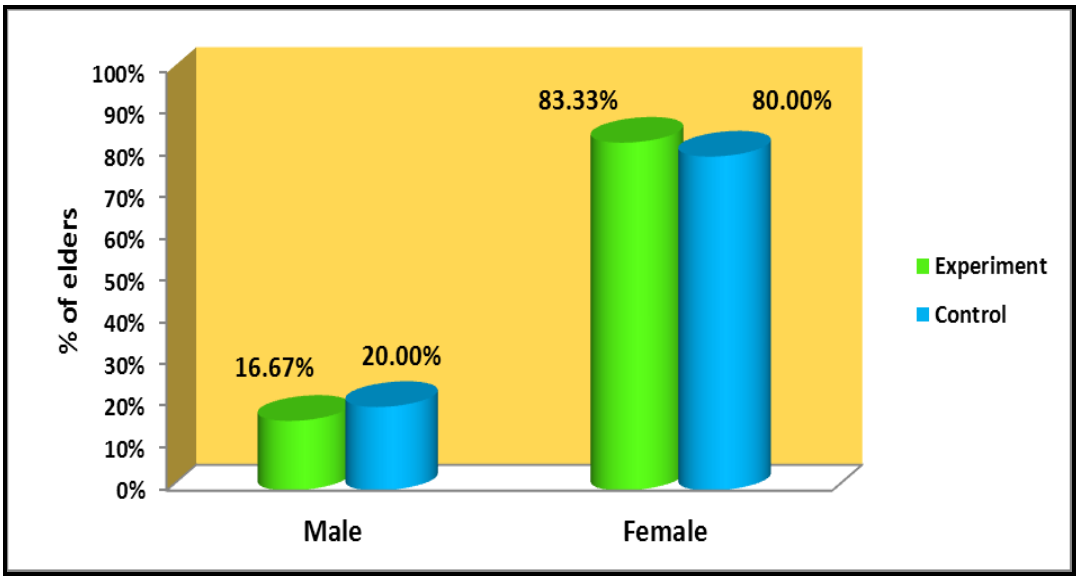


Figure 4.2 shows that the total elders participated majority of them in the study 25(83.33%) in experimental and 24(80%) in control group are female.

Figure 4.3 - Educational status of the elders

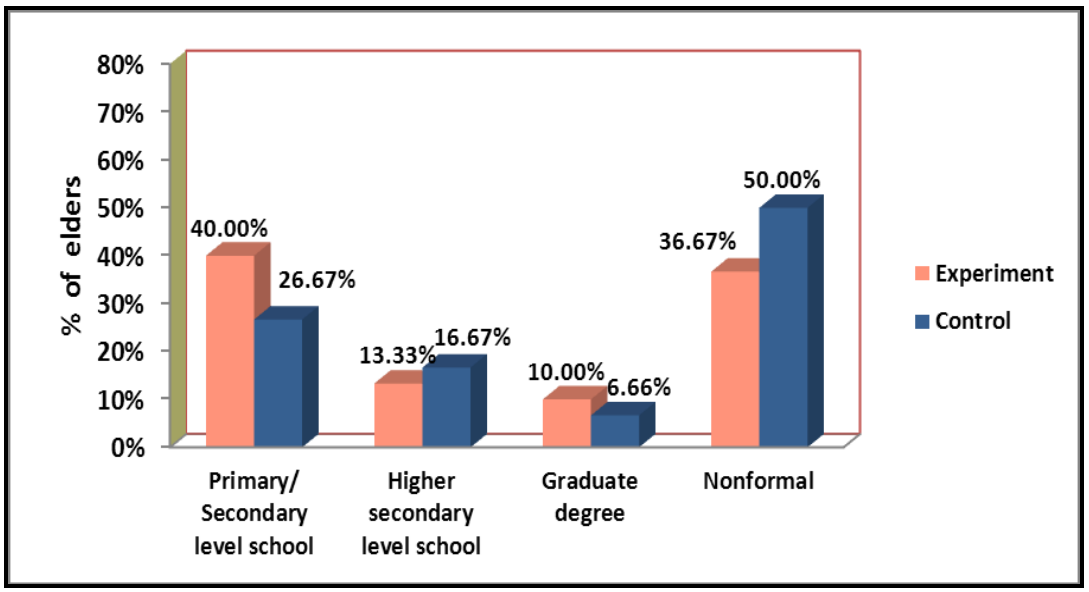


Figure 4.3 shows majority of elders 12(40.00%) of them had Primary/ Secondary level school in experimental and 15 (50%) of them had non-formal education in control group.

Figure 4.4 – Occupational status of the elders

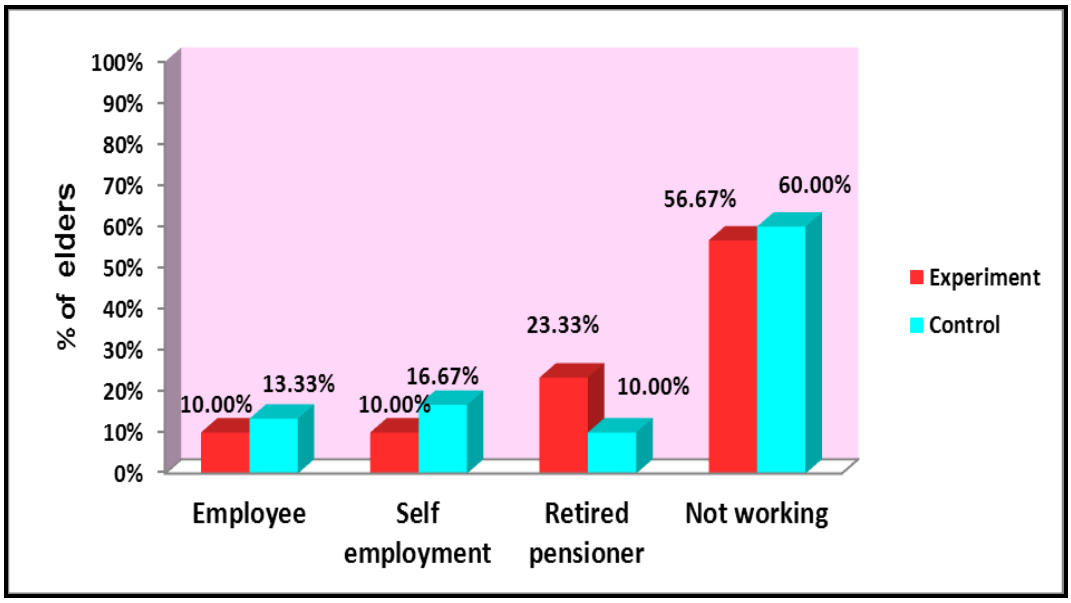


Figure 4.4 shows occupational status majority of elders 17(56.67%) in experimental and 18(60%) in control group are not working.

Figure 4.5 - Monthly income of the elder's family

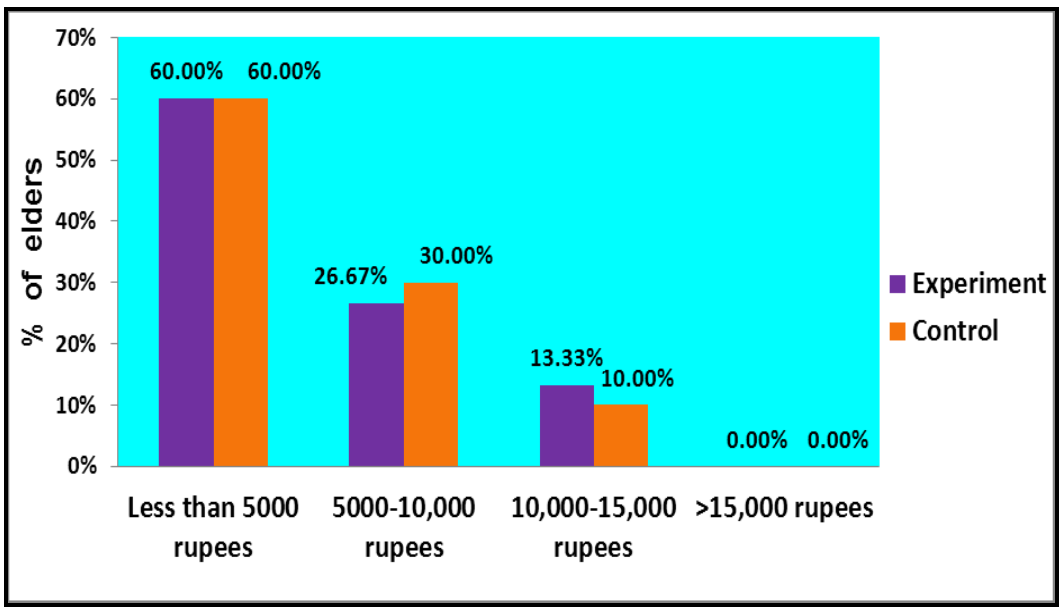


Figure 4.5 shows monthly income of elders family 18 (60.00%) in experimental and 18(60.00%) in control group are earning less than Rs.5000.

Figure 4.6 - Marital status of the elders

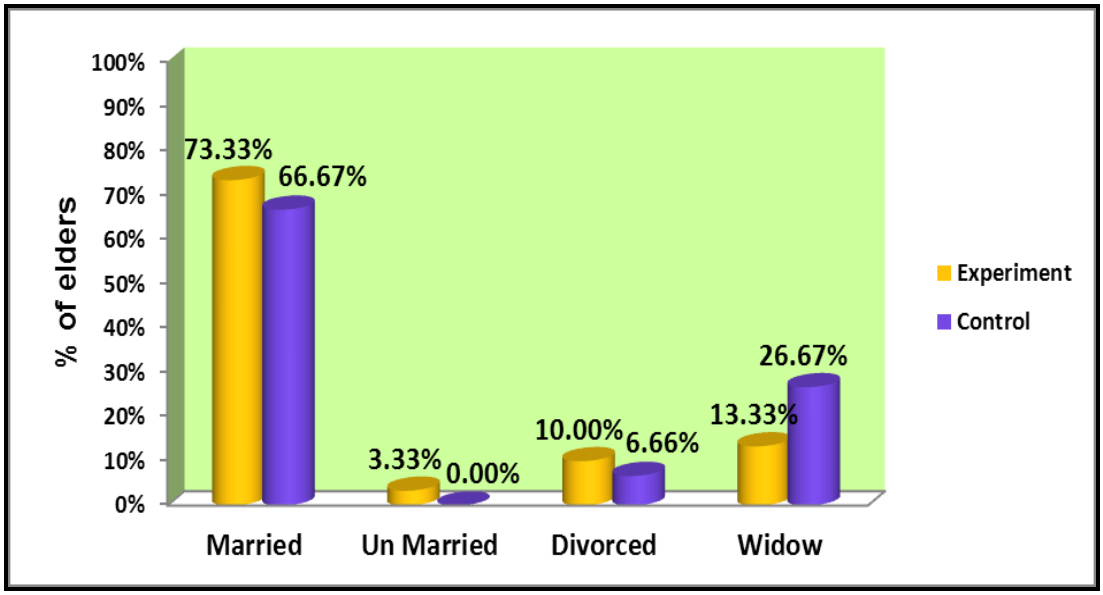


Figure 4.6 shows the marital status, majority of elders 22(73.33%) in experimental and 20(66.67%) in control group are married.

Figure 4.7 - Type of family

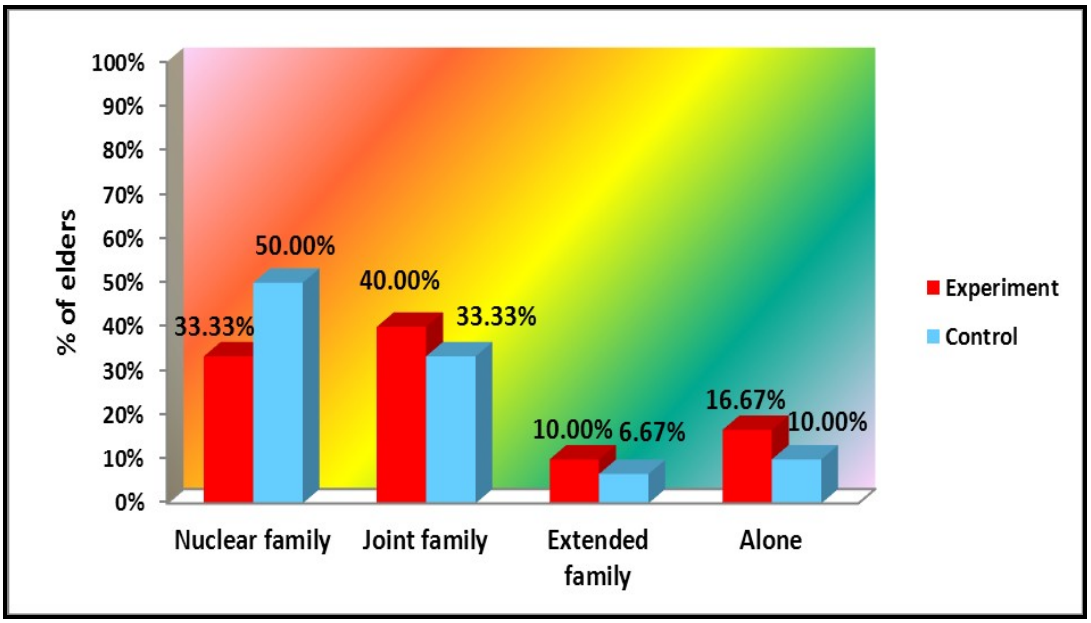


Figure 4.7 shows majority of elders 12(40.00%) are from joint family in experimental and 15(50%) from nuclear family in control group.

Figure 4.8 – Body mass index of elders

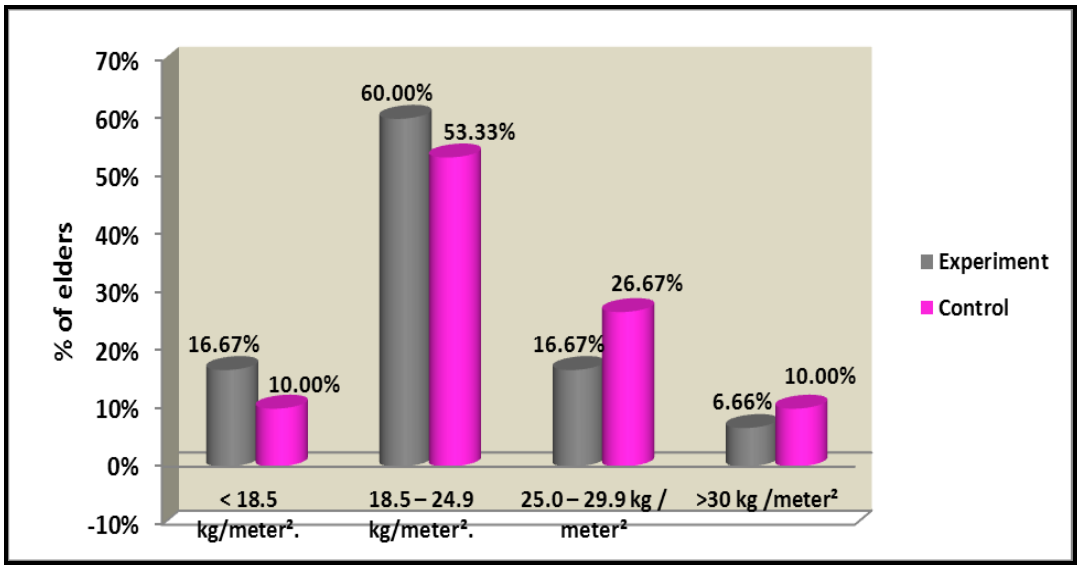


Figure 4.8 shows Body Mass Index (BMI) majority of elders 18(60.00%) in experimental and 16(53.33%) in control group are between 18.5 and 24.9 kg/meter².

Figure 4.9 – Number of food intake per day

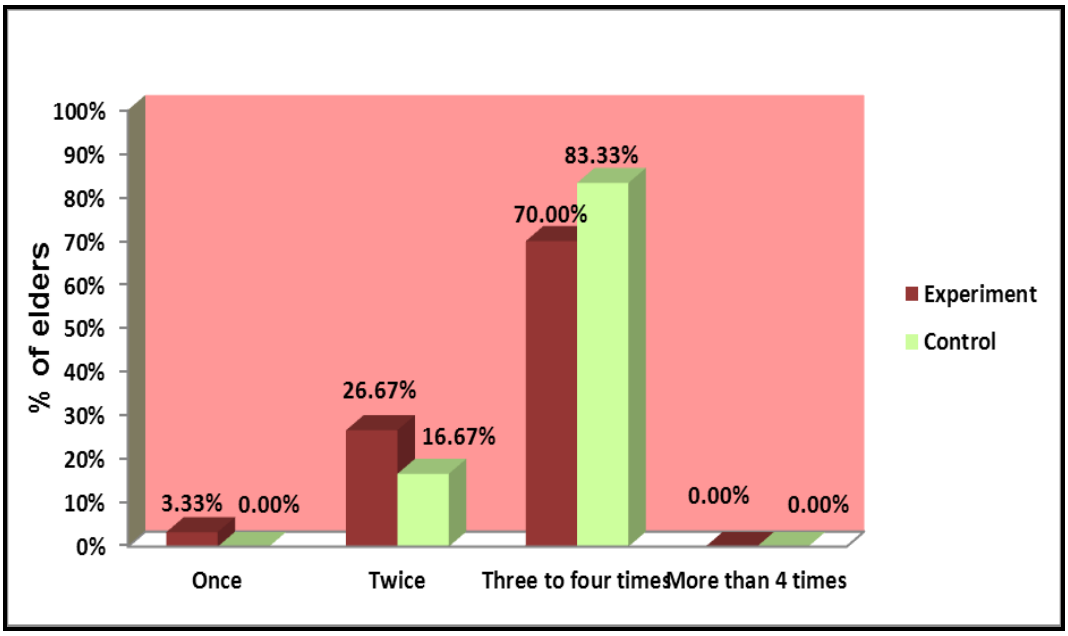


Figure 4.9 shows about most of elders 21 (70.00%) in experimental and 25 (83.33%) in control group are eating Three to four times per day.

Figure 4.10 -Distribution of elders on times of exercise per day

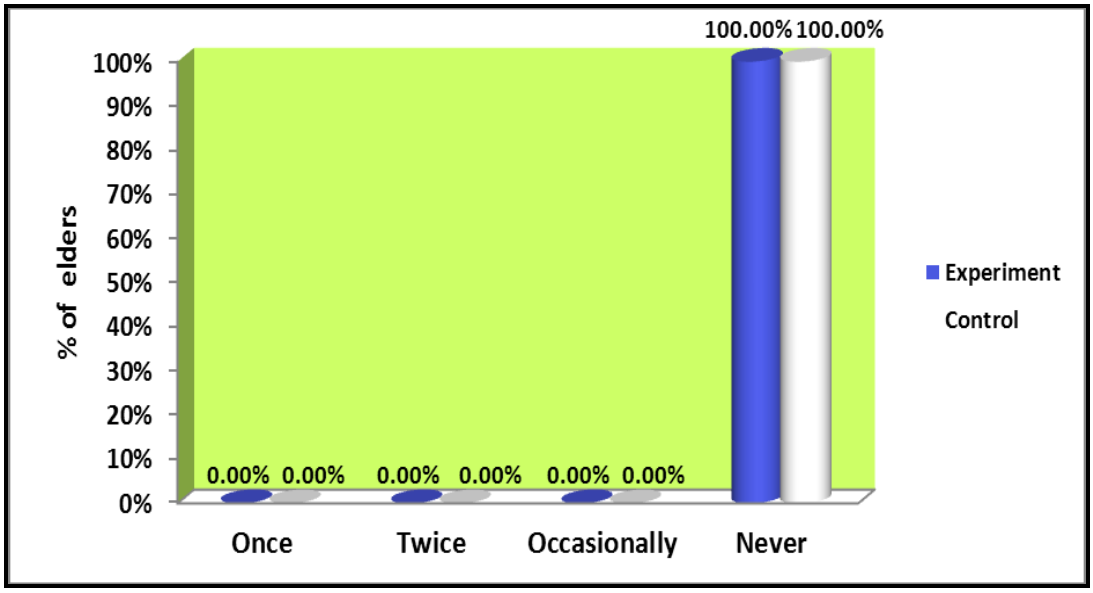


Figure 4.10 shows 30 (100.00%) elders in experimental and 30 (100.00%) in control group never doing any exercise.

Figure 4.11 - Social habits of elders

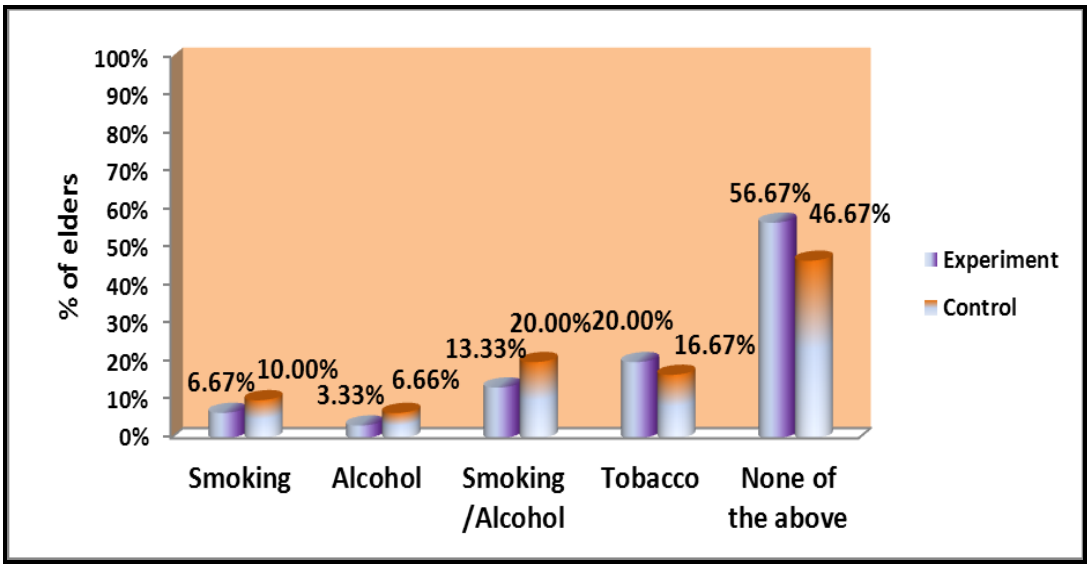


Figure 4.11 shows majority of elders 17 (56.67%) in experimental group and 14 (46.67%) in control group of elders are having none of the above social habits such as Smoking, alcoholic, tobacco.

Figure 4.12 –Distribution of travelling method

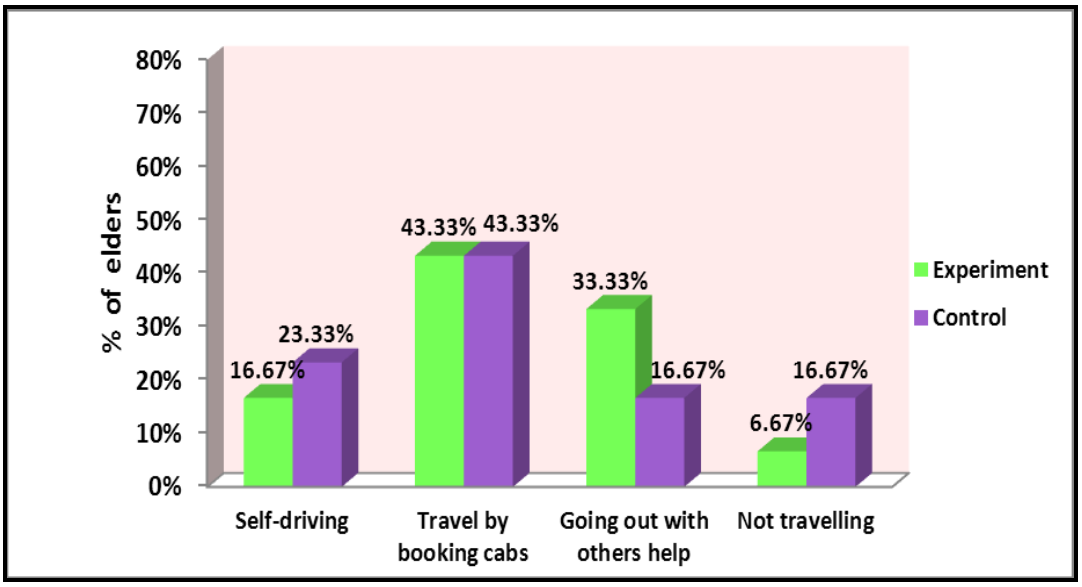


Figure 4.12 shows method of travel majority of elders 13 (43.33%) in experimental group and 13(43.33%) in control group are travelled by booking cabs.

