

**ASSESSMENT OF SOCIAL SUPPORT AND SELF CARE
BEHAVIOUR AMONG TYPE II DIABETES MELLITUS
PATIENTS ATTENDING SELECTED OPDs CHENNAI**



**A PROJECT WORK SUBMITTED TO SATHYABAMA
INSTITUTE OF SCIENCE AND TECHNOLOGY (DEEMED TO
BE UNIVERSITY) CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF BACHELOR OF NURSING**

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**BY MS. PETCHIAMMAL.S MS. YAMINI. A MS. SHERINE IMMACULATE
.SM MS. SOWMIYA.K MR. INFANT FELIX SAVIO.A**

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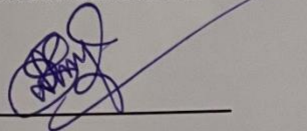
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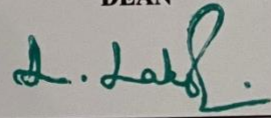
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2020-2024

RESEARCH GUIDE



DEAN



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BONAFIDE CERTIFICATE

This is a Bonafide work done by **MS.PETCHIAMMAL.S, MS YAMINI, MS.SHERINE IMMACULATE.S, MS.SOWMIYA and MR.INFANT FELIX SAVIO, B.Sc (Nursing)** IIIrd year students from Sathyabama College of Nursing, Sathyabama Institute of Science and Technology, Chennai, submitted in partial fulfilment for the degree of Bachelor of science in Nursing under the Sathyabama Institute of Science and Technology (Deemed to be University), Chennai.

COLLEGE SEAL



SIGNATURE OF THE DEAN

A handwritten signature in green ink, appearing to be "D. Lalitha", written over a horizontal line.

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ENDORESEMENT BY THE RESEARCH GUIDE

This is to certify the project work entitled "ASSESSMENT OF SOCIALSUPPORT AND SELF CARE BEHAVIOUR AMONG TYPE II DIABETES MELLITUS PATIENTS ATTENDING SELECTED OPDs CHENNAI is a Bonafide research work done by MS. PETCHIAMMAL, MS. YAMINI, M S . SHERINE IMMACULATE.S, MS. SOWMIYA and MR. INFANT FELIX SAVIO in partial fulfilment of the requirement for the degree of the bachelor of science in nursing.


SEAL AND SIGNATURE OF THE RESEARCH GUIDE

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“He makes all things beautiful in his time”

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ABSTRACT

Problem statement of the study is assessment of social support and self care behaviour among type II diabetes mellitus in selected OPDs, Chennai. The objective of the study is to assess the socio demographic variables among the patients with type II diabetes mellitus, To assess the social support and self care behaviour among patients with type II diabetes mellitus, To correlate the social support and self care behaviour among type II diabetes mellitus patients and to find association between the social support and self care behaviour among type II diabetes mellitus patients.

The methodology of the present study was non experimental descriptive research design. The sample for this study consisted of 115 type II diabetes mellitus patients in selected OPDs, Chennai. Non probability purposive sampling technique was used for the sample selection. The tools used for the data collection standard tool consist of three parts, part one was demographic data, part two was assessment of multi- dimensional scale of perceived social support and the part three was assessment of self care behaviour questionnaires. Descriptive statistics (frequency, percentage, mean, and standard Deviation) and inferential statistics (Correlation, Chi square) were used to analyze the data and to test the hypotheses.

The following were the results of the study in assessing the level of social support 5% of the patients are having inadequate social support, 51% of the patients are having moderately adequate social support, 44% of the patients are having adequate social support.

In assessing the level of self care behaviour of diabetes mellitus (5%) of the patients are having inadequate self care behaviour, (105%) of the patients are having are having moderately adequate self care behaviour, (5%) of the patients are having adequate self care behaviour.

In assessing the level of social support and self care behaviour among type II diabetes with their selected demographic variables, in regarding to age (41%) belongs to the age of 31-40 years, in regarding to age (52%) belongs to the age of 41-50 years, in regarding to age (22%) belongs to the age of 51-60 years (0%) belongs to the age of 61-70 years. In regarding to gender (55%) belongs to male, In regarding to gender (60%) belongs to female. In regarding to marital status (101%) belongs to married, in regarding to marital status (3%) belongs to unmarried, in regarding to marital status (0%) belongs to divorced, in regarding to marital status (11%) belongs to widow. In regarding to educational level (16%) belongs to post graduate/graduate, in regarding to educational level (39%) belongs to high school, in regarding to educational level (28%) belongs to primary education, in regarding to educational level (32%) belong to illiterate. in regarding to weight (18%) belongs to underweight, in regarding to weight (92%) belongs to normal weight, in regarding to weight (5%) belongs to over weight, in regarding to weight (0%) belongs to obesity. in regarding to duration of diabetes mellitus (56%) belongs to 1-3 years, in regarding to the duration of diabetes mellitus (31%) belongs to 4-5 years, in regarding to the duration of diabetes mellitus (28%) belongs to more than years.

Mean value of social support is 53.80 and self care behaviour is 43.41 & the standard deviation of social support is 13.92 and self care behaviour is 7.804. correlation of social support and self care behaviour among type II diabetes mellitus patient is Positively correlated ($r = 0.123$). Hence it shows diabetes patients who received support from their family and friends are having good adherence to self care behaviour.

Regarding association there is a significant association between the level of social support among Diabetes mellitus patients with selected demographic variables like Age { $\chi^2=31.9$ } Marital status { $\chi^2=15.2$ }, Educational level { $\chi^2=495.2$ }, Weight { $\chi^2=14.76$ }, Duration of Diabetes mellitus { $\chi^2=11$ }

There is significant association between level of self care among diabetes milletus patients with selected demographic variables like Marital status $\{x^2=14.62\}$ Educational level $\{x^2=129.3\}$

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CHAPTER-I

“If you change the way you at things you look at things you look change”

- Wayne Dyer

INTRODUCTION

Diabetes is a group of disease that affects how the body uses the blood sugar. Diabetes Mellitus is a chronic or long lasting condition that affect how your body turns into the energy it cause series damages in heart blood vessels, eyes, kidney, and nervous disorders type II Diabetes known as non insulin dependent diabetes. There are many underline factors that contribute to high glucose level in the individuals it also consider bodies resistance to insulin in the body essentially it's insulin secretions It commonly occurs in both children and adults over hobbies in children and adults in adults over hobbies who result in body human system attacking and destroying the beta cells this trigger for this is end of the Insulin production. It also undergoes many healthy eating physically active monitory blood sugar complaint with medications good problem solving skills healthy and cooking legs lifestyle and reduction decondition behaviors through cell good self management people with diabetes can improve the quality of life and reduce the risk for developing complication self care behaviour can reduce stress and safety and booster self immune system protect your mental health to better relationships.

Diabetes Mellitus socially controls physical and psychological well-being outcome among older adult in spares old people have attempted to influence their behaviour with less atoms at social control produces dual effects among rural areas adults with diabetes it is essential to maintain group good glucose control and minimizing the risk of debilitating consequences such as blindness neuropathy application and cardio vascular diseases. It is genital patient or out patient settings have studied in a surprise English small number of control intervention trials social support have been received attention Assam mediated moderator of outcomes a focus

on type II diabetes is particularly different it is based upon the patient prospector on patient provident reaction it is not only family relationship he include pairs friends neighbours, colleagues, fellow patient or even pen friends or internet contact may play this role.

NEED FOR THE STUDY

Diabetes Mellitus is a major public health issue that impacts mortality morbidity. Health care consists to world wide as estimated 1.4 million new cases of diabetes diagnose d among people of age 18 and older in 2019 the percentage of adults with type II diabetes was highest among American Indian an Alaskan native persons 14.5% non Hispanic black people 12.1% family origin11.8% followed by non Hispanic Asian people

Asian people 9.5 and not 7.4 in 2018- 2019 adults with the family income below the federal poverty level h ad the highest prevalence for both 13.7% an women 14.4% people worldwide have diabetes and it's growing challenge.