Figure 4.13 –Habits of meeting friends and relatives

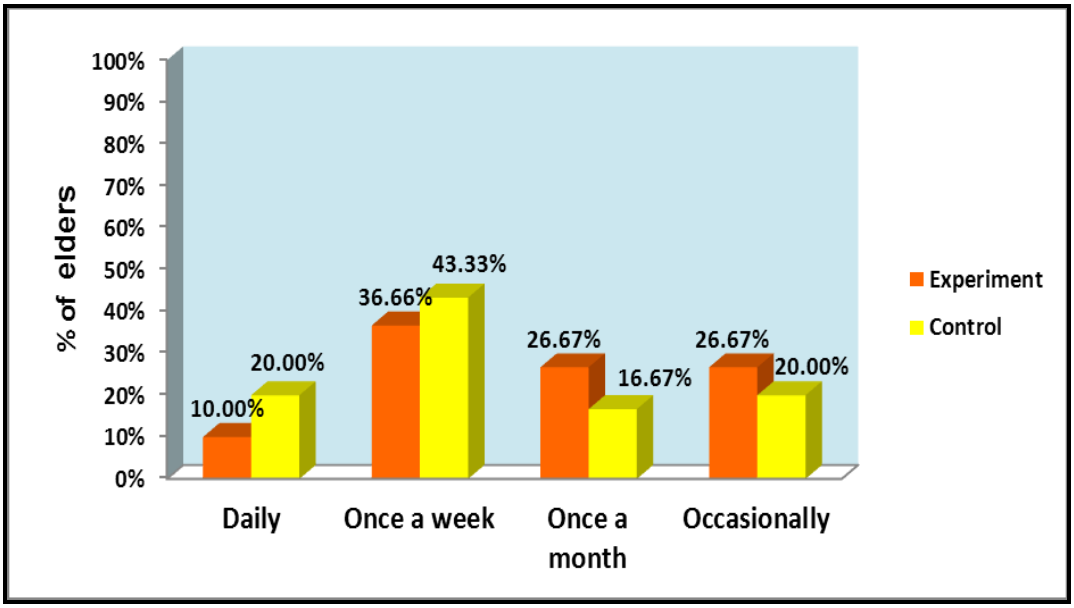


Figure 4.13 shows habit of meeting friends and relatives majority of elders 11(36.66%) in experimental group and 13 (43.33%) in control group are meeting once a week.

Figure 4.14 - Awareness on nutritious food

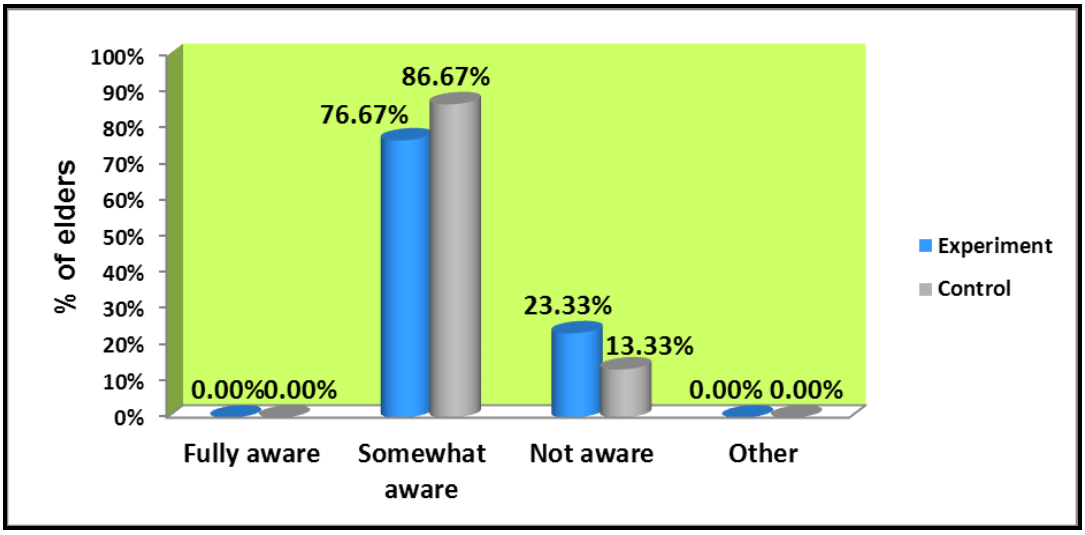


Figure 4.14 shows awareness on nutritious food majority of elders 23 (76.67%) in experimental group and 26 (86.67%) in control group are somewhat aware of nutritious food.

Figure 4.15 - Sleep hours per day

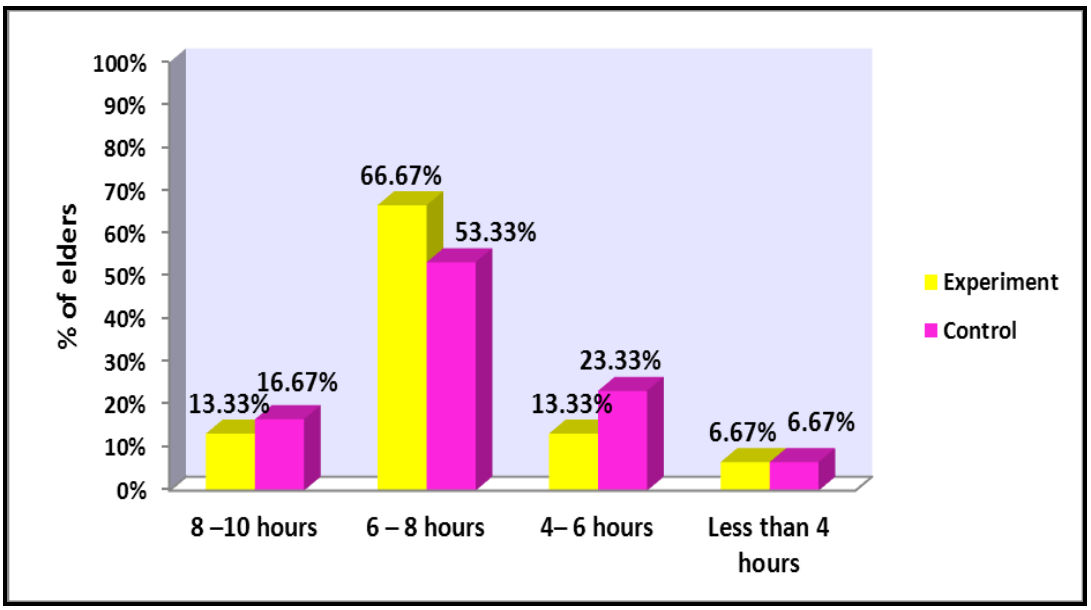


Figure 4.15 shows elders participated in the study majority of elders 20 (66.67%) in experimental group and 16 (53.33%) in control group has 6 – 8 hours sleep per day.

Figure 4.16 – Recreational activities of elders

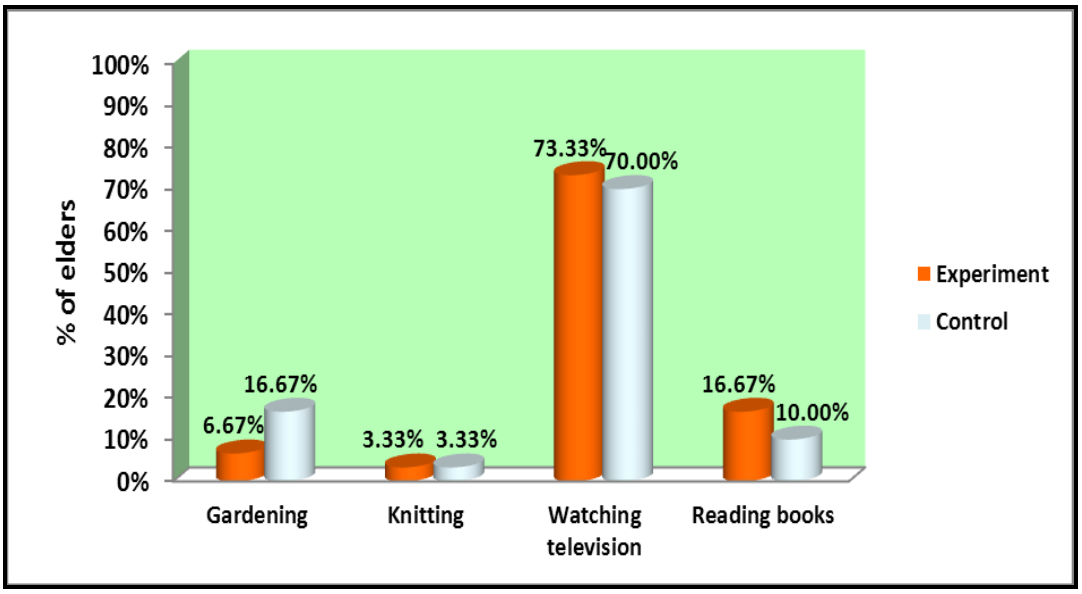


Figure 4.16 shows regarding recreational activities of elders 22 (73.33%) in experimental group and 21 (70%) in control group are watching television

SECTION–II: DESCRIPTION OF PRE-TEST LEVEL OF PHYSICAL STIMULATION AMONG ELDERS IN EXPERIMENTAL AND CONTROL GROUP.

4.2: Description of pre-test level of ADL score among elders in experimental and control group

Level of ADL	Experiment		Control		Chi square test
	n	%	n	%	
Severe Functional impairment	5	16.67%	4	13.33%	$\chi 2=0.12$ p=0.72(NS) Not significant
Moderate impairment	25	83.33%	26	86.67%	
Full function	0	0.00%	0	0.00%	
Total	30	100.00%	30	100.00%	

p>0.05 not significant DF= Degrees of Freedom

The above table describes pre-test level of ADL score in experimental group, 5(16.67%) of elders have severe functional impairment, 25(83.33%) of them are having moderate impairment and none of them having full function.

Among control group 4(13.33%) of elders have severe functional impairment, 25(86.67%) of them are having moderate impairment and none of them having full function.

There is no significant difference between experimental group and control group level of Activities of Daily Living score (P>0.05) calculated by using chi square test.

Figure 4.17- pretest level of ADL score among elders

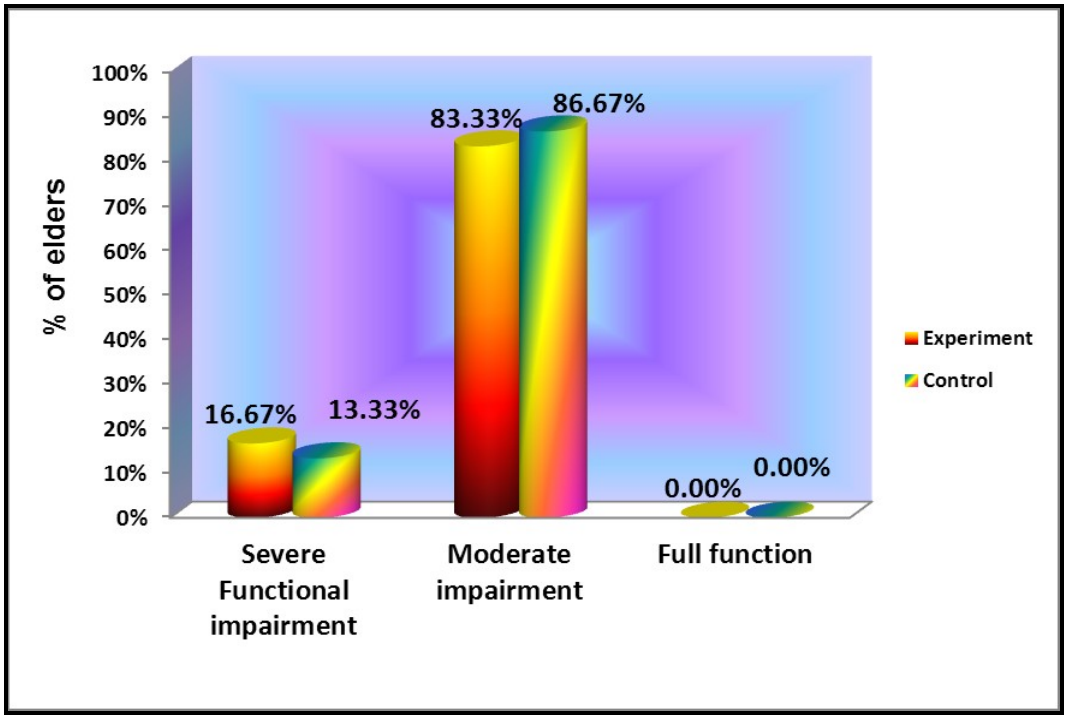


Figure 4.17 shows the pretest level of ADL 83.33% in experimental group, and 86.67% of elders in control group having moderate impairment.

Table 4.3: comparison of overall mean pre-test level of ADL score

Group	n	Mean ADL score	Std. Deviation	Mean difference	Student's independent t-test
Experiment	30	3.23	0.73	0.07	t=0.37p=0.71 DF=58, not significant
Control	30	3.30	0.65		

p>0.05 not significant DF=Degrees of Freedom

The above table describes pre-test level of overall mean ADL score. In experimental group, the mean ADL score is 3.23 whereas in control group the mean ADL score is 3.30, so the mean difference ADL score is 0.07. This difference is small and it is not statistically significant difference. Statistical significance was calculated by using student's independent t-test.

Table-4.4 Description of pre-test level of IADL score among elders in experimental and control group

Level of IADL	Experiment		Control		Chi square test
	n	%	n	%	
Dependent	4	13.33%	4	13.33%	$\chi 2=0.35$ p=0.84(NS) Not significant
Moderate Function	25	83.33%	24	80.00%	
Independent	1	3.33%	2	6.67%	
Total	30	100.00%	30	100.00%	

P>0.05 not significant

The above table describes pre-test level of IADL score in experimental group, 4 (13.33%) of elders are dependent, 25(83.33%) of them having moderate function and 1(3.33%) of them independent.

Among control group 4(13.33%) of elders are dependent, 24(80%) of them having moderate function and 2(6.67%) of them Independent

Statistically there is no significant difference between experimental and control group. Level of IADL scores between experimental and control group was calculated using chi-square test.

Figure 4.18 - Pre-test level of IADL score among elders

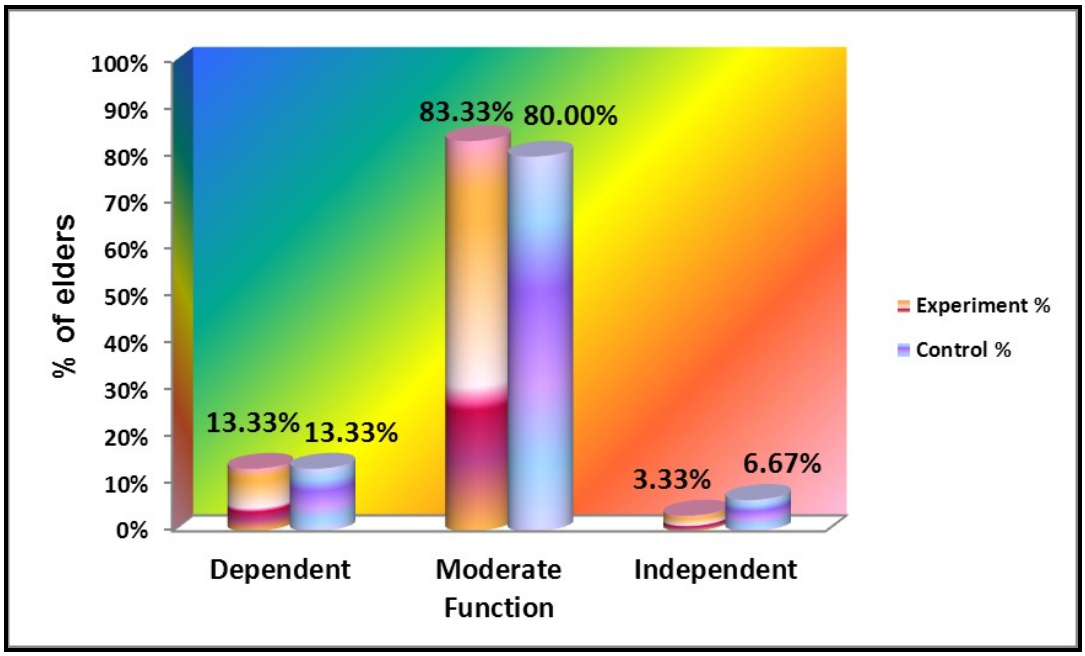


Figure 4.18 shows the Pre-test level of IADL 83.33% of elders in experimental group and. 80% of them in control group having moderate function

Table 4.5: comparison of overall mean pre-test level of IADL score

Group	N	Mean IADL score	Std. Deviation	Mean difference	Student's independent t-test
Experiment	30	4.00	1.03	0.10	t=0.39,P=0.70 DF=58,(NS)
Control	30	4.10	1.02		

p>0.05 not significant DF=Degrees of Freedom

The above table describes overall mean pre-test IADL score. In experimental group the mean IADL score is 4.00 whereas in control group the mean IADL score is 4.10, so the mean difference IADL score is 0.10. This difference is small and it is not statistically significant difference. Statistical significance was calculated by using student's independent t-test.

SECTION–III: DESCRIPTION OF POST-TEST LEVEL OF PHYSICAL STIMULATION AMONG ELDERS IN EXPERIMENTAL GROUP AND CONTROL GROUP

Table-4.6: Description of Posttest level of ADL score in experimental group and control group

Level of ADL	Experiment		Control		Chi square test
	n	%	n	%	
Severe functional impairment	2	6.67%	3	10.00%	$\chi 2=9.24$ p=0.01**(S)
Moderate impairment	20	66.67%	27	90.00%	
Full function	8	26.67%	0	0.00%	
Total	30	100.00%	50	100.00%	

**p≤0.01 highly significant, S= significant

The above table describes post-test level of ADL score in experimental group, 2 (6.67%) of elders have severe functional impairment, 20(66.67%) of them have moderate impairment and 8(26.67%) of them are having full function.

Among control group, 3 (10%) of elders have severe functional impairment, 27 (90%) of them have moderate impairment and none of them have full function.

There is a significant difference between study group and control group level of ADL score at P=0.001 calculated by using chi square test.

Figure 4.19 - Post- test level of ADL score among elders

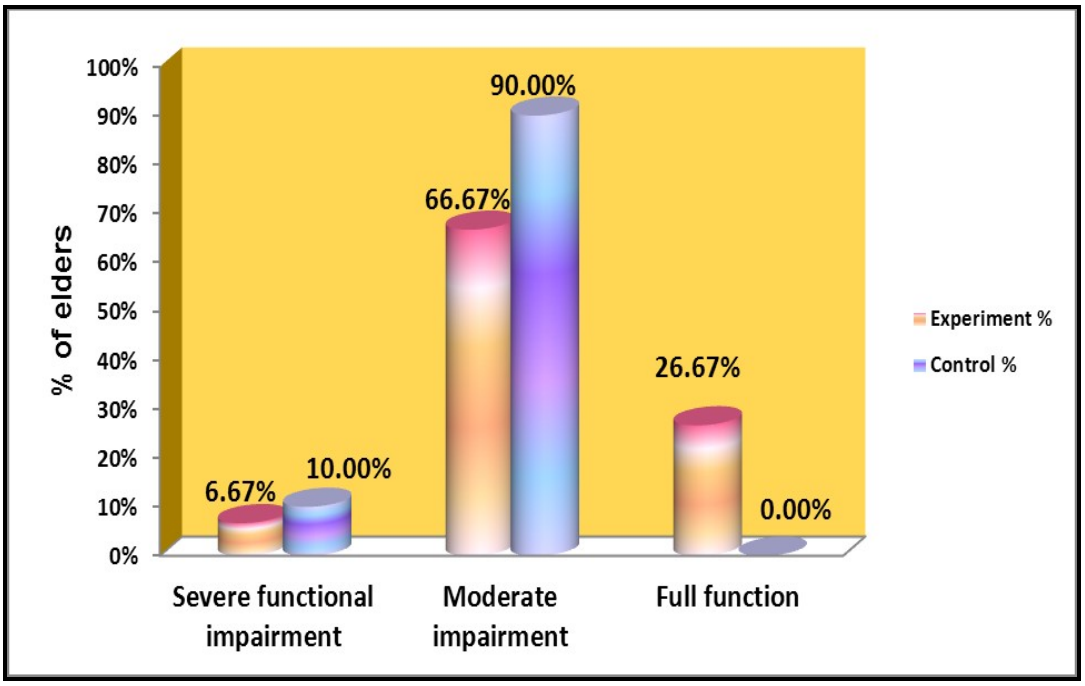


Figure 4.19 shows the Post- test level of ADL score 66.67% of elders in experimental group 90%of them in control group have moderate impairment

Table-4.7: comparison of overall mean post-test level of ADL score

Group	N	Mean ADL score	Std. Deviation	Mean difference	Student's independent t-test
Experiment	30	4.20	0.92	0.83	t=4.11 p=0.001***(S) DF=58, significant
Control	30	3.37	0.61		

*** Very highly significant at P ≤ 0.001 level

DF=Degrees of Freedom

The above table shows the post-test level of mean ADL score among experimental and control group. In experimental group the mean ADL score is 4.20 whereas in control group mean ADL score is 3.37, so the difference of mean ADL sore is 0.83. This difference is large and it is statistically significant difference. Statistical significance was calculated by using student's independent t-test.

Table-4.8: Description of Posttest level of IADL score in experimental group and control group

Level of IADL	Experiment		Control		Chi square test
	n	%	n	%	
Dependent	0	0.00%	3	10.00%	$\chi 2=6.79$ p=0.03*(S)
Moderate Function	22	73.33%	25	83.33%	
Independent	8	26.67%	2	6.67%	
Total	30	100.00%	30	100.00%	

P>0.05 not significant,

The above table describes post-test level of IADL score in experimental group, none of the elders are dependent, 22(73.33%) of them having moderate function, and 8(26.67%0 of them are independent.

Among control group, 3(10.00%) of elders are dependent, 25(83.33%) of them having moderate function, and 2(6.67%) of them are independent. There is a significant difference between experimental group and control group level of IADL score at (P=0.03) calculated by using chi square test.

Figure 4.20 - Post- test level of IADL score among elders

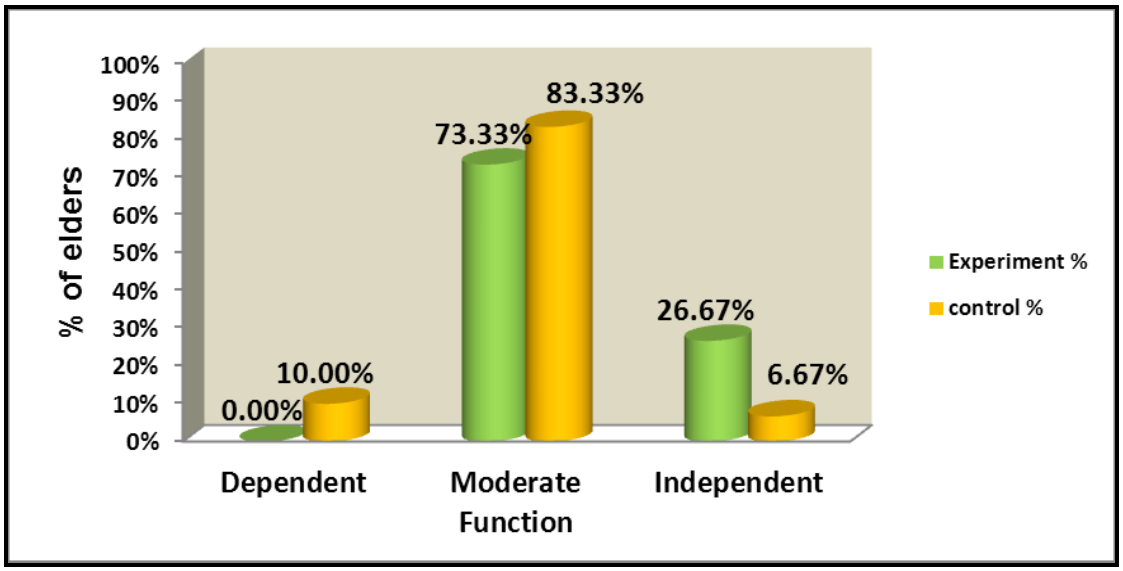


Figure 4.20 shows the Post- test level of IADL score 73.33% of elders in experimental group and 83.33% of them in control group having moderate function.

Table 4.9: Comparison of overall mean post-test level of IADL score

Group	N	Mean IADL score	Std. Deviation	Mean difference	Student's independent t-test
Experiment	30	5.13	0.94	0.96	t=3.82 P=0.001*** DF = 58, (S)
Control	30	4.17	1.02		

*** Very highly significant at P ≤ 0.001 level

DF=Degrees of Freedom

The above table describes post-test level of mean IADL score is 5.13 in experimental group whereas in control group the mean ADL score is 4.17, so the difference of mean ADL sore is 0.96. This difference is large and it is statistically significant. Statistical significance was calculated by using student's independent t-test.

SECTION–IV: EFFECTIVENESS OF HEALTHY AGEING AND GENERALIZATION OF PHYSICAL STIMULATION GAIN SCORE

Table-4.10: Effectiveness of healthy ageing package intervention and generalization of ADL gain score

Group	Test	Max score	Mean score	% of Mean score	Mean Difference of ADL gain score with 95% Confidence interval	Percentage Difference of ADL gain score with 95% Confidence interval
Experiment	Pre-test	6	3.23	53.83%	0.97 (0.70 – 1.23)	16.17 % (11.67% – 20.50%)
	Post-test	6	4.20	70.00%		
Control	Pre-test	6	3.30	55.00%	0.07 (-0.06 – 0.20)	1.16%(-0.10% –3.33%)
	Post-test	6	3.37	56.17%		

The above table outlines the effectiveness of healthy ageing package intervention on ADL score among the elders in selected area at Chennai

. In experimental group, the post-test after having healthy ageing package **ADL gain score** is 16.17% among elders.

In control group the post-test ADL gain score is **1.16%** among elders. This difference shows effectiveness of the study.

Differences and generalization of ADL gain score between pre-test and post-test score was calculated using and mean difference with 95% CI and proportion with 95% CI.

Table-4.11: Effectiveness of healthy ageing package intervention and generalization of IADL gain score

Group	Test	Maxi score	Mean score	% of Mean score	Mean Difference of IADL gain score with 95% Confidence interval	Percentage Difference of IADL gain score with 95% Confidence interval
Experiment	Pre-test	8	4.00	50.00%	1.13 (0.69 – 1.58)	14.12 % (8.62% – 19.75%)
	Post-test	8	5.13	64.13%		
Control	Pre-test	8	4.10	51.25%	0.07 (-0.10 –0.23)	0.88% (-0.13% – 2.88%)
	Post-test	8	4.17	52.13%		

The above table outlines the effectiveness of healthy ageing package on IADL score among the elders in selected area at Chennai.

Among experimental group, in post-test, after having **healthy ageing package, IADL gain score is14.12%** among elders.

Among control group, in post-test, **IADL gain score is 0.88%** among elders. This difference shows effectiveness of the study

Differences and generalization of IADL gain score between pre-test and post-test score was calculated using and mean difference with 95% CI and proportion with 95% CI.

SECTION –V: COMPARISON OF PRE-TEST AND POST-TEST LEVEL OF PHYSICAL STIMULATION AMONG ELDERS IN EXPERIMENTAL GROUP AND CONTROL GROUP

Table-4.12: Comparison of pre-test and post-test level of ADL score among elders

Group	Level	Pre-test		Post-test		Extended McNemar's test
		n	%	n	%	
Experiment	Severe Functional impairment	5	16.67%	2	6.67%	$\chi 2$=10.80 p=0.01*** DF=2 S
	Moderate impairment	25	83.33%	20	66.67%	
	Full function	0	0.00%	8	26.66%	
	Total	30	100.00%	30	100.00%	
Control	Severe Functional impairment	4	13.33%	3	10.00%	$\chi 2$=1.00 p=0.31 DF=1 NS
	Moderate impairment	26	86.67%	27	90.00%	
	Full function	0	0.00%	0	0.00%	
	Total	30	100.00%	30	100.00%	

***p<0.001 very high significant DF=Degrees of Freedom, S=significant, NS not significant

The above table compares pre-test and post-test level of ADL score among elders.

Considering experimental group pre-test level of ADL score, 5(16.67%) of the elders are having severe functional impairment, 25(83.33%) of them have moderate impairment and none of them having full functional level, whereas in post-test level of ADL score, 2(6.67%) of the elders having severe functional impairment, 20(66.67%) of them having moderate impairment and 8(26.67%) of them are having full functional level. The $\chi 2$

=10.80, P=0.01 shows that there is high significance between pre test and post-test level of ADL score in experimental group.

In control group, pre-test level of ADL score, 4(13.33%) of them are having severe functional impairment, 26(86.67%) of them having moderate impairment and none of them have full function whereas in post-test, 3(10.00%) of the elders were having severe functional impairment, 27(90.00%) of them moderate impairment and none of them were full function. The $\chi 2$ =1.00, P=0.31 shows that there is no significance between pre test and post-test level of ADL score in control group.

Extended Mc Nemar's test was used to find the statistical significance.

Figure 4.21 – Comparison of Pre-test and Post- test level of ADL score among elders

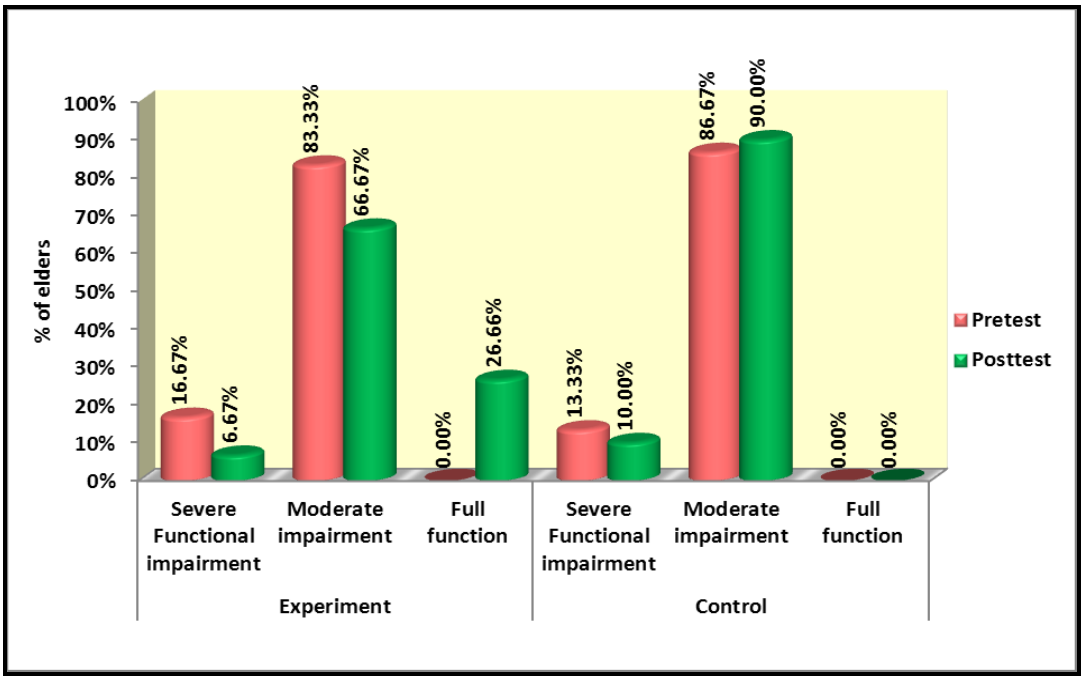


Figure 4.21 shows the pre-test level of ADL score among experimental group, 16.67%of the elders are having severe functional impairment, 83.33% of them having moderate impairment and none of them having full function, whereas in post-test level severe functional impairment reduced to 6.67%, moderate impairment level reduced to 66.67% and 26.67% of them having full function .

Table-4.13: comparison of pre-test and post-test mean ADL score

Group		N	Mean	SD	Mean difference	Student's paired t-test
Experiment	Pre-test	30	3.23	0.73	0.97	t=7.37 p=0.001*** DF=29 significant
	Post-test	30	4.20	0.92		
Control	Pre-test	30	3.30	0.65	0.07	t=1.00 p=0.33 DF=29 Not significant
	Post-test	30	3.37	0.61		

***p<0.001 very high significant DF=Degrees of Freedom p>0.05 not significant

The above table describes the comparison of mean ADL score among elders of experiment and control group.

Considering experimental group the pretest mean ADL score is 3.23 and the posttest score is 4.20. The mean difference is 0.97 and it is statistically significant. (P=0.001).

Considering control group the pre test mean ADL score is 3.30 and the post-test mean score is 3.37.The mean difference is 0.07, this difference is small and it is not statistically significant (P>0.05). Student paired t-test was used to test the statistical significance.

Figure-4.22: Simple bar with 95% Standard Error bar diagram compares the pre-test and post-test ADL score among experiment group and control group

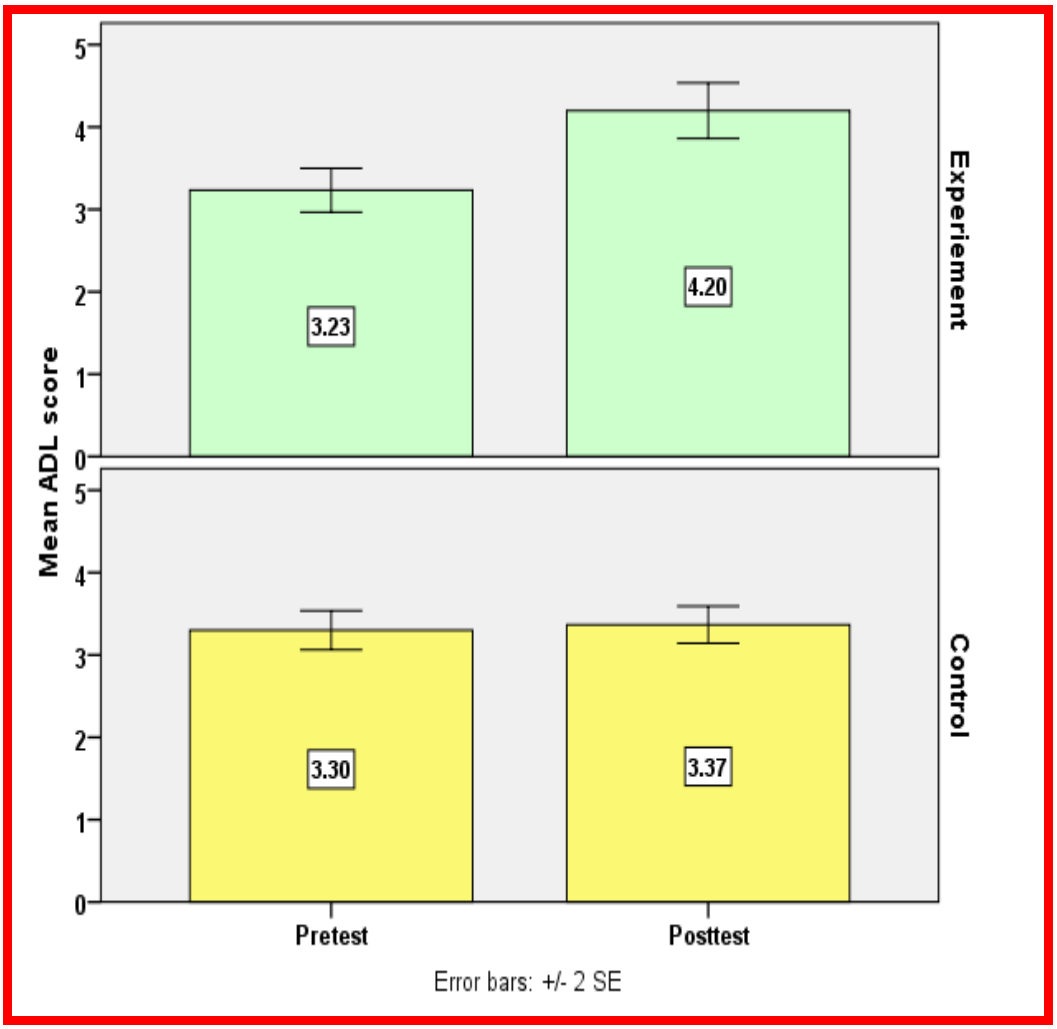


Table-4.14: Comparison of pre-test and post-test level of IADL score among elders

Group	Level	Pre-test		Post-test		Extended McNemar's test
		n	%	n	%	
Experiment	Dependent	4	13.33%	0	0.00%	$\chi2$=9.93 p=0.01**(S)
	Moderate function	25	83.34%	22	73.33%	
	Independent	1	3.33%	8	26.67%	
	Total	30	100.00%	30	100.00%	
Control	Dependent	4	13.33%	3	10.00%	$\chi2$=1.03 p=0.31(NS)
	Moderate function	24	80.00%	25	83.33%	
	Independent	2	6.67%	2	6.67%	
	Total	30	100.00%	30	100.00%	

***p≤0.001 very high significant

The above table compares pre-test and post-test level of IADL score among elders.

Considering experimental group pre test level of IADL score, 4 (13.33%) of the elders are dependent, 25 (83.34%) of them are having moderate function and 1 (3.33%) of the elders independent whereas in post-test, none of the elders are dependent score and 22 (73.33%) of them having moderate level function and 8 (26.67%) of the elders are independent. The $\chi2$ =9.93, P=0.01 shows that there is high significance between pre test and post-test level of IADL score in experimental group.

In control group pre-test level of IADL score, 4 (13.33%) of the elders were dependent and 24(80.00%) of them having moderate level of score and 2(6.67%) of them are having independent level of score whereas in post-test, 3(10.00%) of the elders are having dependent level

score and 25(83.33%) of them having moderate level of score and 2(6.67%) of them are having independent level of score. The $\chi 2$ =1.03, P=0.31 shows that there is no significance between pre test and post-test level of IADL score in control group.

Extended Mc Nemar's test was used to find the statistical significance.

Figure-4.23: Comparison of Pre-test and Post- test level of IADL among elders

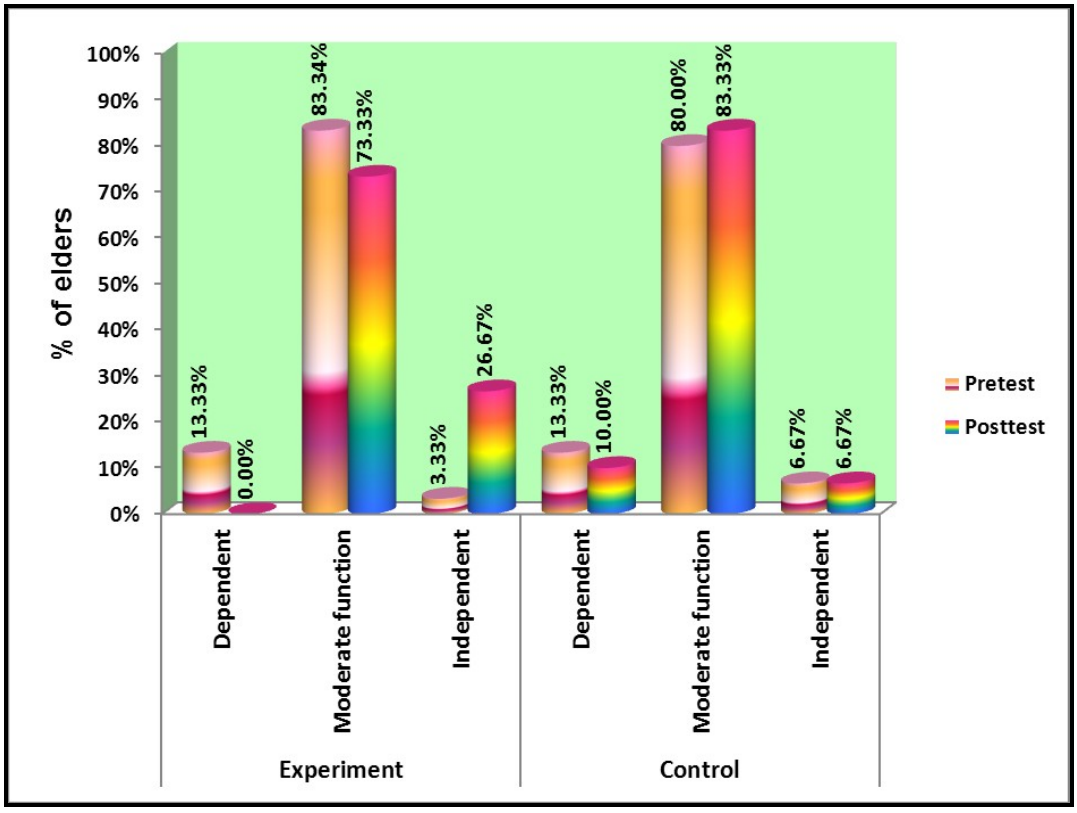


Figure 4.23 shows the pre-test level of IADL score among experimental group, 13.33% of the elders are dependent, 83.34% of them are having moderate function and 3.33% of elders independent whereas in post-test, none of the elders are dependent and 73.33% of them having moderate level function and 26.67% of the elders are independent.

Table 4.15: comparison of pre-test and post-test mean IADL score

Group		N	Mean	SD	Mean difference	Student's paired t-test
Experiment	Pre-test	30	4.00	0.98	1.13	t=5.19 p=0.001*** DF=29 significant
	Post-test	30	5.13	0.94		
Control	Pre-test	30	4.10	1.03	0.07	t=0.81 p=0.42 DF=29 not significant
	Post-test	30	4.17	1.02		

P>0.05, NS- not significant, *** Very highly significant at P ≤ 0.001 level

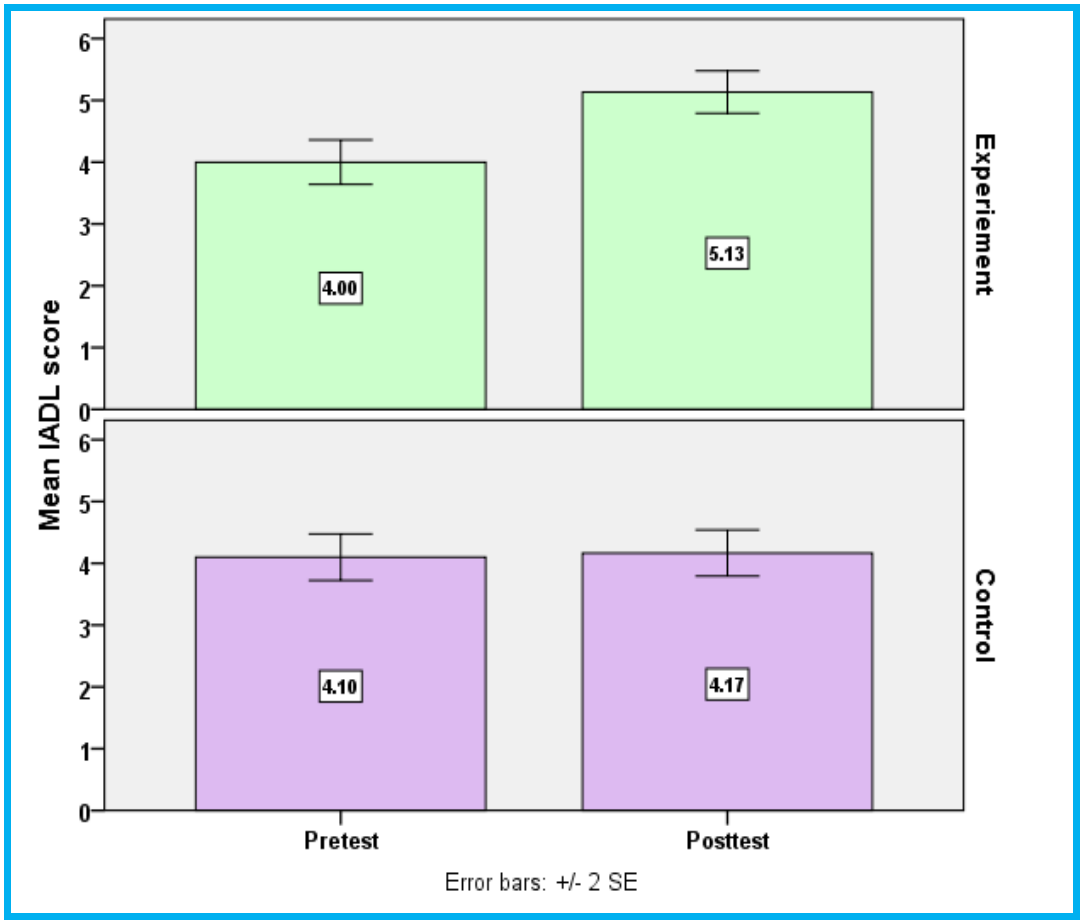
DF – degrees of freedom

The above table describes the comparison of IADL score among elders of experiment and control group.

Considering experimental group the pretest mean IADL score is 4.00 and the posttest score is 5.13. The mean difference is 1.13 and it is statistically significant. (P=0.001).

Considering control group the pre test mean IADL score is 4.10 and the post-test score is 4.17.The mean difference is 0.07, this difference is small and it is not statistically significant (P>0.05). Student paired t-test was used to test the statistical significance.

Fig-4.24: Simple bar with 95% Standard Error bar diagram compares the pre-test and post-test IADL score among experiment group and control group



Statistical test-1

H1: There will be a significant difference between pretest and posttest level of physical stimulation among elders in experimental group.

Inference

Here H_1 is accepted. From the above test, it is seen that the t' value of ADL (t=7.37) and 't' value of IADL (t=5.19) is more than the table value for DF= 29. Hence, there is a significant difference between pretest and posttest level of physical stimulation among elders in experimental group. It is inferred that healthy ageing package is effective among elders.

SECTION-VI: ASSOCIATION BETWEEN THE POST-TEST LEVEL OF PHYSICAL STIMULATION AND DEMOGRAPHIC VARIABLES IN EXPERIMENT GROUP.

Table-4.16: Association between post-test level of ADL score and demographic variables in experimental group

Demographic Variables		Post-test level of ADL score						n	Chi square test
		Severe Functional impairment		Moderate impairment		Full function			
		n	%	n	%	n	%		
Age	60 – 65 years	0	0.00%	10	66.67%	5	33.33%	15	$\chi 2=12.82$ p=0.05*(S)
	66 – 70 years	0	0.00%	3	50.00%	3	50.00%	6	
	71 - 75 years	0	0.00%	4	80.00%	1	20.00%	5	
	> 75 years	2	50.00%	2	50.00%	0	0.00%	4	
Sex	Male	2	40.00%	2	40.00%	1	20.00%	5	$\chi 2=10.74$ p=0.01(S)
	Female	0	0.00%	18	72.00%	7	28.00%	25	
Type of family	Nuclear family	0	0.00%	7	70.00%	3	30.00%	10	$\chi 2=12.94$ p=0.05*(S)
	Joint family	2	16.67%	10	83.33%	0	0.00%	12	
	Extended family	0	0.00%	3	100.00%	0	0.00%	3	
	Alone	0	0.00%	0	0.00%	5	100%	5	
Recreational activities	Gardening	0	0.00%	0	0.00%	2	100%	2	$\chi 2=16.08$ p=0.05*(S)
	Knitting	0	0.00%	0	0.00%	1	100%	1	
	Watching television	1	4.55%	16	72.73%	5	22.73%	22	
	Reading books	1	20.00%	1	20.00%	3	60.00%	5	

P> 0.05 not significant, *P≤0.05 significant, **P≤0.01 highly significant

The above table associates the significance between posttest level of ADL score and their demographic variables. Elders between the age group of 66-70 years, female elders, elders living alone, elders recreating in gardening and knitting activities gain more ADL score than others.

Age of the elders between 66-70 years is significant with the $\chi 2=12.82$ $p=0.05$ at 5 % level of significance. Considering the gender of elders, $\chi 2=10.74$ $p=0.01$ shows the female elders have significantly increased level of ADL

Considering the type of family, elders living alone have significant with the $\chi 2=12.94$ $p=0.05$ at 5 % level of significance.

Considering the recreational activities, elders recreates in gardening and knitting have significantly increased level of ADL with $\chi 2=16.08$ $p=0.05$ which is significant with the gain in ADL score in posttest.