In India with an estimated province of 8.9% between the age group 22-70 years as of 2016 India had about 77 million people with type II Diabetes Mellitus in India mainly filled by increasing overweight obesity and high healthy lifestyles during 2019 show that 77 million individuals diabetes which is expected to raise over 134 million by 2044 and approximately 57%of these which accounts for the majority among individuals expect ancient financial and cost of diabetes leading to performed economic burden on the Indian Heath Care System.

The study observed the prevalence of diabetes and rural Tamilnadu has the sunampet rural diabetes prevention project CRDPD to 8% of 2011 in ICMR Indian Diabetes study in Tamilnadu to 13.5% how in the project representing and nearly 3 fold 300% increase in diabetes providence and rural Tamilnadu within 15 years studies and developing countries so much higher prevalence of type II diabetes mellitus in subrural than in rural population in Chennai in 1997 however little difference and prevalence and rural area where as 17.6 million live in rural areas the prevalence and rural areas one lead two point two percent of angle between 20 to 24 deal with this condition for elders between 75 to 79 it s 24% idea it is atlas for men and women is all most the same at 10.8% as to 10.2 respectively IDE diabetes atlas 2021.

RESEARCH QUESTION

Assessment of social support and self care behaviour among type II diabetes mellitus patient attending Selected OPDs, Chennai..

OBJECTIVES

- To assess the socio demographic variables among patient with type II diabetes mellitus .
- To assess the social support and self care behaviour among patient with type II diabetes mellitus.
- To correlate the social support and self care behaviour among patient with type II diabetes mellitus..
- To find association between the social support and self care behaviour among patient with type II diabetes mellitus.

HYPOTHESIS

- RH1: There is a correlation between social support and self care behaviour among patient with type II diabetes mellitus.
- RH2: There is a significant association between social support and self care behaviour and demographic variables.

OPERATIONAL DEFINITION

Assessment

The assessment identifies current and future care needs of the patient .

Social Support

A network of family, neighbours and community members that is available in times of need to give psychological, physical and financial.

Self-care behaviour

Self care behaviours are defined as activities that individuals initiate and perform to maintain life, health functioning and well being

People with type II diabetes mellitus

People those who have high blood sugar level and diagnosed as type II diabetes mellitus.

Selected OPDs

Thiruporur Out patients department.

ASSUMPTION

- Social support is important in helping the patient with diabetes.
- Diabetes mellitus may affect self care of the people.

LIMITATION

- The study is limited for a period of one week.
- The study is limited to selected OPDs in Chennai.

PROJECTED OUTCOME

The study will help to assess the social support and self-care behaviour of patients with type II diabetes mellitus.

CHAPTER -II

REVIEW OF LITERATURE

Review of literature is an important step in the development of a research project. It helps the investigator to develop a deeper insight into the problem and gain information on the problem on what has been done. It provides basis for future investigation justified the need for replication, through light on the feasibility of the study to another with a hope to establish a comprehensive body of scientific knowledge in professional discipline from which, valid and pertinent theories may be developed.

Review of literature is a critical summary of research on a topic of interest generally proposed to put a research problem in context or to identify gaps & weakness in prior studies & as to justify new investigation. A review of literature involves systematic identification. Location, scrutinizing & summary of the written material that contains information on a research problem. An extensive review of literature was done by the investigator to lay a broad foundation for the study and to proceed with the study under the following heading.

Siamak Mohebi et al,(2018) Conducted a Cross Sectional Study Of Social Support And Self Behavior In Type 2 Diabetes Mellitus During Covid-19 Pandemic At Iran, this study was aimed to assess social support and its relationship to self care in type 2 diabetic patient in Qom, Iran. A Cross sectional study was conducted on 325 diabetic's patient attending the Diabetes mellitus Association. The data were collected by the summary of diabetes self care activities and multi dimensional scale of perceived social support with HB A₁ C Test . As the result, the mean and standard deviation of self care and social support score were 4.3 ± 2.7 and 50.32 ± 11.09 respectively the mean level glycosylated hemoglobin (HbA₁C) Of patient was 7.54 there was a significant difference between mean score of self-Care behavior and social support according to gender and marital states ($p < 0.05$). The regression analysis showed that disease duration was the only variable. Which had a significant effect on

the level of HbA_{1c} ($P < 0.001$) self care was significantly better in DM with HbA_{1c} $\leq$ 7% patient who had higher HbA_{1c} felt less but not significant social support.