Fig4.25: Association between post-test level of ADL score and age

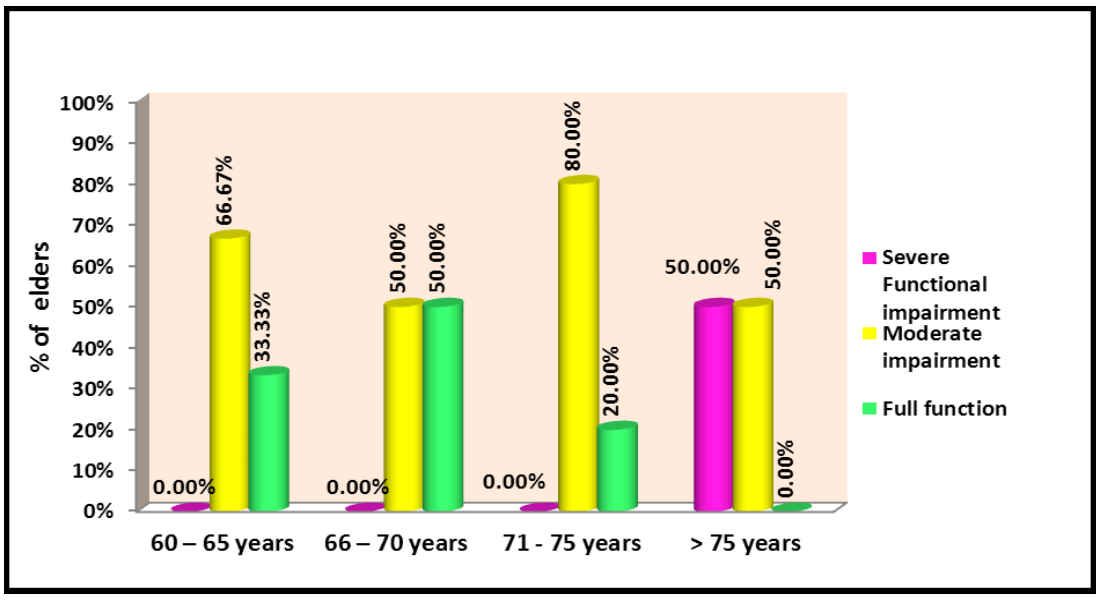


Fig4.26: Association between post-test level of ADL score and gender

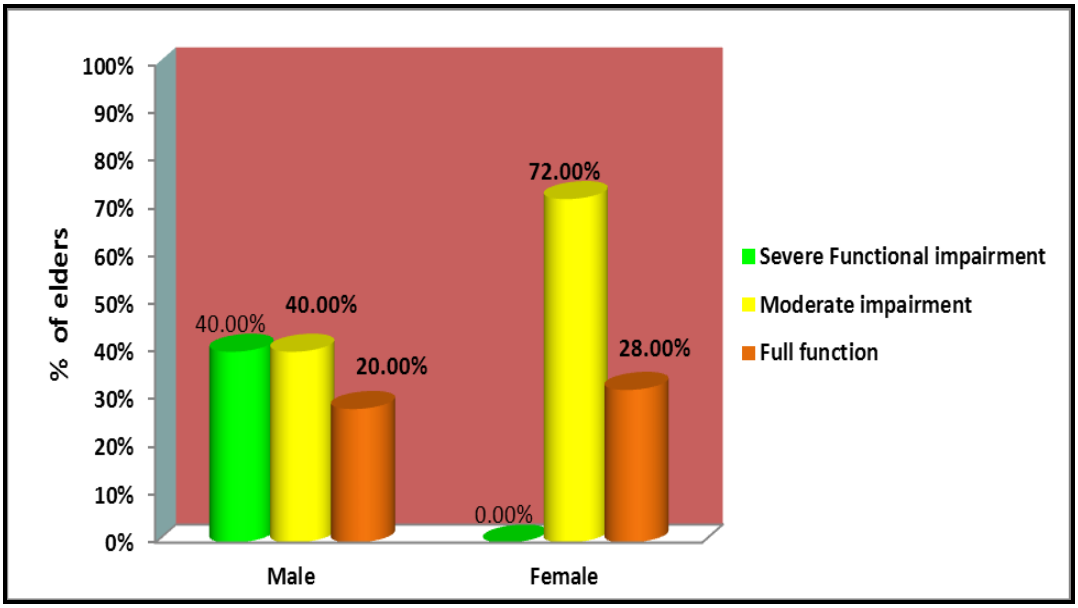


Fig4.27: Association between post-test level of ADL score and type of family

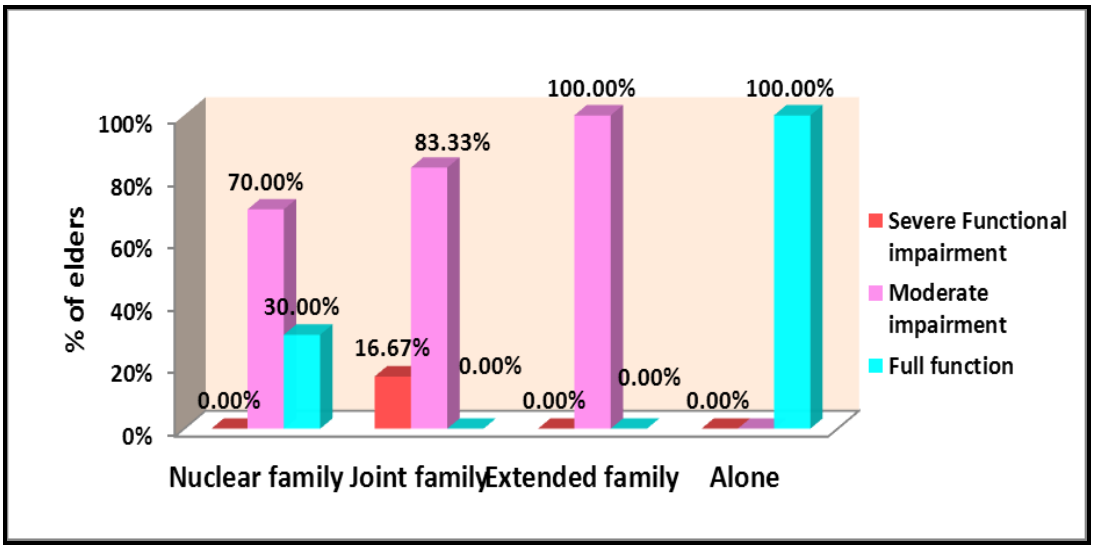


Fig4.28: Association between post-test level of ADL score and recreational activities

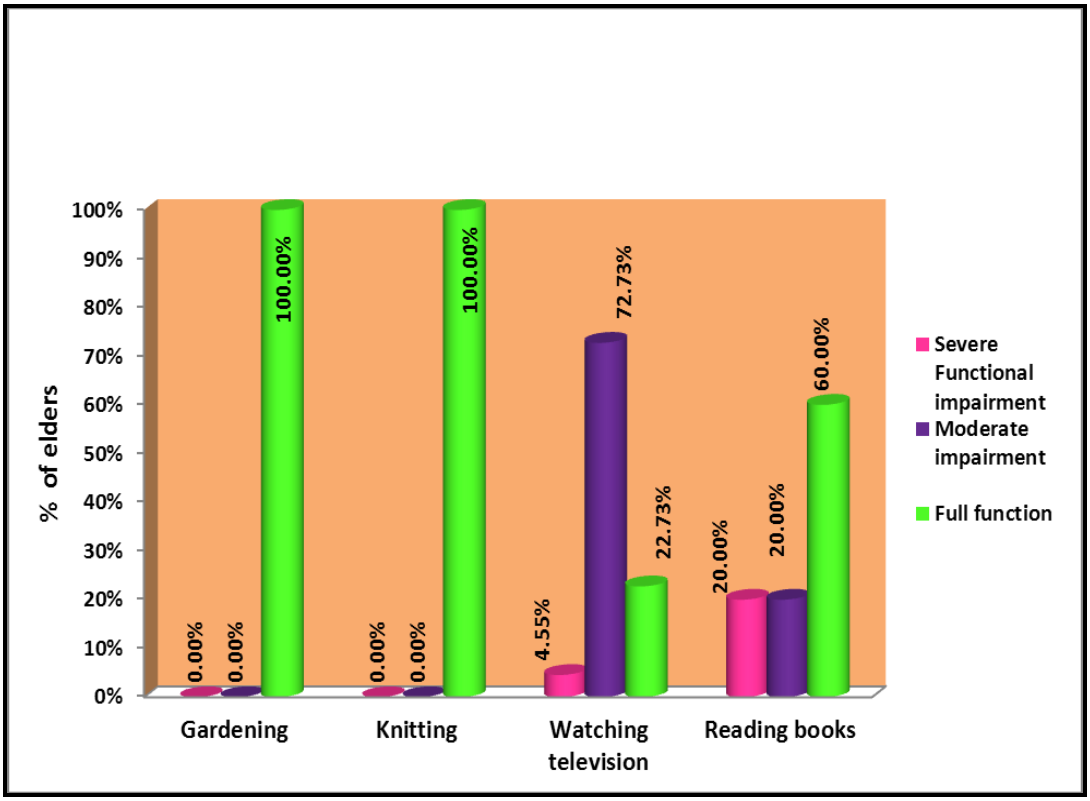


Table-4.17: Association between post-test level of IADL score and their demographic variables in experimental group

Demographic Variables		Post-test level of IADL score						n	Chi square test
		Dependent		Moderate function		Independent			
		n	%	n	%	n	%		
Age	60 – 65 years	0	0.00%	7	46.67%	8	53.33%	15	$\chi 2$=10.90 p=0.01**(S)
	66 – 70 years	0	0.00%	6	100.00%	0	0.00%	6	
	71 - 75 years	0	0.00%	5	100.00%	0	0.00%	5	
	> 75 years	0	0.00%	4	100.00%	0	0.00%	4	
Type of family	Nuclear family	0	0.00%	7	70.00%	3	30.00%	10	$\chi 2$=10.48 p=0.05*(S)
	Joint family	0	0.00%	11	91.67%	1	8.33%	12	
	Extended family	0	0.00%	3	100.00%	0	0.00%	3	
	Alone	0	0.00%	1	20.00%	4	80.00%	5	
Habit of meeting friends and relatives	Daily	0	0.00%	1	33.33%	2	66.67%	3	$\chi 2$=7.80 p=0.05*(S)
	Once a week	0	0.00%	9	81.82%	2	18.18%	11	
	Once a month	0	0.00%	8	100.00%	0	0.00%	8	
	Occasionally	0	0.00%	4	50.00%	4	50.00%	8	
Awareness on nutritious food	Fully aware	0	0.00%	0	0.00%	0	0.00%	0	$\chi 2$=5.18 p=0.05*(S)
	Somewhat aware	0	0.00%	15	65.21%	8	34.79%	23	
	Not aware	0	0.00%	7	100.00%	0	0.00%	7	
	Other	0	0.00%	0	0.00%	0	0.00%	0	

P> 0.05 not significant, *P≤0.05 significant, **P≤0.01 highly significant

The above table associates the significance between posttest level of IADL score and their demographic variables. Elders between the age group of 60-65 years, elders living alone, meeting friend daily and elders somewhat aware of nutritious food gain more IADL score than others.

Age of the elders between 60-65 years is significant with the $\chi 2=10.90$ $p=0.01$ at 5 % level of significance. Considering the type of family elders living alone have significant with the $\chi 2=10.48$ $p=0.05$ at 5 % level of significance.

Considering the elders meet their friends and relatives daily have significance with the $\chi 2=7.80$ $p=0.05$. Regarding awareness on the benefits of nutritious food elders somewhat awareness have significantly increased level of IADL with $\chi 2=5.18$ $p=0.05$ which is significant with the gain in IADL score in posttest.

Statistical Test-2

H2: There will be a significant association between posttest level of physical stimulation among elders and selected demographic variables

Inference

Among experimental group, the P value of age, gender, type of family, recreational activities is ≤ 0.05, there is a significant association between the posttest levels of ADL and P value of age, type of family, meeting friends and relatives and aware of nutritious food is ≤ 0.05, there is a significant association between the posttest levels of elders IADL score.

Fig 4.29: Association between post-test level of IADL score and age

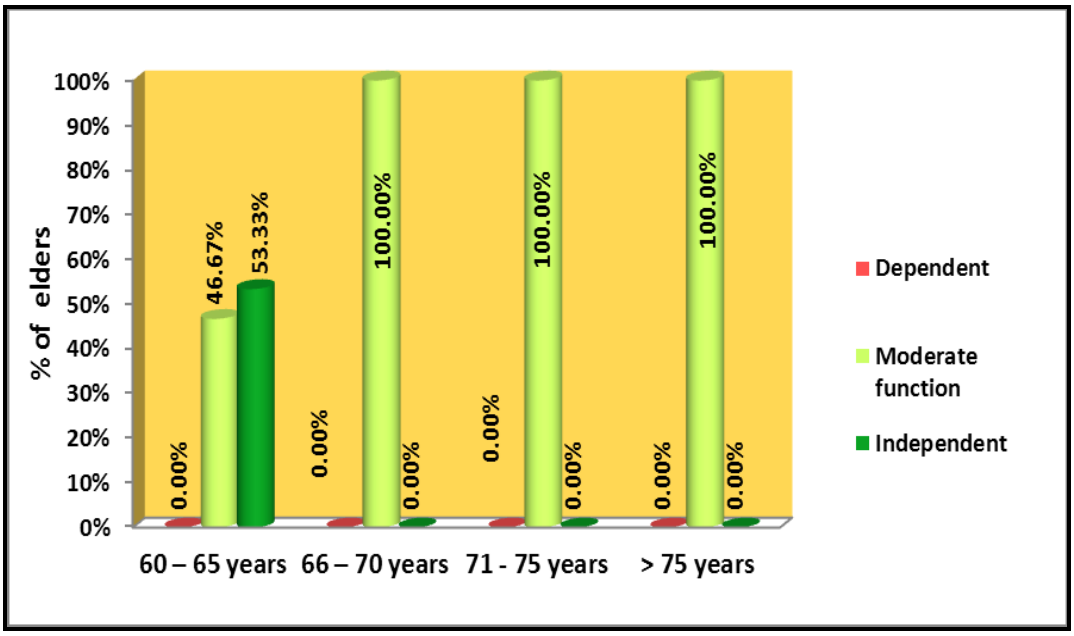


Fig 4.30: Association between post-test level of IADL score and type of elder's family

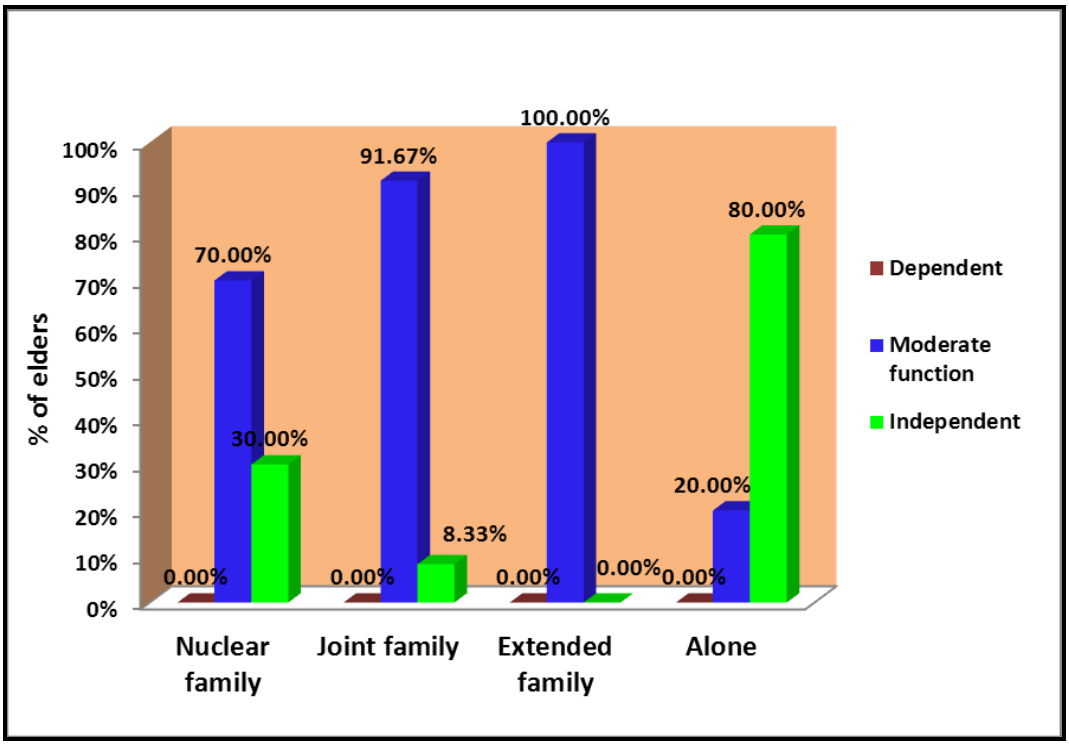


Fig 4.31: Association between post-test level of IADL score and habit of meeting friends and relatives

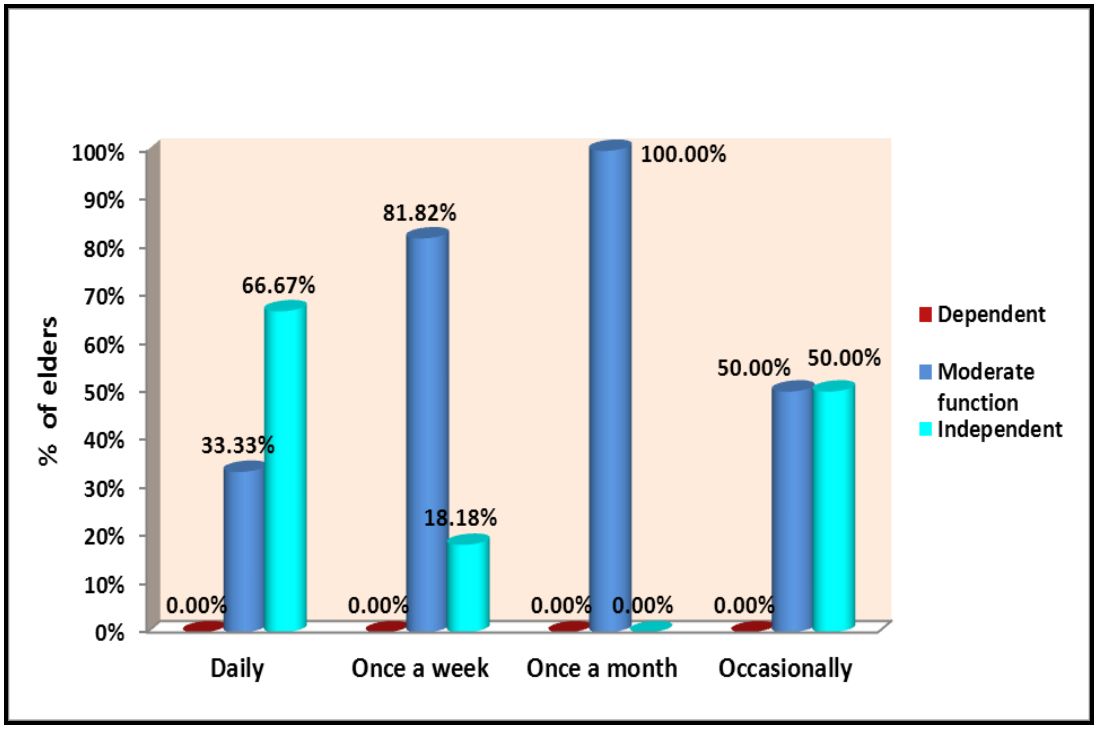
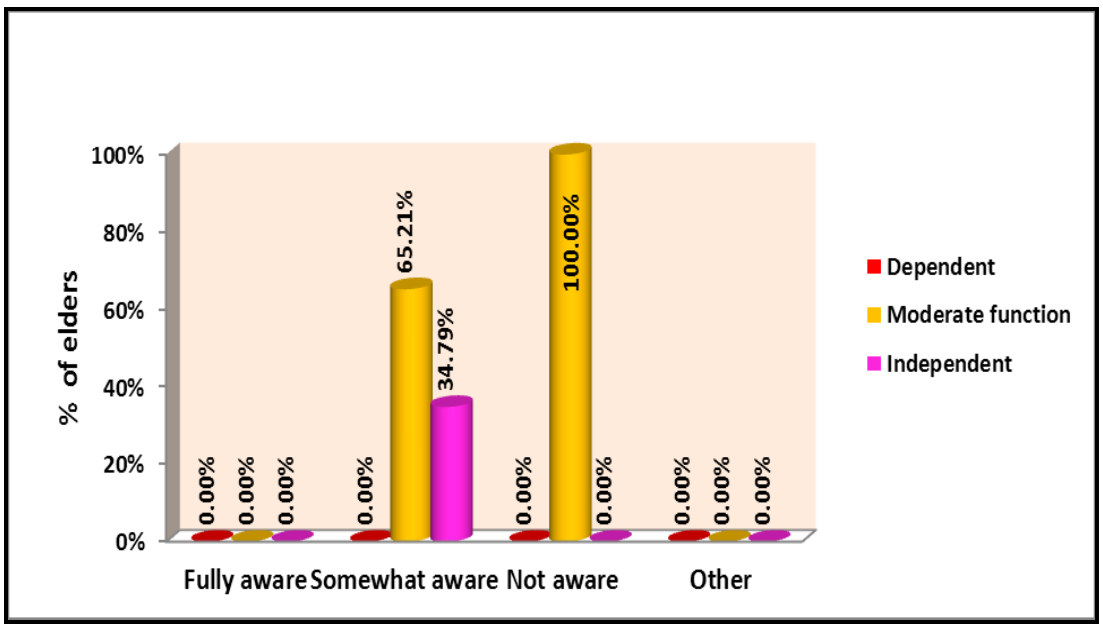


Fig 4.32: Association between post-test level of IADL score and awareness on nutritious food



CHAPTER-V
DISCUSSION

This chapter deals with the discussion of the results of data analyzed based on the objectives of the study and hypotheses of the study. The purpose of the study was to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai. 60 samples were selected using Non-probability purposive sampling technique and elders were divided into experimental group (30elders) and control group (30elders) respectively. The data was analysed using descriptive and inferential statistics.

5.1 FINDINGS BASED ON DEMOGRAPHIC VARIABLES

- 50% of elders in experimental group and 36.67% of elders in control group belongs to the age group of 60 – 65 years
- Of the total elders participated in the study83.33% in study group and 80% in control group are female.
- 40.00% of elders in experimental group had Primary/ Secondary level school education and 50%of elders in control group had non-formal education.
- 56.67% of elders in experimental group and 60% of elders in control group are not working.
- Majority of the participants about 60.00% in experimental group and 60.00% of in control group are earning less than Rs. 5000per month as a family income.
- 73.33% of elders in experimental group and 66.67% of elders in control group were married.

- 40.00% of elders in experimental group were living in joint family and 50% of elders in control group are living in nuclear family.
- 60.00% in experimental group and 53.33% in control group BMI ranges between 18.5 – 24.9 kg/ meter².
- 70.00% of elders in experimental group and 83.33% of elders in control group are eating Three to four times per day.
- 100.00% of elders in experimental group and 100.00% of elders in control group are never doing exercise.
- 43.33% of elders in experimental group and 43.33% of elders in control group are travel by booking cabs.
- 36.66% of elders in experimental group and 43.33% of elders in control group are meeting friends and relatives once a week.
- 76.67% of elders in experimental group and 86.67% of elders in control group are somewhat aware on the benefits of nutritious food.
- 66.67% of elders in experimental group and 53.33% of elders in control group have sleep for 6 – 8 hours per day.

FINDINGS BASED ON OBJECTIVES

Objective-1: To assess the pretest level of physical stimulation among elders in experimental and control group.

In the present study, the pre-test level of ADL in experimental group 16.67% of elders having severe functional impairment, 83.33% of them are having moderate impairment and none of them having full function,. Among control group, 13.33% of them having severe functional impairment, 86.67% of them are having moderate impairment and none of the elders having full function before the intervention.

The pre-test level of IADL in experimental group 13.33% of elders are dependent, 83.33% of them having moderate function and 1(3.33%) of them independent. Among control group, 13.33% of elders are dependent, 80% of them having moderate function and 6.67% of them Independent.

Statistical significance of ADL and IADL score was calculated using chi square test. The results of the present study is supported by the following studies.

Burman J et al. (2019) investigated a community-based cross-sectional study to assess the functional status among 246 elders in West Bengal and found that 32.4% were dependent for basic ADL and 59.3% were dependent for IADL. The prevalence of dependency in at least one of the activities for ADL was 32.5%. 19 (7.7%) participants were highly dependent and need assistance to perform all the six basic daily activities of living (ADL). **Deepak Sharma et al .(2014)** conducted a cross-sectional study to assess the prevalence of limitations in activities of daily living (ADL) and instrumental ADL (IADL) and to identify the predictors of IADL limitation among 400 elders and found that 5.5% had ADL activity limitation and was 21.8% had IADL activity limitation. **Gajendra Kumar Medhi et al. (2019)** conducted a study to explore the functional status and its association with different dimensions of Health Related Quality Of Life (HRQOL) among 300 elders and found that 34.7% of elders had limitations in one or more ADL items. The study concluded that decline in ADL had negative impact on different dimensions of HRQOL among elders. **Cwirlej Sozanska et al. (2019)** carried out a study to assess the prevalence of activities of daily living (ADL) and instrumental activities of daily living (IADL) disability among 2207 elders and found that 35.75% of elders had one problem with IADLs and 17.13% of elders had at least one problem with ADLs.

From the above discussion it was observed that the prevalence of limited functional status is prominently present among elders and it is found to be at clinically significant levels. Hence the present study result necessitates nurses to initiate healthy ageing package in community to improve the functional status among elders.

Objective-2: To determine the effectiveness of healthy ageing package on Physical stimulation among elders in experimental group.

The present study results describe the mean difference scores to prove the effectiveness of healthy ageing package. The post-test level of ADL score after having healthy ageing package, in experimental group is **16.17%** more than pre-test score. Among control group in post-test without intervention ADL gain score is **1.16%** more than pre test score among elders.

The post-test level of IADL score after having healthy ageing package, in experimental group is **14.12%** more than pre-test score. Among control group in post-test without intervention IADL gain score is **0.88%** more than pre test score among elders.

This difference shows the effectiveness of healthy ageing package. Differences and generalization of ADL and IADL gain score between pre-test and post-test score was calculated using and mean difference with 95% CI and proportion with 95% CI.

The results of the present study are in consistent with following studies.

Todd M. Manini et al. (2017) investigated a study to assess the effect of physical activity on self-reported disability among older adults. The overall incidence of dependency was 15.2% among physical activity participants and 15.1% among health education participants (HR = 1.0, 95% CI = 0.78–0.1.3). Both experimental groups had similar rates of

incidence in Basic ADL disability, IADL disability and reported mobility disability. The study result revealed severe mobility disability was less among physical activity group when compared to the health education group (HR = 0.78, 95% CI = 0.64–0.96) and difficulty on mobility rate were reduced in the physical activity group.

Yungreiwon Shaiza et al. (2015) assessed the effect of range of motion exercise on limitation in activities of daily living among people suffering from arthritis. The post-test level of severe limitations in ADL among experimental group reduced from 36% to 22%. In control group, the number of people having severe limitations ADL increased from 20% to 26%. The results indicated that significant reduction in the limitation in Activity of Daily Living **(t=10.2, DF=58, P = 0.001).**

Henskens et al. (2018) conducted an experimental study to assess the effectiveness of movement stimulation on activities of daily living performance and quality of life among nursing home residents with dementia. The study result shown that ADL training had positive effect on overall quality of life (p = 0.004) and multiple aspects of quality of life such as, including care relationship (p = 0.004), positive self-image (p = 0.002), and feeling at home (p = 0.001), compared to control group. **Mark Stoutenberg et al .(2019)** conducted a study to assess the community based life style modification program on improving physical activity and nutrition status among the adults above 18 years. The result revealed that significant improvement in physiological variables such as 6-minute walk distance (+68.3 m; p < .001), chair stands (+6.7 repetitions; p < .001), FAV servings (+1.8 servings/day; p < .001), body weight (−3.2 lbs; p < .001)**.**

Abbas Rahimi Foroushani et al.(2014) carried out a study to investigate the effect of health promoting intervention on healthy lifestyle includes six dimensions(physical activity, nutrition,

interpersonal relations, stress management, spiritual growth and health responsibility) and social support (intimacy, assistance, social integration, affirmation of worth, and nurturance) includes five dimensions in elders. The study results showed that a significant difference in total average scores of lifestyle between experimental and control groups ($p>0.0001$).

The present study findings revealed that healthy ageing package found to be effective in improving the level of physical stimulation

Objective-3: To compare the pre test and post test level of physical stimulation among elders in experimental and control group.

The study findings on comparing pre-test and post-test level of physical stimulation in study group and control group were depicted as follows

Considering experimental group ADL score, in pretest elders were having 3.23 ADL score and in posttest elders were having 4.20 ADL score, so the difference is 0.97, this difference is large and it is statistically significant. In control group ADL score, in pretest elders were having 3.30 score and in posttest elders were having 3.37 ADL score, so the difference is 0.07, this difference is small and it is not statistically significant. Statistical significance difference between pre-test and post-test was calculated using student paired t-test.

Considering experimental group IADL score, in pretest elders were having 4.00 IADL score and in posttest elders were having 5.13 IADL score, so the difference is 1.13, this difference is large and it is statistically significant. In control group IADL score, in pretest elders were having 4.10 score and in posttest elders were having 4.17 IADL score, so the difference is 0.07, this difference is small and it is not statistically significant.Statistical significance difference between pre-test and post-test was calculated using student paired t-test.

The results of the present study are in similar to the following studies.

Parimala et al. (2019) conducted a study to assess the effectiveness of exercise program on the functional status of older adults in old age home. The pretest level of ADL showed 88% of older adults were highly dependent and none of them were independent. In posttest 73% of them became independent after exercise intervention. The pretest result of IADL showed 94% of older adults were highly dependent, whereas in posttest 77% of older adults were highly dependent. No one in pretest was independent, but after the completion of exercise program 8% of elders became independent. The ADL pretest mean score was 1.79 and post mean was 4.52. The IADL pretest mean was 2.11 and the posttest mean was 4.52.The study concluded that exercises plays a vital role in improving the functional status of older adults.

Yungreiwon Shaiza et al. (2015) assessed the effect of range of motion exercise on limitation in activities of daily living among elder people suffering from arthritis. The average mean score from pretest to posttest for limitation in activities of daily living among experimental group was 5.1 and which was -0.3 for control group. The study results indicated that post-test level of study group and control group mean and SD was found to be highly statistically significant with t = 10.2 P= 0.000. **Earnest Rajasingh (2014)** conducted an experimental study to assess the effectiveness of selected nursing intervention in improving the functional status among elders with impaired mobility. The mean pre test functional activity score of experimental group and control group is 33.56and 33.66. The mean post test functional activity score of experimental group and control group is 46.30 and 36.70.The study results indicated that post-test level of study group and control group

mean and SD was found to be highly statistically significant with t = 8.57 at P < 0.001.

The study findings suggested that healthy ageing package is found to be effective in improving level of physical stimulation among elders. So **this accepts the hypothesis (H1) stating that there is a significant difference between pretest and posttest level of physical stimulation among elders in experimental group**

Objective-4: To find association between post-test level of physical stimulation among elders and their selected demographic variables.

Elders between the age group of 66-70 years, female elders, elders living alone, elders recreating in gardening and knitting activities gained more ADL score than others.

The results of the present study reported that women elders between 66-70 years is significant with the $\chi 2=12.82$ p=0.05 at 5 % level of significance**.** Considering the gender of elders, $\chi 2=10.74$ p=0.01 shows the female elders have significantly increased level of ADL. Considering the type of family, elders living alone have significant with the $\chi 2=12.94$ p=0.05 at 5 % level of significance. Considering the recreational activities, elders recreates in gardening and knitting have significantly increased level of ADL with $\chi 2=16.08$ p=0.05 which is significant with the ADL gain score in posttest.

As P value of age, gender, type of family, recreational activities is ≤ 0.05, there is a significant association between the posttest levels of elders ADL.

Elders between the age group of 60-65 years, elders living alone, meeting friend daily and elders somewhat aware of nutritious food gain more IADL score than others. Age of the elders between 60-65 years is significant with the $\chi 2=10.90$ p=0.01 at 5 % level of significance**.**

Considering the type of family elders living alone have significant with the $\chi 2=10.48$ $p=0.05$ at 5 % level of significance.Considering the elders meet their friends and relatives daily have significance with the $\chi 2=7.80$ $p=0.05$. Regarding awareness on the benefits of nutritious food elders somewhat awareness have significantly increased level of IADL with $\chi 2=5.18$ $p=0.05$ which is significant with the gained IADL score in posttest.

As P value of age, type of family, meeting friends and relatives and aware of nutritious food is ≤ 0.05, there is a significant association between the posttest levels of elders IADL.

The results of the present study were supported by following studies.

Samuel A. Ajayi et al. (2015) in their study found that the functional disability increased significantly with increasing age $\chi 2 = 14.004$ $p < 0 .0001$, type of family, education, at $P < 0.05$ were significantly associated with functional status. **Puneet Ohri et al. (2014)** who did a cross-sectional study to assess the daily living dependency status among elderly in an urban slum area of Dehradun reported that the dependence for IADL score was significantly higher in older age as compared to young old $\chi 2= 7.486 p<0.05$). The dependence score for IADL score was significantly high among older age than young old with $p<0.05$.

The analysis revealed that there was significant association in the post test level of physical stimulation among elders in experimental group with the selected demographic variables. **So that H_2 accepted. Therefore there is a significant association between posttest level of physical stimulation among elders and their selected demographic variables are accepted.**

The overall discussion of the present study findings highlighted by the supportive studies discussed in this chapter concludes that in general, elders have less functional status. The Functional status among elders can be improved through daily simple exercises, healthy nutrition and life style modification programme which is planned and implemented accordingly with a suitable medium.

CHAPTER – VI
SUMMARY, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

This chapter deals with the summary, implications, recommendations, limitations and conclusion of the study in the field of Nursing. The study results are summarized based on the demographic variables, pretest and posttest assessment of physical stimulation and association of posttest knowledge with their selected demographic variables of elders in selected area at Chennai.

6.1. SUMMARY OF THE STUDY

Ageing is the undeniable fact of human life. In developing countries where people are living longer lives, the levels of chronic health conditions are increasing and the levels of physical activity and functional capacity are declining. As per Population Census in 2011 there are nearly 104 million elderly persons in India 53 million females and 51 million males respectively. A report published by **The United Nations Population Fund and Help Age India** suggested that the number of elderly persons is expected to grow as 173 million by 2026.

The study was done to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai." The conceptual framework of the study was based on the Modified Pender‟s Health Promotion Model (1996). A Quasi-experimental study with non-randomized control group design was used. The independent variable was Healthy Ageing Package dependent variable was level of physical stimulation among elders.

The study period was 4 weeks. Non probability purposive sampling technique was used to select the samples. The study consists of 60 samples (30 in experimental group and 30 in control group) selected

from the areas under the ambit of Choolai Health Post, Chennai. The data was collected using socio-demographic questionnaire and Lawton – Brody Instrumental Activities of Daily Living (IADL) Scale, Katz Index of Independence in Activities of Daily Living (ADL) Scale. The reliability of the tool was assessed using Inter-rater method and the validity was obtained from the experts of the Community health nursing department and Nursing research department. The data was entered into the excel sheet and analysed using descriptive and inferential statistics.

MAJOR FINDINGS OF THE STUDY

6.1.1 Findings On Socio Demographic Data

Out of the total elders 50% in experimental group and 36.67% in control group belong to the age group of 60 to 65 years.

Of the total elders participated in the study 83.33% in experimental and 80% in control group are female.

Considering the education predominant samples about 40.00% of elders had Primary/ Secondary level school in experimental and50% of elders had non-formal education in control group.

Regarding occupation 56.67% of elders in experimental and 60% in control group are not working.

In view of monthly income of elders family 60% in experimental and 60% in control group are in the group of less than Rs. 5000.

Contemplating to the marital status 73.33% in experimental and 66.67% in control group were married.

With regard to the type of family 40.00% of elders from joint family in experimental and 50% from nuclear family in control group.

In view of Body Mass Index (BMI) 60.00% of elders in experimental and53.33% in control group were between 18.5 and 24.9 kg/meter^2.

Concerning the number of food intake per day about 70.00% in experimental and 83.33% in control group are eating Three to four times.

Out of the total elderly population 100.00% in experimental and 100.00% in control group never doing any exercise.

Regarding social habits 56.67% in experimental group and 46.67% in control group of elders having none of the above social habits such as Smoking, alcoholic, tobacco.

With regard to method of travel 43.33% in experimental group and 43.33% in control group are travel by booking cabs.

Regarding time for meeting friends and relatives 36.66% in experimental group and 43.33% in control group are meeting friends and relatives once a week.

Concerning the awareness on nutritious food 76.67% of elders in experimental group and86.67% in control group are somewhat aware of nutritious food.

Of the total elders participated in the study 66.67% in experimental group and 53.33% in control group has 6 – 8 hours sleep per day.

Regarding recreational activities 73.33% of elders in experimental group and 70% in control group are watching television.

6.1.2 Findings Regarding Level Of Physical Stimulation Prior To Healthy Ageing Package

The pre-test level of ADL score in experimental group, 5(16.67%) of elders are having severe functional impairment, 25(83.33%) of them are having moderate impairment and none of them having full function. Among control group 4(13.33%) of elders having severe functional impairment, 25(86.67%) of them having moderate impairment and none of them having full function.

The pre-test level of IADL score in experimental group, 4 (13.33%) of elders are dependent, 25(83.33%) of them having moderate function and 1(3.33%) of them independent.

Among control group 4(13.33%) of elders are dependent, 24(80%) of them having moderate function and 2(6.67%) of them Independent.

Statistically there is no significant difference between experimental and control group. Level of ADL and IADL scores between experimental and control group was calculated using chi-square test.

6.1.3 Findings Related To Effectiveness Of Healthy Ageing Package

Among experimental group, in post-test after having healthy ageing package ADL gain score is 16.17% among elders. In control group the post-test ADL gain score without healthy ageing package intervention is 1.16% among elders. This difference shows effectiveness of the study.This difference shows the effectiveness of Healthy Ageing Package

Among experimental group, in post-test, after having healthy ageing package, IADL gain score is14.12% among elders. In control group, post-test IADL gain score without healthy ageing package

intervention is 0.88% among elders. This difference shows effectiveness of the healthy ageing package.

Differences and generalization of ADL and IADL gain score between pre-test and post-test score was calculated using and mean difference with 95% CI and proportion with 95% CI.

6.1.4 Findings Regarding Comparison Of Pre Test And Posttest Level Of Physical Stimulation Among Elders In Experimental And Control Group

Considering experimental group ADL score, in pretest elders were having 3.23 ADL score and in posttest elders were having 4.20 ADL score, so the difference is 0.97, this difference is large and it is statistically significant. In control group ADL score, in pretest elders were having 3.30 score and in posttest elders were having 3.37 ADL score, so the difference is 0.07, this difference is small and it is not statistically significant. Statistical significance difference between pre-test and post-test was calculated using student paired t-test.

Considering experimental group IADL score, in pretest elders were having 4.00 IADL score and in posttest elders were having 5.13 IADL score, so the difference is 1.13, this difference is large and it is statistically significant. In control group IADL score, in pretest elders were having 4.10 score and in posttest elders were having 4.17 IADL score, so the difference is 0.07, this difference is small and it is not statistically significant.Statistical significance difference between pre-test and post-test was calculated using student paired t-test.

This study results accepts the **hypothesis (H1)** stating that there is a significant difference between pretest and posttest knowledge level in experimental group

6.1.5 Findings Regarding Association Of Post Test Level Of Physical Stimulation And Their Selected Demographic Variables

Elders between the age group of 66-70 years, female elders, elders living alone, elders recreating in gardening and knitting activities gain more ADL score than others. Age of the elders between 66-70 years is significant with the $\chi 2=12.82$ $p=0.05$ at 5 % level of significance**.** Considering the gender of elders, $\chi 2=10.74$ $p=0.01$ shows the female elders have significantly increased level of ADL

Considering the type of family, elders living alone have significant with the $\chi 2=12.94$ $p=0.05$ at 5 % level of significance.Considering the recreational activities, elders recreates in gardening and knitting have significantly increased level of ADL with $\chi 2=16.08$ $p=0.05$ which is significant with the gain in ADL score in posttest.

As p value of age, gender, type of family, recreational activities is ≤ 0.05, there is a significant association between the posttest levels of elders ADL.

Elders between the age group of 60-65 years, elders living alone, meeting friend daily and elders somewhat aware of nutritious food gain more IADL score than others. Age of the elders between 60-65 years is significant with the $\chi 2=10.90$ $p=0.01$ at 5 % level of significance**.** Considering the type of family elders living alone have significant with the $\chi 2=10.48$ $p=0.05$ at 5 % level of significance.

Considering the elders meet their friends and relatives daily have significance with the $\chi 2=7.80$ $p=0.05$. Regarding awareness on the benefits of nutritious food elders somewhat awareness have significantly increased level of IADL with $\chi 2=5.18$ $p=0.05$ which is significant with the gained IADL score in posttest.

As p value of age, type of family, meeting friends and relatives and aware of nutritious food is ≤ 0.05, there is a significant association between the posttest levels of elders IADL. Hence the **hypothesis (H2)** is accepted. Statistical significance was calculated using chi square test.

Considering the posttest knowledge score and association of demographic variables in control group, none of the variables were significant with the ADL and IADL gain score.

6.2 IMPLICATIONS OF THE STUDY

The findings of the present study have important implications for Nursing Practice, Nursing Education, Nursing Administration and Nursing Research.

6.2.1 Implications For Nursing Practice

- Community health Nurse working in the field have greater opportunity to carryout health assessment among elders.
- Nurses can get the co-operation from the subject and family members to improve the level of physical stimulation through strength and balance exercise, dietary advice and life style modifications among elders.
- Community health nurse plays a vital role in providing behaviour change communication in the community to adopt the appropriate measures to promote their functional status.
- The community health nurse as a service provider should periodically organize and conducts mass education programme to promote the health of the elders.

6.2.2 Implications For Nursing Education

- To improve the knowledge in the community student nurses nursing curriculum to be equipped with knowledge regarding various health information to promote the level of physical stimulation among elders.

- Student nurses in nursing colleges should be encouraged to conduct mass educational campaigns on promoting the level of physical stimulation through strength and balance exercise, dietary advice and life style modifications among elders.

- Seminar, continuing nursing education and training programme can be organized by community health nurse regarding healthy ageing package to promote the functional status among elders.

- Student nurses can be motivated to organize teaching programme to enhance the knowledge regarding ageing process and its remedial measures on promoting the level of physical stimulation.

6.2.3 Implications For Nursing Administration

- The findings of the study suggested that the nurse administrator should take active part in promoting the use of healthy ageing package in various community settings such as old age homes, community health centers and other health care delivery systems by policy making, developing protocol, standing orders.

- The nurse administrators can recognize the importance of healthy ageing package on physical stimulation among elders and provide opportunity to practice these packages educational settings.

- Nurse administrator can instruct and encourage their subordinates to utilize this as a nursing intervention in their clinical setting.

- Nurse administrator can arrange and conduct workshops, conferences and seminar on problems of ageing and management by healthy ageing package.

6.2.4 Implications For Nursing Research

- Disseminate the findings of the study through conferences, seminars and by publishing in journals and websites.
- Promote more researchers in developing alternative activities in improving physical stimulation among elders.
- Findings of this study can be taken as a baseline to conduct further researches. Especially, nurses should be encouraged to conduct the study in clinical settings.
- Encourage the non pharmacological intervention; nurse researchers can promote many studies on the topic.
- Various domains on healthy ageing package and its effectiveness can be assessed by applying different type of studies

6.3 RECOMMENDATIONS FOR FURTHER STUDY

- The study can be done with large size so that the result can be generalized.
- Comparison of healthy ageing package with other type management can be conducted.
- A descriptive study on assessing the knowledge, attitude and practice on promotion of physical stimulation and its management can be done.
- Comparison of healthy ageing package with other type management can be conducted.

- Studies to assess the quality of life improved by healthy ageing package.
- The study can be repeated among the elders at old age homes, community health center.
- The same study can be done as a comparative study to assess the effectiveness of healthy ageing package on physical stimulation between rural and urban elders.
- The qualitative study on various problems of elders due to ageing process can be done
- A study can be done to assess the effectiveness of healthy ageing package on falls prevention among elders.
- The study can also be done among care givers of elders to encourage them to promote the level of functional status and reduce the care giver burden.

6.4 MERITS OF THE STUDY

The study was conducted among elders in their own living settings has enhanced the co operation among subjects and family members.

The effectiveness of healthy ageing package is shown much better using the control group.

6.5 LIMITATIONS

- The study was limited to fewer samples.
- Data collection is limited to four weeks.

6.6 CONCLUSION

The present study had been supported that the healthy ageing package is more effective and it is more important to promote the level of physical stimulation among elders. Evidence based care gives opportunity for community health nurses to improve their ability and to use the theoretical knowledge in practice. Nurses play a pivotal role in improving the level of functional status and promoting health among elders. The findings of the present study revealed that the healthy ageing package is more significant with ADL and IADL gain score in experimental group compared to the control group. Community health nurse can enroot the education on healthy ageing package to promote the level of physical stimulation in the community as a part of her health promotional activities. Community can be enriched to manage the elder's health status through establishment of various healthy ageing programmes at community health center. Community health nurse can involve the community to participate in the educational activities in empowering elders to promote the level of physical stimulation there by aiding to reduce the incidence of functional disability and helps in improving the quality of life among elder people. In future studies to promote the functional status among elders will help the country to preserve the valuable source of elders in the community.

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SECTION –A

SOCIO-DEMOGRAPHIC VARIABLES

Instructions: Please read and answer the following questions. These will be kept confidential

1) Age
   A) 60 – 65years.
   B) 66 – 70years.
   C) 71- 75years
   D) >75years

2) Sex
   A) Male
   B) Female

3) Level of education
   A) Primary/ Secondary level school
   B) Higher secondary level school
   C) Graduate degree
   D) Non-formal

4) Occupation
   A) Employee
   B) Self employment
   C) Retired pensioner
   D) Not working

5) Monthly Income.
   A) Less than 5000 rupees
   B) 5000-10,000 rupees
   C) 10,000-15,000 rupees
   D) More than 15,000rupees

6) Marital status
   A) Married.
   B) Un Married.
   C) Divorced.
   D) Widow,

7) Type of family.
   A) Nuclear family.
   B) Joint family.
   C) Extended family
   D) Alone

8) Weight and height ratio.
   A) Less than18.5 kg/meter².
   B) 18.5 – 24.9 kg/meter².
   C) 25 – 29.9 kg / meter².
   D) 30 kg /meter² and above.

9) Number of food intake per day
   A) Once.
   B) Twice
   C) Three to four times.
   D) More than 4 times

10) Times of exercise per day

   A) one time
   B) two time
   C) occasionally
   D) Never

11) Social habits

A) Smoking
B) Alcohol
C) Smoking /Alcohol
D) Tobacco
E)None of the above

12) Method of travel

A) Self driving
B) Travel by booking cabs
C) Going out with others help
D) Not travelling

13) Habit of meeting friends and relatives

A) Daily
B) once a week
C) Once a month
D) Occasionally

14) Awareness on nutritious food

A) Fully aware
B) Somewhat aware
C) Not aware
D) Other

15) Sleep hours per day

A) 8 –10 hours
B) 6 – 8 hours
C) 4– 6 hours
D) Less than 4 hours

16)Recreational activities

A) Gardening
B) Knitting
C) Watching television
D) Reading books

SECTION- B

KATZ INDEX OF INDEPENDENCE IN ACTIVITIES OF DAILY LIVING

1. BATHING

A. Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity. **1**

B. Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing **0**

2. DRESSING

A. Get clothes from closets and drawers and puts on clothes and outer garments **1** complete with fasteners. May have help tying shoes.

B. Needs help with dressing self or needs to be completely dressed. **0**

3. TOILETING

A. Goes to toilet, gets on and off, arranges clothes, cleans genital area without help. **1**

B. Needs help transferring to the toilet, cleaning self or uses bedpan or commode. **0**

4. TRANSFERRING

A. Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable **1**

B. Needs help in moving from bed to chair or requires a complete transfer**.** **0**

5. CONTINENCE

A. Exercises complete self control over urination and defecation. **1**

B. Is partially or totally incontinent of bowel or bladder**.** **0**

6. FEEDING

A. Gets food from plate into mouth without help. Preparation of food may be done by another person. **1**

B. Needs partial or total help with feeding or requires parenteral feeding**.** **0**

ADL - SCORE

SCORE	CATEGRIES
5-6	Full function
3-4	Moderate impairment
0-2	Severe functional impairment

LAWTON - BRODY INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (I.A.D.L.)