Khadijeh Moulaei et al, (2022) Conducted A Cross Sectional Study Of The Role Of Social Network In Diabetes Self-Care At Ghana. The aim of this study was to investigate the role of social network in diabetes self-care. In this study, the most important social network used to receive self-care behavior, education and benefits of using various services provided through social network were identified. 280 patients were selected to participate in the study. Sampling was performed by convenience sampling and in accordance with inclusion and exclusion criteria. As the result during the data analysis on diabetes self-Care behavior there was no significant relationship between gender ($p=0.292$), age ($p=0.49$), type of diabetes ($p=0.909$) and duration of diabetes ($p=0.076$) with the use of self-care services provided through social networks. There was a significant relation between education level and the use of self-care service provided through social network recognizing diabetes and its complication. Observing personal hygiene & the impact of physical activity on diabetes control were the most important education increasing patient knowledge and understanding about diabetes and its complication, reducing the conception of high calorie food and sugar, observing personal and public health were the most important social network benefits respectively.

Richard Adango Afaya et al, (2020) Conducted a Cross Sectional Study Of Medication And Self- Care Behavior Among Patients With Type 2 Diabetes Mellitus At Kerman. The Study aimed at evaluating medication adherence patient with type 2 diabetes mellitus. 330 patients were selected to participate in the study. A validated medication adherence questionnaire and the summary of diabetes mellitus self-care activities tool were used to assess medication adherence and self-care activities respectively. As the result among the 330 participants whose data were analyzed, the mean age was 57.5 years. The majority were adherent to anti-diabetes medication, participants age, education level and practice of self-care behavior influenced adherence to anti-diabetes medication. Participants aged 70 years & above were 79% less likely to be non- adherent to medication as compared to those below 50 years.

Participants with senior high school education were 3.7 times more likely to be nonadherent to medication than those with tertiary participants with tertiary education had an increase in level of practice of self- management by 1.14. a Unit increase in knowledge score also increased in the level of practice of self- management by 3.02 ($p < 0.001$).

Jugal Kishore et al,(2013) Conducted A Cross Sectional Study Of Initial Psychological Reaction And Social Support In Patient Of Type 2 Diabetes Mellitus At Delhi. The study aimed to assess the initial psychological reaction, attitude and social support in patient of type2 diabetes mellitus. 98 patients were selected to participate in the study, sampling and interviewed using pre- test, pre-designed questionnaire after 4 month of initial screening survey for diabetes. As the result it was found that more rural patients felt disappointed compared to those residing in rural area (61.9%) when their families denied them from eating prohibited diet ($p = 0.001$). rural families were reported to be more supportive for food and exercise issue ($p = 0.001$). a higher proportion of patient in rural area (41.9%) compared to rural patients (4.5%) perceived that disease would affect their married life. However no significant difference in negative attitude and social support was found during the gender, occupation and education, status assessment.

Ishwari Adhikari Baral et al,(2021) Conducted A Cross Sectional Study of Self-Care Management Among Patients With Type2 Diabetes Mellitus At Nepal. The aim of the study was to investigate self-care practices and predictors of self-care management activities among type2 diabetes mellitus patients. 139 patients were selected to participate in the study. The self-care practice was measured by the summary of diabetes self-care activities as the result among the 139 patients less than half 46% had desirable self-care practice for diabetes management of the total, 89.9% had adequate exercise and 74.8% had foot care management practices. As the result the multivariate analyses showed that poor self-care practice was likely to occur among illiterate patients ($p < 0.05$) and patients with co-morbidities.

Uday Shankar Singh et al, (2014) Conducted A Cross Sectional Study Of SelfCare Practices among diabetic patient at Gujarat. The study was aimed to explore self- care practices of diabetic patients. The tools used for self-care practices in seven domain of physical activity, dietary practices medication taking ,monitoring of glucose, foot care were assessed using score assigned to Participant response. As the result mean age was 60.9(SD=12.2)years &57% were males majority 92% were Hindus and were consulting private medical practitioners 71% medication taking was the domain with the best performance percentage score was 54.4% males had better performance than females in area of physical activity dietary practices and problem solving housewives had poorer performance scores. Total mean performance score was specialist and general practitioners.