1. Ability to Use Telephone

A. Operates telephone on own initiative-looks up and dials numbers,etc. **1**

B. Dials a few well-known numbers **1**

C. Answers telephone but does not dial **1**

D. Does not use telephone at all **0**

2. Shopping

A. Takes care of all shopping needs independently **1**

B. Shops independently for small purchases **0**

C. Needs to be accompanied on any shopping trip **0**

D. Completely unable to shop **0**

3. Food Preparation

A. Plans, prepares and serves adequate meals independently **1**

B. Prepares adequate meals if supplied with ingredients **0**

C. Heats, serves and prepares meals, or prepares meals, or prepares meals but does not maintain adequate diet **0**

D. Needs to have meals prepared and served **0**

4. Housekeeping

A. Maintains house alone or with occasional assistance (e.g. "heavy work **1** domestic help")

B. Performs light daily tasks such as dish washing, bed making **1**

C. Performs light daily tasks but cannot maintain acceptable level of cleanliness **1**

D. Needs help with all home maintenance tasks **1**

E. Does not participate in any housekeeping tasks **0**

5. Laundry

A. Does personal laundry completely **1**

B. Launders small items-rinses stockings, etc. **1**

C. All laundry must be done by others **0**

6. Mode of Transportation

A. Travels independently on public transportation or drives own car **1**

B. Arranges own travel via taxi, but does not otherwise use public transportation **1**

C. Travels on public transportation when accompanied by another **1**

D. Travel limited to taxi or automobile with assistance of another **0**

E. Does not travel at all **0**

7. Responsibility for Own Medications

A. Is responsible for taking medication in correct dosages at correct time **1**

B. Takes responsibility if medication is prepared in advance in separate dosage **0**

C. Is not capable of dispensing own medication **0**

8. Ability to Handle Finances

A. Manages financial matters independently (budgets, writes checks, Pays rent, bills, goes to bank), collects and keeps track of income **1**

B. Manages day-to-day purchases, but needs help with banking, major purchases, etc. **1**

C. Incapable of handling money **0**

IADL - SCORE

SCORE	CATEGRIES
6-8	High function, independent
3-5	Moderate function
0-2	Low function, dependent

பகுதி – அ
தன்னிலை விவரக் குறிப்பு
தயவுடன் கீழ்க்காணும் கேள்விகளை படித்து பதிலளிக்கவும் .
இவை இரகசியமாக பாதுகாக்கப்படும்

1) வயது.
அ) 60 – 65
ஆ) 66 - 70
இ) 71- 75
ஈ) 75வயதிற்கு மேல்.

2) பாலினம்.
அ)ஆண்.
ஆ)பெண்.

3) கல்விதகுதி.
அ)தொடக்கப்பள்ளி/நடு நிலைப்பள்ளி
ஆ)உயர்நிலைப்பள்ளி படிப்பு.
இ)பட்டப்படிப்பு.
ஈ)படிப்பு இல்லை.

4) தொழில்.
அ) ஊழியர்
ஆ) சுயதொழில்
இ) ஓய்வு ஊதியம் பெறுபவர்.
ஈ) வேலை இல்லை.

5) மாத வருமானம்.
அ)ரூபாய் 5000க்கு குறைவாக
ஆ)ரூபாய் 5000-10,000 வரை
இ)ரூபாய் 10,000-15,000வரை
ஈ)ரூபாய் 15,000க்கு மேலாக

6) திருமணம் பற்றிய விவரம்.
அ) திருமணமானவர்.
ஆ) திருமணம் ஆகவில்லை.
இ) விவாகரத்து பெற்றவர்.
ஈ) விதவை.

7) குடும்ப வகை.
அ) தனிக்குடும்பம்.
ஆ) கூட்டுக்குடும்பம்.
இ) விரிவானக்குடும்பம்
ஈ) தனிமையாக வசிப்பவர்

8) உடல் நிறை விகிதம்.
அ) 18.5 கிலோ/மீட்டர் ^{2}.
ஆ) 18.5 – 24.9 கிலோ/மீட்டர் ^{2}.
இ) 25 – 29.9 கிலோ/மீட்டர் ^{2}.
ஈ) 30 கிலோ/மீட்டர் ^{2} மற்றும் அதற்கு மேல்.

9) ஒரு நாளைக்கு உண்ணும் உணவின் எண்ணிக்கை
அ)ஒரு முறை
ஆ)இருமுறை.
இ)மூன்று முதல்நான்கு முறை.
ஈ) நான்கு முறைக்கு மேல்.

10) ஒரு நாளைக்கு உடற்பயிற்சி செய்யும் எண்ணிக்கை

அ)ஒரு முறை
ஆ) இரு முறை
இ) எப்போதாவது
ஈ) இல்லை

11) சமூக பழக்க வழக்கம்

அ) புகைப் படித்தல்
ஆ) மது அருந்துதல்
இ) புகைப் படித்தல் மற்றும் மது அருந்துதல்
ஈ) வெற்றிலைபோடுதல்
உ)மேற்கண்ட ஏதும் இல்லை

12) பயணம் செய்யும் முறை

அ) சுயமாக செல்கிறேன்
ஆ)வாகனம் பதிவு செய்து செல்கிறேன்
இ) மற்றவர்களின் உதவியுடன் செல்கிறேன்
ஈ) பயணிப்பது இல்லை

13) நண்பர்கள் மற்றும் உறவினர்களை சந்திப்பது

அ) தினமும்
ஆ) வாரம் ஒருமுறை
இ) மாதம் ஒருமுறை
ஈ) எப்போதாவது

14) சத்தான உணவின் பயன்கள் பற்றி

அ) முழுமையாக தெரியும்
ஆ) முழுமையாக தெரியாது
இ) ஓரளவு தெரியும்
ஈ) மற்றவை

15) ஒரு நாளைக்கு தூங்கும் நேரத்தின் அளவு

அ) 8 – 10 மணிநேரம்
ஆ) 6 – 8 மணிநேரம்
இ) 4 – 6 மணிநேரம்
ஈ) 4 மணி நேரத்திற்கும் குறைவாக

16) பொழுது போக்கு நிகழ்வுகளில் ஈடுபாடு பற்றி

அ) தோட்ட பராமரிப்பு.
ஆ) பின்னுதல்
இ) தொலைக்காட்சி பார்ப்பது
ஈ) புத்தகம் படிப்பது

பகுதி - ஆ

உடல் ரீதியான சுய பராமரிப்பின் அளவு (தினசரி வாழ்வின் செயல்பாடுகள்).

1) குளியல்.

அ) உதவி இல்லாமல் சுயமாக குளிக்கிறேன் அல்லது முதுகு, பிறப்புறுப்பு, அல்லது முடங்கிய கை அல்லது கால் ஏதேனும் ஒரு பகுதியை குளிப்பாட்ட உதவி தேவை

ஆ) ஒன்றுக்கும் மேற்பட்ட உடற் பாகங்களை குளிப்பட்ட உதவி தேவை குளியலறைக்கு செல்ல மற்றும் வெளியே வர மற்றவர்களின் உதவி தேவை ,குளிக்க முழுமையான உதவி தேவை

2) ஆடை அணிதல்.

அ) ஆடை அணிதல், நீக்குதல் மற்றும் அலமாரிகளில் இருந்து ஆடைகளை நான் தேர்வு செய்து கொள்கிறேன்.

ஆ) நான் ஆடை அணிய உதவி தேவை அல்லது முழுமையான உதவி தேவை.

3) கழிப்பறை.

அ) கழிப்பறைக்கு சுயமாக சென்று மற்றவர்களின் உதவியின்றி சுத்தம் செய்துக்கொள்கிறேன்
ஆ) கழிப்பறைக்கு செல்ல, சுயசுத்தம் செய்ய உதவி தேவை அல்லது படுக்கை மலைத்தட்டு தேவை

4) இடமாற்றம்.

அ) நாற்காலி அல்லது படுக்கைக்கு செல்லவும், எழும்பவும்

உதவியின்றி செயல்படுகிறேன்

ஆ) படுக்கையிலிருந்து நாற்காலிக்கு செல்ல உதவி தேவை அல்லது இடம் மாற முழுமையான உதவி தேவை

5) சிறு நீர் மற்றும் மல கட்டுப்பாடு

அ) சிறு நீர் மற்றும் மலம் கழிப்பதில் முழுமையான சுய கட்டுபாடு உள்ளது

ஆ)ஓரளவு அல்லது முழுமையான மலம் மற்றும் சிறுநீர் கட்டுப்பாடு

6) உணவு

அ) உணவை தட்டிலிருந்து வாய் பகுதிக்குக்கு கொண்டு சென்றுஉதவியின்றி சாப்பிடுகிறேன். உணவு மற்றவர்களால் தயாரிக்கபட்டிருக்கலாம்

ஆ) உணவு உண்பதற்கு ஓரளவு அல்லது முழுமையாக உதவி தேவை

கருவி சார்ந்த அன்றாட வாழ்வின் நடவடிக்கைக்கான அளவுகோல்.

கீழ்காணும் தங்களுக்கு உகந்த செயல்பாடுகளை தேர்வு செய்க.

1) தொலைபேசியை பயன்படுத்துவதற்கான திறன்.

அ) சொந்த முயற்சியில் தொலைபேசியை இயக்குகிறேன், பார்த்து எண்களை இயக்குகிறேன்.

ஆ) நன்கு தெரிந்த சில எண்களை இயக்குகிறேன்.
இ) தொலைபேசிக்கு பதில் அளிக்கிறேன் ஆனால் இயக்க முடியாது.
ஈ) தொலைபேசி உபயோகிக்க முடியாது.

2)கடையில் பொருட்களை வாங்குதல்.
அ) எல்லா பொருள்களையும் சுயமாக கடையில் வாங்கி கொள்கிறேன்.
ஆ) சிறிய அளவிலான கொள்முதலை சுயமாக செய்து கொள்கிறேன்
இ) எந்த பொருள் வாங்கச்சென்றாலும் துணை தேவைப்படுகிறது.
ஈ) முற்றிலும் கடைகளுக்கு செல்ல இயலவில்லை.

3) உணவு தயாரித்தல்
அ) போதுமான உணவை சுயாதினமாக திட்டமிட்டு தயாரித்து மற்றும் பரிமாறுகின்றேன்.
ஆ) சமைப்பதற்கு தேவையான பொருட்கள் வழங்கப்பட்டால் போதுமான உணவை தயாரிக்கிறேன்.
இ) தயாரிக்கப்பட்ட உணவை சூடு செய்து மற்றும் பரிமாறுவேன் ஆனால் போதுமான உணவை பராமரிக்க இயலாது.
ஈ) உணவைத் தயாரித்து மற்றும் பரிமாறப்படவேண்டும்.

4) வீட்டுப்பராமரிப்பு.

அ) வீட்டை தனியாக அல்லது அவ்வப்போது உதவியுடன் பராமரிக்கின்றேன். (எ. கா. வீட்டிற்கான வேலையின் போது) .
ஆ) பாத்திரங்களை கழுவுதல், படுக்கை தயாரித்தல் போன்ற தினசரி பணிகளை செய்து கொள்கிறேன்.
இ) இலகுவான (லேசான) தினசரி பணிகளை செய்கிறேன் ஆனால் ஏற்றுக்கொள்ள கூடிய அளவிற்கு தூய்மையானதாக பராமரிக்க முடியாது.
ஈ) அனைத்து வீட்டு பராமரிப்பு பணிகளுக்கு உதவி தேவை.
உ) எந்த வீட்டு பராமரிப்பு பணியிலும் பங்கு கொள்ள முடியாது.

5) சலவை.

அ) தானாக முற்றிலும் சலவை செய்து கொள்கிறேன்.
ஆ) சிறிய அளவிலான சலவை செய்கிறேன், காலுறைகள் கழுவுதல்.
இ) அனைத்து சலவைகளும் மற்றவர்களால் செய்யப்பட வேண்டும்.

6) போக்குவரத்து.

அ) பொது போக்குவரத்தில் சுயாதினமாக பயணிக்கிறேன் அல்லது சுயமாக காரை ஓட்டுகிறேன்.
ஆ) நானே சுயமாக டாக்ஸி வழியாக சொந்த பயணத்தை ஏற்பாடு செய்து கொள்கிறேன் ஆனால் பொது போக்குவரத்தை பயன்படுத்துவதில்லை.
இ) மற்றவர்கள் பயணிக்க உதவும் போதோ அல்லது பங்கேற்கும் போதோ பொதுப் போக்குவரத்தில் பயணிக்க முடியும்.
ஈ) மற்றவர்களின் உதவியுடன் வரையறுக்கப்பட்ட டாக்ஸி அல்லது ஆட்டோ பயணம்.
உ) எப்போதுமே பயணம் செய்யவில்லை.

7) சொந்த மருந்து உட்கொள்வதற்கான பொறுப்பு.
அ) சரியான அளவு மற்றும் சரியான நேரத்தில் பொறுப்புடன் மருந்து உட்கொள்கிறேன்.
ஆ) முன்கூட்டியே தனியாக அளவு பிரிக்கப்பட்ட மருந்துகளை பொறுப்புடன் உட்கொள்கிறேன்.
இ) தனக்கான மருந்துகளை எடுத்துக்கொள்ள முடியாது.

8) நிதிகளை கையாளும் திறன்.
அ) நிதி விஷயங்களை சுயாதினமாக நிர்வகித்து கொள்கிறேன் நிதிக்கணக்கீடு, காசோலை எழுதுதல், வாடகை செலுத்துதல்
ஆ) அன்றாட வாங்குதல்களை நிர்வகிக்கிறேன்ன் ஆனால் ;வங்கி செல்லுதல் முக்கிய கொள்முதலுக்கு உதவி தேவைப்படுகிறது.
இ) பணத்தை கையால இயலாது.

COLLEGE OF NURSING

MADRAS MEDICAL COLLEGE, CHENNAI-03.

HEALTHY AGEING PACKAGE ON

PHYSICAL STIMULATION

Name of subject	:	Community Health Nursing
Topic	:	Healthy ageing package on physical stimulation
Duration	:	30 minutes
Group	:	Elders in selected area
Method of teaching	:	Lecture cum discussion
A.V. aids	:	Booklet, demonstration and return demonstration.
Name of the Researcher	:	N.UTHRAVATHY
		M.Sc (N) II year
		College of Nursing
		Madras Medical College

CENTRAL OBJECTIVE:

At the end of the teaching program elders will gain adequate knowledge regarding problems during ageing process and measures to promote functional status through healthy ageing package, benefits of healthy ageing package. It develops desirable attitude to practice and also it promotes the level of physical stimulation in daily activities among elders.

CONTRIBUTORY OBJECTIVES:

At the end of the class elders will be able to

1. define Ageing
2. explain the meaning of healthy ageing
3. list out the common changes arises due to ageing process
4. brief out the methods of promoting healthy and active ageing
5. discuss about the healthy ageing package
6. describe the components of healthy ageing package
7. enlist the benefits of healthy ageing package

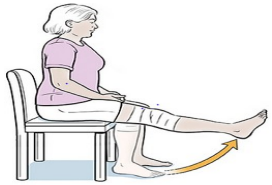
S. No	Time plan	Contributory objectives	Content	Student teacher activity	A. v. Aids	learners activity	Evaluation
1.	2mts	Define Ageing	**INTRODUCTION:** Ageing is the normal process of time related change begins with birth and continues throughout life. As the age passes through, elders face many problems related to physical, psychological, economical, spiritual and social activities. **World Health Organization (2018)** reported that the proportion of the world's population over 60 years will nearly double from 12% to 22% in between 2015 and 2050. Successful ageing refers to modification of behavioral process to achieve the best possible outcome of ageing. Many studies have proven that ageing process changes can be delayed and controlled by modification of lifestyle, habits, diet and exercise and retaining autonomy and social support. Successful ageing is an active process in which an individual has to adapt their choices in healthy manner. **DEFINITION OF AGEING:** Ageing has been defined chronologically by the passing of time subjectively as in how people feels in and functional as in changes in physical and mental capabilities**.**	Explaining	Booklet	Listening	

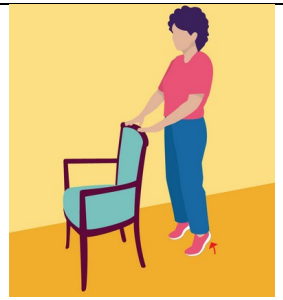
S. No	Time plan	Contributory objectives	Content	Student teacher activity	A. v. Aids	learners activity	Evaluation
2.	2mts	Explain the meaning of healthy ageing	**MEANING OF HEALTHY AGEING:** **World Health Organization (2018)** developed the strategy and action plan on ageing and health. Commitment to Healthy Ageing is one of the five strategic plans to promote ageing and health of the elders. Healthy and active ageing can be influenced by lifetime health habits, environment, social support system and emotional outlook. The **WHO Active ageing** states that encouraging our elders in appropriate physical activity, healthy eating, cessation of alcohol and smoking can promote the functional status extend life expectancy and promote ones quality of life.	Explaining		Listening	
3.	2mts	List out the common changes arises due to ageing process	**COMMON CHANGES ARISES DUE TO AGEING PROCESS:** ❖ Physical changes ❖ Psychological and mental changes ❖ Sociological changes ❖ Spiritual changes	Explaining	Booklet	Listening	
4.	3mts	Brief out the methods of promoting healthy and active ageing	**METHODS OF PROMOTING HEALTHY AND ACTIVE AGEING:** The elder people have specific health needs which demand extra attention				

S. No	Time plan	Contributory objectives	Content	Student teacher activity	A. v. Aids	learners activity	Evaluation
5.	3mts	Discuss about the healthy ageing package	➢ The need for good nutrition ➢ The need for exercise ➢ The economic security ➢ The need for independence ➢ The need for companionship ➢ Meaningful activity **HEALTHY AGEING PACKAGE** The structured package developed and implemented by researcher with the guidance of our experts for improving functional status of the elderly people. The content of this package includes strength and balance exercises, nutritional needs and life style modifications. These interventions are essential to promote functional status of activities of daily living and help them to promote their quality of life among elders. **WHO** defines Healthy ageing "as the process of developing and maintaining the functional ability that enable the well being in older age" .Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person's ability to: ❖ Meet their basic needs ❖ To learn, grow, and make decisions;	Explaining		Listening	

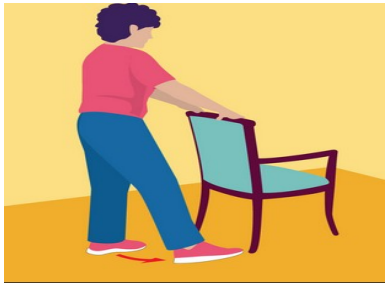
S. No	Time plan	Contributory objectives	Content	Student teacher activity	A. v. Aids	learners activity	Evaluation
6.	15 mts	Describe the components of healthy ageing package	❖ To be mobile ❖ To build and maintain relationships ❖ To contribute to society. **COMPONENTS OF HEALTHY AGEING PACKAGE** Healthy ageing package includes ➢ Simple daily exercises ➢ Tips on nutritional intake ➢ Lifestyle modifications **Simple daily exercises for elders:** Older adults should practice the exercise to promote functional status and restore the health. exercises which include balance and strengthening cise to improve the body balance and maintain a of well being. **Purpose:** ❖ Muscle strengthening and balance exercise helps to improve the bone density and reduce the risk of falls ❖ Exercises improve our body balance and flexibility at any age is especially important for people over the age 60. ❖ Exercising at lower intensity for long period of time help to stimulate the proprioceptor in the muscles to maintain body balance and strength which promote the functional status in activities of daily living.	Explaining	Demonstration and return demonstration	Listening	

S. No	Time plan	Contributory objectives	Content	Student teacher activity	A.v. Aids	learners activity	Evaluation
			❖ Exercises have a positive impact on extending the high quality of life among elders. **Special instructions:** ❖ Perform the balance and strengthening exercise once a day for 10 to 15 minutes in the morning or evening. ❖ Regular practice of exercise for 4 consecutive weeks is very essential and can be continued throughout their lifetime as much possible. ❖ Shouldn't hold the breath while doing the exercises. ❖ When you feel giddiness, dizziness should avoid doing exercise. ❖ Practice this exercises in the presence of family members. ❖ Practice these exercise slowly and steadily at comfortable place. Avoid vigorous movements while doing exercises. ❖ Hold the wall or chair or any stable object for practicing exercises to prevent instability.				

S. No	Time plan	Contributory objectives	Content	Student teacher activity	A.v. Aids	learners activity	Evaluation
			Balance and strengthening exercise **Steps:** **Leg extension:** This exercise helps to strengthen the thigh and leg muscles  ❖ Sit in a chair with the feet flat on floor. ❖ Participant can hold onto the sides of seat for support. ❖ Lift one leg off the floor until the opposite knee is straight. ❖ Hold in same position for a few seconds. ❖ Back to the normal position with both feet on the floor. ❖ Repeat on the other side of the leg. ❖ Repeat for 6 to 8 times on each side **Calf raises exercise:** ❖ Strengthen the ankle and calf muscle. ❖ Hold the back of a chair with your hands for stability. ❖ Slowly lift your both heels off the floor by keeping the weight over the big toes				

S. No	Time plan	Contributory objectives	Content	Student teacher activity	A. v. Aids	learners activity	Evaluation
			 ❖ The movement should be slow and with controlled manner. ❖ Repeat for five times. **Wall push-up exercise:** These push ups will help to strengthen your upper body, shoulders, and chest. You can do this exercise during leisure time also. ❖ Face a wall, standing a little further than arm's length away, feet shoulder width apart. ❖ Lean your body forward and put your palms flat against the wall at shoulder height and shoulder with apart. ❖ Slowly breathe in as you bend your elbows and lower your upper body toward the wall in a slow, controlled motion. Keep your feet flat on the floor. ❖ Hold the position for 1 second.				

S. No	Time plan	Contributory objectives	Content	Student teacher activity	A. v. Aids	learners activity	Evaluation
			 ❖ Breathe out and slowly push yourself back until your arms are straight. ❖ Repeat 10-15 times ❖ Rest then repeat 10-15 more times. **Heal to toe walk exercise:** Having good balance is important for many everyday activities. Position the heel of one foot just in front of the toes of the other foot. Your heel and toes should touch and almost touch. 				

S. No	Time plan	Contributory objectives	Content	Student teacher activity	A. v. Aids	learners activity	Evaluation
			❖ Choose a spot ahead of you and focus on it to keep you steady as you walk. ❖ Take a step. Put your heel just in front of the toe of your other foot. ❖ Repeat for 20 steps. ❖ If you unsteady of your feet, try doing exercise near a wall so you can steady yourself if you need to or have a sturdy chair or a person nearby to hold on if you feel unsteady. **Sideways leg lift:**  ❖ Rest your both hands on the back of a chair for stability. ❖ Raise your left leg to the side as far as is possible. ❖ Keep your back and hips straight. ❖ Return back to the starting position. ❖ Raise your right leg to the side as far as possible. ❖ Raise and lower each leg five times				

<table>
<tr><th>S. No</th><th>Time plan</th><th>Contributory objectives</th><th>Content</th><th>Student teacher activity</th><th>A. v. Aids</th><th>learners activity</th><th>Evaluation</th></tr>
<tr><td></td><td></td><td></td><td>
Tips on nutritional intake:
A healthy geriatric nutrition should be:
❖ A variety of fruits for vitamins and fibre
❖ A variety f vegetables for vitamins and fibres
❖ Meat or lentils for proteins
❖ Milk, milk products and green leafy vegetables for calcium.
❖ Water intake 2-3 litres per day.
Essential nutritional need for elders
<table>
<tr><th>Vitamins</th><th>Uses</th><th>Sources</th></tr>
<tr><td>Omega 3 fatty acids</td><td>Decrease the risk of heart disease.</td><td>Present in flax seed, walnuts and fish varieties
  </td></tr>
<tr><td>Calcium</td><td>preserve bones and lowers blood pressure,</td><td>Found in milk, dairy product and green leafy vegetables.
  </td></tr>
</table>
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S. No	Time plan	Contributory objectives	Content	Student teacher activity	A. v. Aids	learners activity	Evaluation

Vitamins	Uses	Sources
Potassium	Keeps bone strong, antidote for depression, reduce blood pressure and reduce risk of kidney stones.	Found in bananas, tender coconut.  
Magnesium	helps in immune system and heart functions	Found in dry fruits, and green leafy vegetables.  
Fibre	Helps for digestion, improves blood circulation.	Found in fruits and vegetables. 

S. No	Time plan	Contributory objectives	Content	Student teacher activity	A. v. Aids	learners activity	Evaluation

Vitamins	Uses	Sources
Vitamin B12	This important for red blood cells and for maintaining nerve functioning.	This has to be taken as supplement as fresh food does not contain enough. Found in varieties of legumes, liver, meat, and unpacked rice. 
Vitamin D	This helps in maintain bone density, helps the body to absorb the calcium and prevents osteoporosis.	Sun light, milk and milk products, varieties of fish. 

Diet tips for geriatrics:

- Lessen salt in food
- Avoid very sugary treats
- Keep hydrated
- Have smaller and more frequent meals
- Have an early dinner
- Sip water through the day
- Avoid fatty food, fried food and preservatives

S. No	Time plan	Contributory objectives	Content	Student teacher activity	A. v. Aids	learners activity	Evaluation
7.	3mts	Enlist the benefits of healthy ageing package	**Healthy lifestyle modification for elders:** Life style modifications are essential to promote elders health. It includes: ❖ Avoid alcohol ❖ Cessation of smoking ❖ Sun protection and use skin moisturizers ❖ Routine dental care ❖ Adequate fluid intake ❖ Regular health care screening and preventive measures. ❖ Adequate sleep and good sleep hygiene. ❖ Social activities and connecting with peer groups. **BENEFITS OF HEALTHY AGEING PACKAGE FOR ELDERS:** The healthy ageing package consists of simple daily exercises, nutrition and life style modifications. ❖ Improves the strength and balance which is important for daily activities ❖ Promotes digestion process and ease constipation. ❖ Improves your immune system. ❖ Healthy ageing package Slows the ageing process and makes your older years more delight. ❖ Refresh your mood and reduce depression, stress and improve social relation. ❖ Ease their daily activities.	Explaining	Booklet	Listening	

SUMMARY:

So for we discussed about definition of ageing, meaning of healthy ageing, common changes arises due to ageing process, methods of promoting healthy and active ageing, components of healthy ageing package, benefits of healthy ageing package as Improves the strength and balance which is important for daily activities, promotes digestion process and ease constipation. Improves immune system. Healthy ageing package, Slows the ageing process and makes your older years more delight and refresh your mood and reduce depression, stress and improve social relation.

CONCLUSION

Healthy ageing package enhance the elders to promote functional ability in activities of daily living. Elders should utilize the information given by the Community health nurse investigator regarding various measures to promote the quality of life and reduce dependent level. “Prevention is better than cure’’.

செவிலியர் கல்லூரி

சென்னை மருத்துவக் கல்லூரி,

சென்னை - **600003**

ஆரோக்கியமான முதுமை அடைதல் பற்றிய தொகுப்பு

மத்திய நோக்கம்:

இந்த கற்பித்தல் திட்டத்தின் முடிவில், முதுமையடையும் போது ஏற்படும் பிரச்சினைகள் மற்றும் ஆரோக்கியமான தொகுப்பின் மூலம் செயல்பாட்டு நிலையை மேம்படுத்துவதற்கான நடவடிக்கைகள், ஆரோக்கியமான வயதான தொகுப்பின் நன்மைகள் குறித்து போதுமான அறிவைப் பெறுவார்கள். இது பயிற்சிக்கு விரும்பத்தக்க அணுகுமுறையை உருவாக்குகிறது, மேலும் இது பெரியவர்களிடையே அன்றாட நடவடிக்கைகளில் செயல்பாட்டு நிலையின் அளவை ஊக்குவிக்கிறது.

பங்களிப்பு நோக்கங்கள்:

வகுப்பின் முடிவில் பெரியவர்கள்

1. முதுமை பற்றி வரையறைவர்
2. ஆரோக்கியமான முதுமைக்குறித்து விளக்குவர்
3. முதுமையின் காரணமாக எழும் பொதுவான மாற்றங்களை பட்டியலிடுவர்
4. ஆரோக்கியமான மற்றும் சுறுசுறுப்பான வயதானதை ஊக்குவிக்கும் முறைகளை சுருக்கமாகக் கூறுவர்
5. ஆரோக்கியமான முதுமை அடைதல் தொகுப்பு பற்றி விவாதிப்பர்
6. ஆரோக்கியமான முதுமை அடைதல் தொகுப்பின் கூறுகளை விவரிப்பர்
7. ஆரோக்கியமான முதுமை அடைதல் தொகுப்பின் நன்மைகளைப் பட்டியலிடு

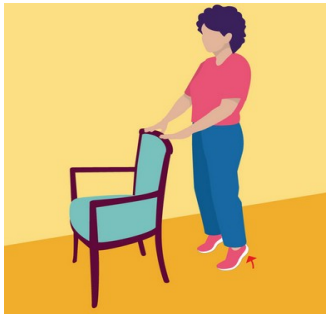
வ. எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
1.	2 நிமிடம்	முதுமையடைதலின் வரையறை	**முன்னுரை:** முதுமை என்பது இயல்பான, காலம் சார்ந்த மாற்றம் பிறப்பு முதல் தொடங்கி வாழ்க்கை முழுவதும் ஏற்படும் மாற்றமாகும்.வயது கடந்து செல்ல, பெரியவர்கள் உடல், உளவியல், பொருளாதார, ஆன்மீக மற்றும் சமூக நடவடிக்கைகள் தொடர்பான பல சிக்கல்களை எதிர்கொள்கின்றனர். வெற்றிகரமான முதுமையானது ஒரு சுயமான செயல்முறையாகும், இதில் ஒவ்வொரு வரும் தானாகவே ஆரோக்கியமான முறையை தமது விருப்பத்துடன் மாற்றியமைத்துக்கொள்ள வேண்டும். **முதுமை வரையறை :** முதுமை என்பது ஒரு முற்போக்கான செயல்பாட்டு வீழ்ச்சி அல்லது வயதானவரின் உடலியல் செயல்பாட்டின் படிப்படியான சரிவு என்றும் வரையறுக்கப்படலாம், இதில் அறிவு சார்ந்த மந்தநிலையும் உள்ளடங்கும் -பார்ட்ரிட்ஜ்	விளக்குதல் விளக்குதல்	புத்தக கையேடு	கவனித்தல் கவனித்தல்	

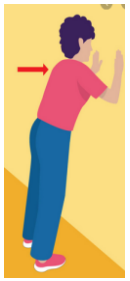
வ. எண	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
2. 3. 4.	2 நிமிடம் 2 நிமிடம் 3 நிமிடம்	ஆரோக்கிய முதுமையடைதலின் வரையறை முதுமையின் காரணமாக எழும் பொதுவான மாற்றங்களை பட்டியலிடவும் ஆரோக்கியமான மற்றும் சுறுசுறுப்பான வயதானதை சுருக்கமாகக் கூறுவர்	**ஆரோக்கியமான முதுமையடைதலின் வரையறை :** உலக சுகாதார அமைப்பு 2018 ஆம் ஆண்டில் வயதான மற்றும் உடல்நலம் பற்றிய குறிப்பு மற்றும் செயல் திட்டத்தை உருவாக்கியது.ஆரோக்கியமான முதுமைக்கு தன்னை அர்ப்பணிதல் என்பது முதியோரின் வயதான மற்றும் ஆரோக்கியத்தை மேம்படுத்துவதற்கான ஐந்து மூலோபாய திட்டங்களில் ஒன்றா கும்.வாழ்நாள் சுகாதாரப் பழக்கம், சுற்றுச் சூழல், சமூக ஆதரவு அமைப்பு மற்றும் உணர்ச்சி கண்ணோட்டத்தால் ஆரோக்கிய மான மற்றும் சுறுசுறுப்பான முதுமைகுரிய மாற்றத்தை ஏற்படுத்த முடியும். **முதுமையடையும்போது ஏற்படும் பொதுவான மாற்றங்கள்:** • உடல் மாற்றங்கள் • உளவியல் மற்றும் மன மாற்றங்கள் • சமூகவியல் மாற்றங்கள் • ஆன்மீக மாற்றங்கள் **ஆரோக்கியமான முதுமையை அடைய ஊக்குவிக்கும் முறைகள்:** வயதானவர்களுக்கு உடல் நலன் தேவைக்காக கூடுதல் கவனம் செலுத்த	விளக்குதல் விளக்குதல்	புத்தக கையேடு	கவனித்தல் கவனித்தல்	

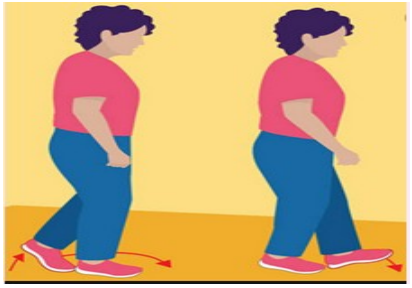
வ. எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
5.	3 நிமிடம்	ஊக்குவிக்கும் முறைகளை ஆரோக்கியமான முதுமை அடைதல் தொகுப்பு பற்றி விவாதிப்பர்	வேண்டும் • நல்ல ஊட்டச்சத்து தேவை • உடற்பயிற்சியின் தேவை • பொருளாதார பாதுகாப்பு • சுயம்சார்ந்து வாழ்வதற்கான • தேவை • தோழமை தேவை நோக்கமுள்ளமுள்ள செயல்பாடு **ஆரோக்கியமான முதுமையடைதலின் தொகுப்பு:** வயதானவர்களின் செயல்பாட்டு நிலையை மேம்படுத்துவதற்காக ஆராய்ச்சியாளரால் உருவாக்கப்பட்ட மற்றும் செயல்படுத்தப்பட்ட கட்டமைக்கப்பட்ட தொகுப்பு.இந்த தொகுப்பின் உள்ளடக்கத்தில் வலிமைமற்றும்சமநிலை உடல்பயிற்சிகள், ஊட்டச்சத்து தேவைகள் மற்றும் வாழ்க்கை முறை மாற்றங்கள் ஆகியவை அடங்கும். அன்றாட வாழ்க்கை நடவடிக்கைகளின் செயல்பாட்டு நிலையை மேம்படுத்துவதற்கும்,பெரியவர்களிடையே அவர்களின் வாழ்க்கைத் தரத்தை மேம்படுத்துவதற்கும் இந்த தலையீடுகள் அவசியம்.	விளக்குதல்		கவனித்தல்	

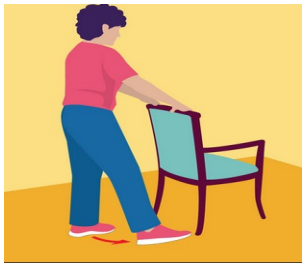
வ. எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
6.	15 நிமிடம்	ஆரோக்கியமான முதுமை அடைதல் தொகுப்பின் கூறுகளை விவரிப்பர்	**ஆரோக்கியமான வயதான தொகுப்பின் கூறுகள்** • எளிய தினசரி பயிற்சிகள் • ஊட்டச்சத்து உட்கொள்ளல் • வாழ்க்கை முறை மாற்றங்கள் உதவுகிறது, இது அன்றாட வாழ்க்கை நடவடிக்கைகளில் செயல்பாட்டு நிலையை மேம்படுத்துகிறது. முதியவர்களிடையே வாழ்க்கைத் தரத்தை உயர்த்துவதில் உடற்பயிற்சிகள் சாதகமான தாக்கத்தை ஏற்படுத்துகின்றன. **சமநிலைப்படுத்துதல் மற்றும் பலப்படுத்தும் உடற்பயிற்சி படிகள்:** **முழங்கால் நீட்டிப்பு பயிற்சி:** ❖ இந்த உடற்பயிற்சி தொடை மற்றும் கால் தசைகளை வலுப்படுத்த உதவுகிறது ஒரு நாற்காலியில் அமர்ந்துக் கொண்டு உங்கள் பாதங்கள் தரையில் பதியுமாறு வைக்கவும். ❖ பங்கேற்பாளர் ஆதரவுக்காக இருக்கையின் பக்கங்களை பிடிக்க முடியும்.	விளக்குதல் ஆய்வாளர் செயல் விளக்கம்		கவனித்தல்	

வ. எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
			 ❖ முழங்கால் நேராக இருக்குமாறு ஒரு காலை தரையில் இருந்து தூக்குங்கள். ❖ சில விநாடிகள் ஒரே நிலையில் இருங்கள். ❖ தரையில் இரு கால்களையும் கொண்டு சாதாரண நிலைக்குத் திரும்பவும் ❖ மற்றொரு காலிலும் இம்மாதிரி செய்யவும். ஒவ்வொரு பக்கத்திலும் முறை 8 முதல் 6 செய்யவும்				

வ. எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
			கணுக்கால் உயர்த்தும் பயிற்சி:  ❖ கணுக்கால் மற்றும் கன்று தசையை பலப்படுத்தும் ❖ ஸ்திரத்தன்மைக்கு நாற்காலியின் பின்புறத்தை உங்கள் கைகளால் பிடித்துக் கொள்ளுங்கள். ❖ குதிகாலை தரையிலிருந்து மெதுவாக உயர்த்தி கால் பெருவிரல்களின் மேல் உங்கள் எடையை தாங்கவும். ❖ இப்பயிற்சி மெதுவாகவும் கட்டுப் படுத்தப்பட்ட விதத்திலும் இருக்க வேண்டும். ❖ இதுபோன்று ஐந்து முறை செய்யவும். **சுவர் உந்தும் பயிற்சி:** மேல் உடல், தோள்கள் மற்றும் மார்பை வலுப்படுத்த உதவும். ஓய்வு நேரத்திலும் இந்த பயிற்சியை நீங்கள் செய்யலாம்.				

வ. எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
			  ❖ ஒரு சுவரை எதிர்கொள்ளுங்கள், தோள்பட்டை ,கையின் நீளத்தை விட சற்று பின்புறமாக நின்று, அடி அகலம் தவிர. ❖ உங்கள் உடலை முன்னோக்கி சாய்ந்து, உங்கள் உள்ளங்கைகளை சுவருக்கு எதிராக தோள்பட்டை உயரத்திலும் தோள்பட்டையிலும்தட்டையாக வைக்கவும். ❖ உங்கள் முழங்கைகளை வளைத்து, மெதுவாக, கட்டுப்படுத்தப்பட்ட இயக்கத்தில் சுவரை நோக்கி உங்கள் மேல் உடலைத் தாழ்த்தும்போது மெதுவாக சுவாசிக்கவும். உங்கள் கால்களை தரையில் தட்டையாக வைக்கவும்.				

வ. எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
			❖ இந்நிலையை 1 விநாடிக்கு நீடிக்கவும் ❖ உங்கள் முழங்கைகளை நேராக இருக்கும் வரை உங்களை பின்னுக்குத் தள்ளி மெதுவாக சுவாசத்தை வெயளியே விடுங்கள். ❖ 10-15 முறை செய்யவும் ❖ ஓய்வு எடுத்த பின்னர் 10-15 முறை மீண்டும் செய்யவும். **குதிகால் மற்றும் கால்விரல் நடைபயிற்சி :** பல அன்றாட வேலைகளுக்கு உடல் சமநிலை மிகவும் முக்கியம். ❖ உங்கள் ஒரு காலின் குதிகால் மற்றொரு காலின் விரல்களுக்குக்கு முன்னால் வைக்கவும். உங்கள் ஒரு காலின் குதிகால் மற்றொரு காலின் விரல்கள் ஒன்றையொன்று தொட வேண்டும். 				

வ. எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
			❖ உங்களுக்கு முன்னால் ஒரு புள்ளியைத் தேர்வுசெய்து சீராக நடக்க அவற்றை கவனம் செலுத்துங்கள். ❖ உங்கள் ஒரு குதிகால் மற்ற பாதத்தின் கால் விரல்கள் முன் வைக்கவும். ❖ 20 தடவைகள் தொடரவும். ❖ நீங்கள் நிலை தடுமாறுவதாக உணர்ந்தால், ஒரு சுவர், நாற்காலி அல்லது ஒரு நபரின் அருகில் உடற்பயிற்சி செய்ய முயற்சிக்கவும். **பக்கவாட்டில் கால் உயர்த்துதல்:** ❖ ஸ்திரத்தன்மைக்கு உங்கள் இருகை களையும்நாற்காலியின்பின் புறத்தை பிடித்துக்கொள்ளவும்.  ❖ உங்கள் இடது காலை முடிந்தவரை பக்கமவாட்டில் உயர்த்தவும்.				

வ. எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
			❖ உங்கள் முதுகு மற்றும் இடுப்பை நேராக வைக்கவும். ❖ தொடக்க நிலைக்குத் திரும்புக. ❖ இதுபோன்று உங்கள் வலது காலையும் முடிந்தவரை பக்கமாக உயர்த்தவும். ❖ ஒவ்வொரு காலையும் ஐந்து முறை உயர்த்தி குறைக்கவும். **ஊட்டச்சத்து உட்கொள்ளல் பற்றிய குறிப்புகள்:** ❖ வைட்டமின்கள் மற்றும் நார்ச்சத்துக்கான பலவகையான பழங்கள் ❖ வைட்டமின்கள் மற்றும் நார்ச்சதுக்கான பல்வேறு வகையான காய்கறிகள் ❖ புரதங்களுக்கான இறைச்சி அல்லது பயறு ❖ கால்சியம் சத்திற்கானபால், பால் பொருட்கள் மற்றும் கீரை வகைகள் ❖ போதுமான அளவு தினசரி தண்ணீர் உட்கொள்ளல். 2-3 லிட்டர்.				

<table>
<tr><th>வ.எண்</th><th>நேரம்</th><th>குறிப்பிட்ட நோக்கம்</th><th>பொருளடக்கம்</th><th>ஆய்வாளர் செயல்பாடு</th><th>ஒலி,ஒளி காட்சி சாதனங்கள்</th><th>பழகுநர் செயல்பாடு</th><th>மதிப்பீடு</th></tr>
<tr>
<td></td><td></td><td></td>
<td>முதியவர்களுக்குத் தேவையான தினசரி உணவுகள் :-
<table>
<tr><th>ஊட்டச் சத்துகள்</th><th>பயன்கள்</th><th>உணவு வகைகள்</th></tr>
<tr><td>ஒமேகா – 3 கொழுப்பு அமிலங்கள்</td><td>• இருதய நோய்க்கான அபாயத்தைக் குறைக்குறது</td><td>ஆலிவ் விதைகள், வாதுமை கொட்டை, மீன்வகைகள  </td></tr>
<tr><td>கால்சியம்</td><td>• எலும்புகளை பாதுகாக்கும் மற்றும் இரத்த அழுத்தத்தை சீராக்குகிறது</td><td>பால் ,பால் பொருட்கள் மற்றும் கீரை வகைகள்  </td></tr>
<tr><td>பொட்டாசியம்</td><td>• எலும்புகளை வலுவாக்குகிறது
• மன அழுத்தத்தின் எதிரி
• உயர் இரத்த அழுத்தத்தைக் குறைக்கிறது</td><td>வாழைப்பழம், இளநீர், ஆரஞ்சு, திராட்சை மற்றும் உலர் பழங்கள்  </td></tr>
</table></td>
<td>விளக்குதல்</td><td>புத்தக கையேடு</td><td>கவனித்தல்</td><td></td>
</tr>
</table>

வ.எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு

ஊட்டச் சத்துகள்	பயன்கள்	உணவு வகைகள்
	• சிறுநீர் கல் உருவாதலை தடுக்கிறது.	
மெக்னீசியம்	நோய் எதிர்ப்பு சக்தி மற்றும் இருதய செயல்பாட்டை மேம்படுத்தும்	உலர் பழங்கள், பச்சை காய்கறிகள், தானியங்கள் மற்றும் கீரை வகைகள். 
நார்ச்சத்து	இது செரிமானம் மற்றும் இரத்த ஓட்டத்திற்கு உதவுகிறது.	பழம், கீரை மற்றும் காய்கறி வகைகள். 

வ.எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு

ஊட்டச் சத்துகள்	பயன்கள்	உணவு வகைகள்
வைட்டமின் 12	இரத்த அணுக்கள் மற்றும் நரம்பு மண்டலத்தை ஆரோக்கியமாக வைத்துக்கொள்ள உதவுகிறது.	பயறு வகைகள் ,ஈரல் ,இறைச்சி, மற்றும் உமி நீக்கப்படாத அரிசி வகைகள் 
வைட்டமின்	• எலும்பின் அடர்த்தியை பராமரிக்கிறது. • கால்சியம் உட்கிரகிக்க உதவுகிறது. • எலும்புகள் தேய்மானத்தை தடுக்கிறது.	சூரிய ஒளி பால் வகைகள். மீன் வகைகள.  

முதியவர்களுக்கான உணவு

குறிப்புகள்:-

- உணவில் உப்பின் அளவை குறைக்கவும்.

வ.எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
			❖ அளவிற்கு அதிகமான சர்க்கரை உட்கொள்ளுதலை தவிர்க்கவும். ❖ உடலில் நீர்ச்சத்தின் அளவை சீராக வைத்திருக்கவும். ❖ சிறு இடைவெளியில் சிறிதளவு உணவுகளை அடிக்கடி எடுத்துக் கொள்ளவும். ❖ நாள்முழுதும் தண்ணீரை சிறிது சிறிதாக குடிக்கவும் ❖ கொழுப்பு மற்றும் எண்ணெயில் பொரித்த உணவுகளை தவிர்த்தல் மற்றும் பதப்படுத்தப்பட்ட உணவு பொருட்களை தவிர்க்கவும். **முதியர்வளுக்கு ஆரோக்கியமான** **வாழ்க்கை நடைமுறை மாற்றங்கள:** ❖ மது அருந்தலை தவிர்க்கவும். ❖ புகைப்பிடித்தலை தவிர்க்கவும். ❖ வெப்பத்தின் தாக்கத்தை தவிர்த்தல் மற்றும் சரும பாதுகாப்பு களிம்புகளை பயன்படுத்துதல் ❖ முறையான பல் பராமரிப்பு முறையான ❖ உடல் நல பரிசோதனை மற்றும் நோய் தடுப்பு முறைகளை பின்பற்றுதல்				

வ.எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
7.	3 நிமிடம்	ஆரோக்கியமான முதுமை அடைதல் தொகுப்பின் நன்மைகளைப் பட்டியலிடுவர்	• போதுமான உறக்கம் மற்றும் முறையான உறக்கம் • சமுதாய நடவடிக்கைகள் மற்றும் சக குழுக்களுடன் இணைந்து செயல்படுதல். **ஆரோக்கியமாக முதுமையடையும் தொகுப்பின் பயன்பாடுகள்:-** ஆரோக்கியமாகமுதுமையடையும்தொகுப்பு முதியவர்களுக்கான எளிய தினசரி உடற் பற்சிகள், ஊட்டச்சத்து குறிப்புகள், ஆரோக்கியமான வாழ்க்கை நடைமுறை மாற்றங்களை உள்ளடக்கியுள்ளது. • உடற்பயிற்சி தினசரி வேலைகளுக்கு தேவையான ஆற்றல் மற்றும் சமநிலையை மேம்படுத்தும். • ஜீரண சக்தியை மேம்படுத்துகிறது மற்றும் மலச்சிக்கலை சீர்ப்படுத்துகிறது. • உங்கள் நோய் எதிர்ப்பு சக்தியை பலப்படுத்தவும் மற்றம் மேம்படுத்தவும் உதவுகிறது. • உங்கள் முதிர்வடையும் தன்மையை தாமதப்படுத்துகிறது. • உங்கள் முதிர்வு காலத்தை மகிழ்ச்சயாக்குகிறது	விளக்குதல்	புத்தக கையேடு	கவனித்தல்	

வ.எண்	நேரம்	குறிப்பிட்ட நோக்கம்	பொருளடக்கம்	ஆய்வாளர் செயல்பாடு	ஒலி,ஒளி காட்சி சாதனங்கள்	பழகுநர் செயல்பாடு	மதிப்பீடு
			• உங்கள் மன நிலையை மேன்மைப்படுத்தி மன அழுத்தம், மன உலைச்சல் மற்றும் பதட்டத்தைக் குறைக்கிறது. • காயங்கள் ஏற்படும் அபாயத்ததைக் குறைக்கிறது. • தினசரி வேலைகள் செய்வதை எளிமையாக்குகிறது				

முடிவுரை:-

அன்றாட வாழ்வின் செயல்பாடுகளில் செயல்பாட்டு திறனை மேம்படுத்துவதற்கும், சார்பு நிலையைக் குறைப்பதற்கும் பல்வேறு நடவடிக்கைகள் குறித்து சமூக சுகாதார செவிலியர் புலனாய்வாளர் அளித்த தகவல்களை முதியவர்கள் பயன்படுத்த வேண்டும்."வரும் முன் காப்பதே சிறந்தது''.

INFORMED CONSENT

Investigator : Mrs. N. Uthravathy

Name of Participant :

Age/sex :

Date :

Name of the Institution : College of Nursing, Chennai.

Title : "A study to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai."

Documentation of the informed consent: (legal representative can sign if the participant is minor or competent).

- I _____have read/it has been read for me, the information in this form. I was free to ask any questions and they have been answered. I am an elderly and exercising my free power of choice, hereby give my consent to be included as a participant in the study.
- I have read and understood this consent form and the information provided to me.
- I have had the consent document explained in detail to me.
- I have been explained about the nature of my study.
- My rights and responsibilities have been explained to me by the investigator.
- I agree to cooperate with the investigator
- I have not participated in any research study at any time.
- I am aware of the fact that I can opt out of the study at any time without having to give any reason.

- I hereby give permission to the investigators to release the information obtained from me as a result of participation in this study to the regulatory authorities, government agencies and Institutional Ethics Committee. I understand that they are publicly presented.
- My identity will be kept confidential if my data are publicly presented.
- I am aware that I have any question during this study; I should contact the concerned investigator.

Signature of Investigator Signature of Participants

Date

INFORMATION TO PARTICIPANTS

Title : "A study to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai."

Name of the Participant :

Date :

Age/sex :

Investigator : Mrs. N. Uthravathy

Name of the institution : College of Nursing, MMC, Chennai.

Enrolment No :

You are invited to take part in this study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to co-operate in this study being conducted at selected area in Chennai.

What is the Purpose of the Research (explain briefly)

This research is conducted to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area, Chennai. We have obtained permission from the Institutional Ethics Committee.

Study Procedures

- Study will be conducted after approval of ethics committee
- A written formal permission will be obtained from authorities of College of Nursing, Madras Medical College, Chennai-3 to conduct study.
- The purpose of study will be explained to the participants.
- The investigator will obtain informed consent.
- The investigator will assess the job satisfaction and burn out of each participant before the procedure using a standardized scale.
- It will be taught by the investigator daily.
- The process of healthy ageing package on physical stimulation will be explained to them with the help of lecture.

- Following that the level of knowledge will be assessed by posttest.

Possible benefits to other people

The result of the research may provide benefits to the elderly and also empathetic care to them by investigator.

Confidentiality of the information obtained from you

You have the right to confidentiality regarding the privacy of your personal details. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

How will your decision not to participate in the study affect you?

Your decisions not to participate in this research study will not affect your activity of daily living, medical care or your relationship with investigator or the institution.

Can you decide to stop participating in the study once you start?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during course of the study without giving any reasons.

Your privacy in the research will be maintained throughout the study. In the event of any publications or presentation resulting from the research, no personally identifiable information will be shared.

Signature of Investigator Signature of Participants

Date Date

சுய ஒப்புதல் படிவம்

ஆராய்ச்சி தலைப்பு: முதியவர்களிடையே உடல் தூண்டுதலை உள்ளடக்கிய ஆரோக்கியமான முதிர்ச்சி அடைதல் பற்றிய தொகுப்பின் செயல் திறனை மதிப்பிடுதல் தொடர்பான ஆய்வு

ஆய்வாளர் பெயர் : **ந. உத்ராவதி**

பங்கேற்பாளர் பெயர் :

தேதி :

வயது/பால் :

- ஆய்வாளர்கள் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழு மனதுடனும் சுயநினைவுடன் சம்மதிக்கிறேன்.
- ஆய்வாளர்மேற்கொள்ளப்போகும் பரிசோதனைகளை மிக தெளிவாக விளக்கிக்கூறினார்..
- எனக்குவிருப்பம்மில்லாத பட்சத்தில் ஆராய்ச்சியிலிருந்து எந்நேரமும் விலகலாம்என்பதையும் ஆய்வாளர் மூலம் அறிந்து கொண்டேன்.
- இந்த ஆராய்ச்சி ஒப்புதல் கடிதத்தில் உள்ள விவரங்களை நன்கு புரிந்து கொண்டேன். எனது உரிமைகள் மற்றும் கடமைகள் ஆராய்ச்சியாளர் மூலம் விளக்கப் பட்டது.
- நான் ஆராய்ச்சியாளருடன் ஒத்துழைக்க சம்மதிக்கிறேன் எனக்கு ஏதேனும் உடல்நலகுறைவு ஏற்பட்டால் ஆராய்ச்சியாளர் இடம் தெரிவிப்பேன்.
- நான் வேறு எந்த ஆராய்ச்சியிலும்தற்சமயம் இடம்பெறவில்லை என்பதை தெரிவித்துக் கொள்கிறேன்.
- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிட சம்மதிக்கிறேன். அப்படி வெளியிடும் போது என் அடையாளம் வெளிவராது என்பதை அறிவேன்.
- எனக்கு இந்த ஒப்புதல் கடிதத்தின் நகல் கொடுக்கப்பட்டது.

ஆய்வாளர் கையொப்பம்
பங்கேற்பாளர்கையொப்பம்

தேதி : தேதி :

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு: முதியவர்களிடையே உடல் தூண்டுதலை உள்ளடக்கிய ஆரோக்கியமான முதிர்ச்சி அடைதல் பற்றிய தொகுப்பின் செயல் திறனை மதிப்பிடுதல் தொடர்பான ஆய்வு.

ஆய்வாளர் பெயர் : ந. உத்ராவதி **தேதி** :

பங்கேற்பாளர் பெயர் :

வயது/பால் :

- ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடன் சம்மதிக்கலாம்.
- இதில் பங்கேற்பதன் நோக்கம்: இந்த ஆராய்ச்சியில் தகவல்களை தெரிந்து கொள்வதற்காகவும் அதனை பயன்படுத்துவதற்காக மட்டும்தான்.
- இந்த ஆராய்ச்சியின் நோக்கம்: முதியவர்களிடையே உடல் தூண்டுதலை உள்ளடக்கிய ஆரோக்கியமான முதிர்ச்சி அடைதல் பற்றிய தொகுப்பின் செயல் திறனை மதிப்பிடுதல் தொடர்பான ஆய்வு.
- ஆராய்ச்சி மேற்கொள்ளும் முறை: இந்த ஆராய்ச்சியில் முதியவர்களிடையே உடல் தூண்டுதலை உள்ளடக்கிய ஆரோக்கியமான முதுமை அடைதல் பற்றிய தொகுப்பின் செயல்திறனை மதிப்பிடுதல் பற்றி அறியலாம்.
- இதனால் ஆய்வாளருக்கான பயன்: இந்த ஆய்வுக்குப் பின் முதியவர்களிடையே உடல் தூண்டுதலை உள்ளடக்கிய ஆரோக்கியமான முதுமை அடைதல் பற்றிய தொகுப்பின் செயல்திறனின் தாக்கத்தை அறியலாம்.
- இதனால் பங்கேற்பாளருக்கான பயன்: இந்த ஆய்வு முதியவர்களிடையே உடல் தூண்டுதலை உள்ளடக்கிய ஆரோக்கியமான முதுமை அடைதலுக்கான உத்தியை கற்றுத்தந்த பின் பயன்படுத்துவதினால் அவர்களுடைய தினசரி வாழ்வின் செயல்பாடுகள் முன்னேற்றம் ஏற்படுகிறது.

- ஆராய்ச்சியில் பங்கேற்கவில்லை என்றாலும் உங்களின் சராசரி வாழ்க்கை முறையில் எந்தவித மாற்றமும் ஏற்படாது என்பதை தெரிவிக்கின்றேன்.
- இந்த ஆராய்ச்சியில் பங்கேற்க விருப்பம் இல்லை என்றால் உங்களின் முழு மனதுடன் நீங்கள் இந்த ஆராய்ச்சியில் இருந்து விலகிக் கொள்ளலாம் என்பதை தெரிவிக்கின்றேன்.
- இந்த ஆராய்ச்சியில் உங்களின் தகவல்களை பாதுகாப்பாக வைத்து கொள்கிறேன் என்பதை தெரிவிக்கின்றேன்.
- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிடும் போது உங்களை பற்றி அடையாளங்கள் வெளிவராது என்று உறுதி கூறுகிறேன்.

ஆய்வாளர் கையொப்பம்

தேதி :

பங்கேற்பாளர் கையொப்பம்

தேதி :

CERTIFICATE OF PLAGIARISM

This is to certify that dissertation titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF HEALTHY AGEING PACKAGE ON PHYSICAL STIMULATION AMONG ELDERS IN SELECTED AREA AT CHENNAI"** of the candidate **Mrs.N.UTHRAVATHY** for the partial fulfillment of M.Sc. Nursing Programme in the branch of **COMMUNITY HEALTH NURSING** has been verified for plagiarism through relevant plagiarism checker. We found that the uploaded thesis file from introduction to conclusion pages and rewrite shows _____% of Plagiarism (_____% uniqueness) in this dissertation.

CLINICAL SPECIALTY GUIDE

Selvi.B.Lingeswari, M.Sc(N).,M.B.A.,M.Phil.,
Reader,
College of Nursing,
Madras Medical College,
Chennai - 03.

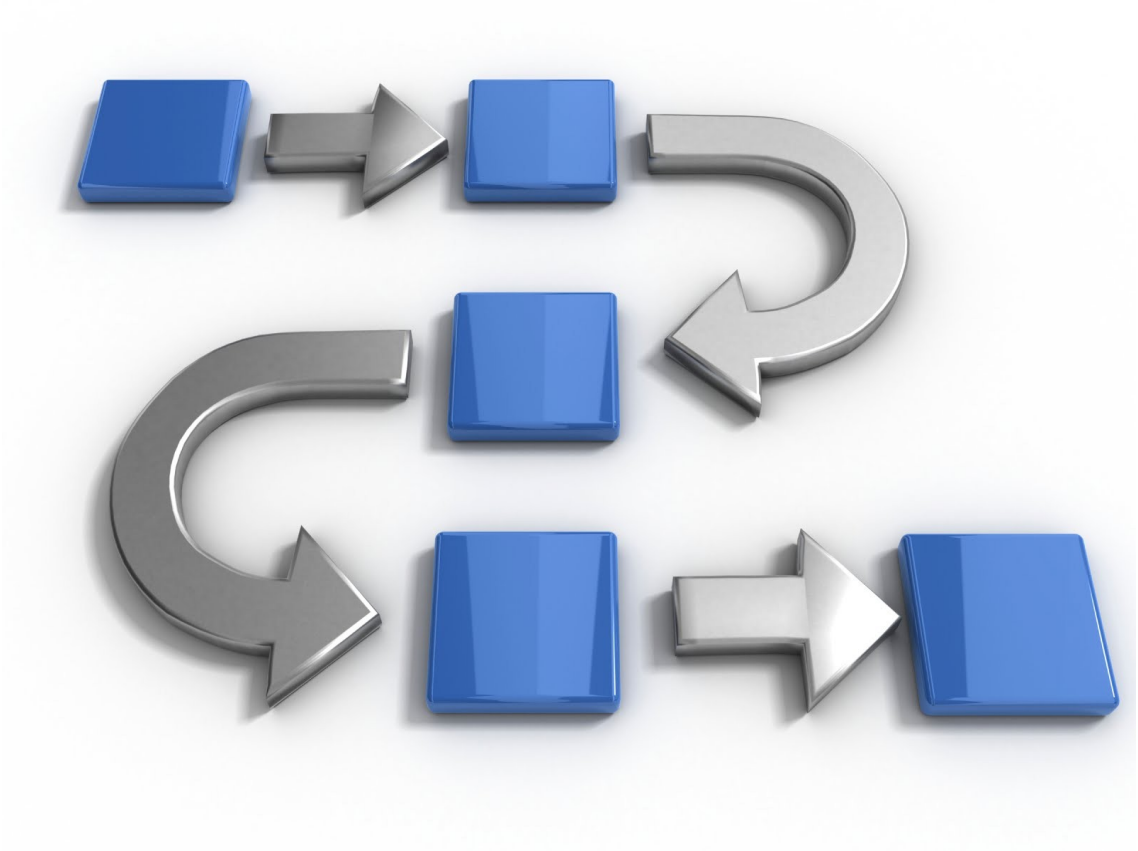
PRINCIPAL

Mrs.A.Thahira Begum, M.Sc.(N), MBA, M.Phil.,
Principal,
College of Nursing,
Madras Medical College,
Chennai -03.

Chapter-I
Introduction

Chapter-II
Review of Literature

Chapter-III
Research Methodology

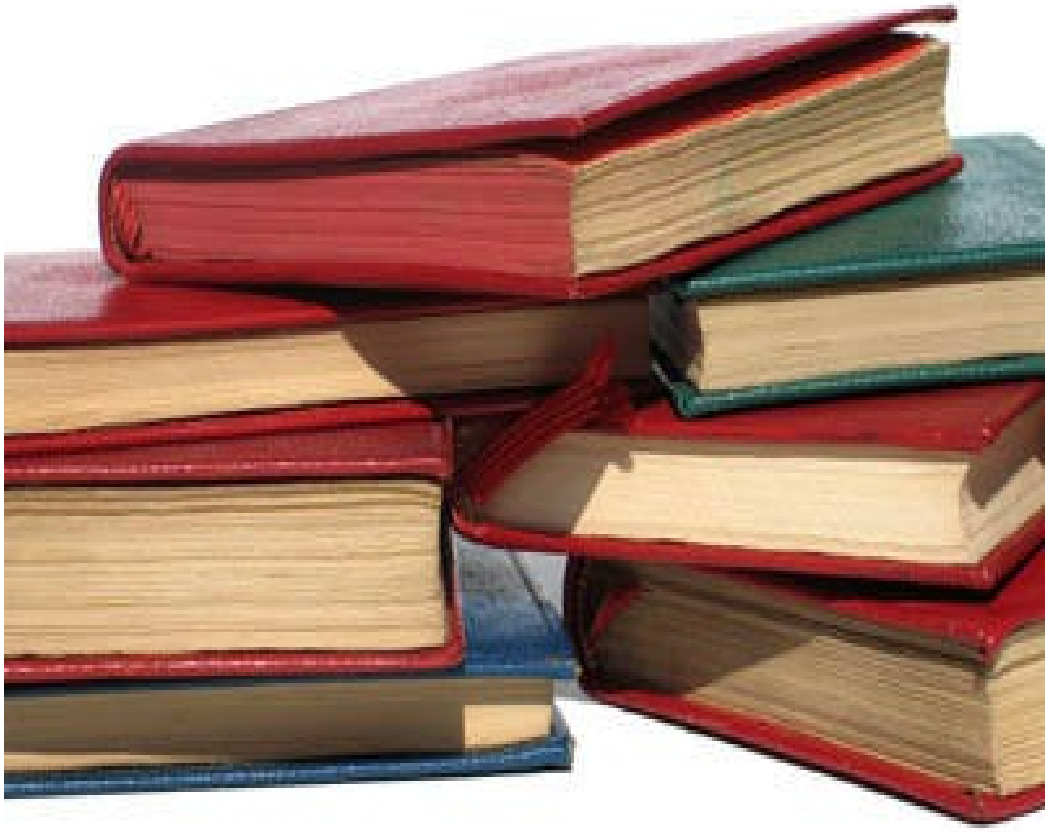


Chapter-IV
Data Analysis & Interpretation

Chapter-V
Discussion

Chapter-VI
Summary, Implication, Recommendation, Limitation & Conclusion

References



Appendices

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI 600 003

EC Reg.No.ECR/270/Inst./TN/2013/RR-16
Telephone No.044 25305301
Fax: 011 25363970

CERTIFICATE OF APPROVAL

To
Ms.N.UTHRAVATHY
M.Sc (N) I Year
College of Nursing
Madras Medical College
Chennai-600003.

Dear Ms.N.UTHRAVATHY,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF HEALTHY AGEING PACKAGE ON PHYSICAL STIMULATION AMONG ELDERS IN SELECTED AREA AT CHENNAI"-NO.27112019.** The following members of Ethics Committee were present in the meeting held on **12.11.2019** conducted at Madras Medical College, Chennai 3.

1. Prof.P.V.Jayashankar :Chairperson
2. Prof.R.Jayanthi,MD.,FRCP(Glasg)., Dean,MMC,Ch-3 :DeputyChairperson
3. Prof.N.Gopalakrishnan,MD.,DM.,FRCP, Vice Principal Director,Inst.of Nephrology,MMC,Ch : Member Secretary
4. Prof.Bharathi Vidya Jayanthi,Vice Principal Director,Inst. of Pathology,MMC,Ch- : Member
5. Prof.R.Muthuselvan,MD,Prof. Inst. of Int.Med,MMC, Ch-3 : Member
6. Prof.Alli, Prof. Inst. of Gen.Surgery,MMC : Member
7. Prof.Shobha, Prof, Inst.of O&G, Chennai : Member
8. Prof.Rema Chandramohan,Prof.of Paediatrics,ICH,Chennai : Member
9. Prof. Sudha, Prof. Inst. of Pharmacology,MMC,Ch-3 : Member
10. Prof.K.Ramadevi,MD., Director, Inst. of Bio-Chemistry,MMC,Ch-3 : Member
11. Prof. S.Lakshmi, Prof. of Paediatrics ICH Chennai : Member
12. Thiru S.Govindasamy, BA.,BL,High Court,Chennai : Lawyer
13. Tmt.Arnold Saulina, MA.,MSW., :Social Scientist
14. Thiru K.Ranjith, Ch- 91 : Lay Person

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary – Ethics Committee

From ,

N.Uthravathy ,
M.sc (N) II Year student,
College of Nursing ,
Madras Medical College ,
Chennai-3 .

To ,

Director ,
Institute of Community Medicine,
Madras Medical College,
Chennai-3.

Through,

Principal,College of Nursing, Madras Medical College, Chennai-03.

Respected Madam,

Sub: College of Nursing, Madras Medical College,
M.Sc (N) II Year student Permission to conduct study requested – reg .

I kindly request you to permit me to conduct study on **"A STUDY TO ASSESS THE EFFECTIVENESS OF HEALTHY AGEING PACKAGE ON PHYSICAL STIMULATION AMONG ELDERS IN SELECTED AREA AT CHENNAI"** as a part of our requirement to be completed for the Tamilnadu Dr .M.G.R. Medical University.

Thanking You

Yours faithfully,

(N.UTHRAVATHY)

Forwarded

PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.

Permitted

Dr.Joy Patricia Pushparani MD.,
Professor,
Inst.of Community Medicine,
Madras Medical College,
Chennai-03.

Place: Chennai

Date:

REQUISITION FORM

From

N:Uthravathy,

M.sc (N) I Year student,

College of Nursing,

Madras Medical College,

Chennai-03.

To,

Deputy commissioner (Health),

Greater Chennai Corporation,

Ripon Building,

Chennai-03.

Through,

The principal, College of Nursing, Madras Medical College

Respected sir/Madam,

Sub: College of Nursing, Madras Medical College, M.sc (N) I year,

Permission requested for doing dissertation in Choolai - reg .

I request you to kindly grant me permission to undergo the study on **" TO ASSESS THE EFFECTIVENESS OF HEALTHY AGEING PACKAGE ON PHYSICAL STIMULATION AMONG ELDERS IN SELECTED AREA AT CHENNAI"** as a part of our requirement to be completed for **The Tamil Nadu Dr. M.G.R. Medical University.**

Thanking You

Yours sincerely,

N. Uthravathy.

(N.UTHRAVATHY)

Place: Chennai

Date:

Forwarded

PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool submitted by N.Uthravathy M.scNursing II year student,College Of Nursing, Madras Medical College which is to be used in her study titled, **"A study to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai"** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

Signature with seal

Apollo College of Nursing ★ Apollo College of Nursing ★ Chennai - 600 095

Name: Banumathi. K.

Designation: Asst Prof.

College: Apollo college of Nursing.

Place: Chennai-95

Date: 23/12/19

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool submitted by N.Uthravathy M.scNursing II year student, College Of Nursing, Madras Medical College which is to be used in her study titled, **"A study to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai"** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

Signature with seal

S. KANCHANA M.Sc.,(N)
Associate Professor
MADHA COLLEGE OF NURSING
KUNDRATHU, CHENNAI-600 069.

Name: MRS. KANCHANA-S

Designation: ASSOCIATE PROFESSOR

College: MADHA COLLEGE OF NURSING, KUNDRATHUR. CHENNAI-69

Place: CHENNAI

Date: 23/12/19

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool submitted by N.Uthravathy M.scNursing II year student, College Of Nursing, Madras Medical College which is to be used in her study titled, **"A study to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai"** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

INSTITUTE OF COMMUNITY MEDICINE
MADRAS - 600 003
MADRAS MEDICAL COLLEGE

Signature with seal

PROFESSOR
Institute of Community Medicine
Madras Medical College
Chennai-600 003.

Name: Dr Joy PATRICIA PUSHPARANI

Designation: Professor of Community Medicine

College: Madras Medical College, Chennai

Place:

Date:

RECOMMENDATION OF THE SPECIALITY GUIDE

The dissertation study titled **"A study to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai."** by **Mrs.N.Uthravathy.,** M.Sc (N) I year, College of Nursing, Madras Medical College will be done according to the regulations of the Institutional Ethics Committee and I recommend it for acceptance.

Selvi. B. LINGESWARI, M.Sc. (N),
Reader in Nursing,
Community Health Nursing,
College Of Nursing,
Madras Medical College,
Chennai – 3

Mrs.T.RAMANI BAI, M.Sc (N).,
Reader in Nursing,
Community Health Nursing,
College Of Nursing,
Madras Medical College,
Chennai – 3

Date:

RECOMMENDATION OF THE GUIDE

This work undertaken / to be done by N.Uthravathy, M.Sc (N) I Year, College of Nursing, Madras Medical College, Chennai-3 titled **"A study to assess the effectiveness of healthy ageing package on physical stimulation among elders in selected area at Chennai"** will be under my supervision and I ensure that the candidate will abide by the rules of the Institutional Ethics Committee.

Mrs. A.Thahira Begum M.Sc (N),MBA,M.Phil.,
Principal,
College of Nursing,
Madras Medical College,
Chennai – 3

Date:

From,
Addl. City Medical Officer(i/c)
Medical Services Department
Greater Chennai Corporation,
Ripon Buildings
Chennai- 3

To
N. Uthravathy
M.Sc (N) 1st year, student
College of Nursing
Madras Medical College
Chennai-03.

M.S.D/Trg/F20/ 2377 /2019 Date : 22.11.2019

Madam,

Sub : Greater Chennai Corporation - Medical Services Dept – Training - Permission to conduct a research study by N. Uthravath, M.Sc Nursing 1st year student, College of Nursing, Madras Medical College among the patients attending Choolai UPHC and in the field belonging to Choolai UPHC from January 2020 to February 2020 - Orders issued – Regarding.

Ref: 1.Orders of the Deputy Commissioner (Health), Dated: 21.11.2019

*****

As per the Orders of the Deputy Commissioner (Health), permission is accorded to conduct a research study to "Assess the Effectiveness of Healthy Ageing Package on Physical Stimulation Among Elders" by N. Uthravathy M.Sc Nursing 1st year student, College of Nursing, Madras Medical College among the patients attending Choolai UPHC and in the field belonging to Choolai UPHC from January 2020 to February 2020 with the following

Terms and conditions:-

- Consent form should be obtained from the study participant after giving the information sheet
- Progress of data collection should be appraised at each stage.
- The study should not be detrimental to the normal functioning of the Institution.
- The Greater Chennai Corporation will not provide any monetary or human resource support for this study.
- The data should be kept confidential and the report should not be published or shared with any Institution / person / press without the permission and approval of the Commissioner, Greater Chennai Corporation.
- The views of the department should be obtained before finalizing the report for submission.
- The data should be used for the Project work only.
- Study report should be submitted to the Deputy Commissioner (Health) and City Medical Officer, Medical Services Department Greater Chennai Corporation. If not submitted it will be addressed to the University authorities for necessary action.
- If there is any deviation, action will be taken against the individual.

N. Uthravathy, M.Sc Nursing 1st year student, College of Nursing, Madras Medical College is instructed to contact the Zonal Medical Officer of Thiru vi ka Zone for necessary arrangements.

Address & Contact Person:

Pulianthope UCHC: No.40,Thiruvengadasamy street,Pulianthope,Chennai-12.
ZMO- Dr. Baby Ramona - 9445190716
MCHO - Mrs. Mary Salomy Preethi – 9094924981
MCHO - Mrs. A.S Nagalakshmi -9444442087

22.11.19

Addl. City Medical Officer / JD (i/c)

Additional City Medical Officer
Joint Director
Medical Services Department
Greater Chennai Corporation

22/11/19

22/11/19

City Medical Officer (i/c)

22/11/19.

Additional Director
Medical Services Department
Greater Chennai Corporation


Shot on Y91
Vivo AI camera