Parathi Rao et al,(2016) Conducted A Cross Sectional Study Of Social Support Influencing Diabetes Self-Management Behaviors At Udupi. The study aimed to estimate the prevalence of compliance to treatment among patient and to assess the influence of social support on the self- management behavior of diabetes mellitus patients a two stage cluster sampling technique were employed to recruit 330 patients with type 2 diabetes patient. The study tools: a validated questionnaire was used to collect data on social support and self-management behaviors prevalence of compliance to treatment among diabetic patient was found to be 82.1% . As the result this study showed that diabetes mellitus patient received highest social support for glucose monitoring 69.4 followed by diet control 49.7 and physical activity 31.2% chisquare test showed a statistical association between social support & diet control $p<0.001$ social support and physical activity $p<0.001$ social support & glucose monitoring ($p=0.001$).

Radhakrishnan et al, (2020) Conducted A Cross Sectional Study Of Self Care Practices among Type 2 Diabetics In Rural Area At Kancheepuram. It was aimed to pattern the self- care practice among diabetic patients and factors associated with them 250 patients were selected to participate in the study the participants were interviewed on their diabetic status and various components of self-care practices adopted from the summary of diabetes self-care activities(SDSCA) measure. As the result this study

observed that the overall prevalence of good self-care practices was very low (5.6%). moderate self-care practices were prevalent in 42% of the study population and majority (52.4%) had poor self-practices. the association between self-care activity with educational status and occupation was found to be statistically significant adherence was high for blood sugar testing (75.2%) and medication (70.4%) in the study population whereas adherence for foot care was poor (17.6%).

Uma Maheshwari et al, (2017) Conducted A Cross Sectional Study of Self Care Practices Among Type 2 Diabetics At Thiruvalluvar District. The Study Was Aimed To Determine The Practice Of Self Care Activities Among People With Type 2 Diabetic Mellitus. 308 Patient Respond to Summary Diabetes Self Care Activities Questionnaire After Obtaining the Concerns From them And Analyzed Proportions. As The Result Of An Healthy Eating plan On a Daily Basis Was followed By 76.9% Of The Participant Daily Exercise For 30 Men Care followed By 57.1% And Regular Blood Sugar Mandatory Was Done By 84.7% Regarding The Adherence to Oral Hypoglycemic Agent And Insulin Daily Adherence to Medication Was Seen Among 89.7% and 75% Were Found To Be Adherent to Insulin Injection On a Daily basis.

Kantapong prabsangob et al, (2016) Conducted A Cross Sectional Study Of Relationship Of Health Literacy Diabetes Knowledge And Social Support To Self Care Behavior Among Type 2 Diabetes Patients At Thailand. The study was aimed to determine relationship between age, income, education, diabetes knowledge, social support, communication with a doctor, reading health information documents as well as health literacy and self care behavior in patients with diabetes sample were collected by 512 diabetes patients. Data were collected by using questionnaires and 3 level healthy literacy scale developed by ishikawa was used to assess health literacy level. It was revealed that the samples had moderate overall health literacy ($\bar{X} = 2.62$ S.D = 0.50) good diabetes knowledge ($\bar{X} = 7.26$ S.D = 1.76) moderate social support ($\bar{X} = 2.98$ S.D = 0.64) and moderate social support ($\bar{X} = 2.68$ S.D = 0.33). It was found that education ($R = 0.113$, $P = 0.010$) income ($R = 0.183$ $p = 0.000$) diabetes knowledge ($r = 0.106$ $p = 0.022$) social support ($r = 0.170$ $p = 0.000$) communication with a doctor ($r = 0.094$ $p = 0.034$) reading health information document ($r = 0.231$, $p =$

0.000) and healthy literacy ($r = 0.101$, $p = 0.023$) had significant relationship with self care behavior while age did not have significant relationship. The result encourage health care provider to make more effort to monitor factors affecting self care behavior in the diabetic patient population they are also useful in guiding the development of appropriate method to enhance self care behavior.

Premalatha Paulsamy et al,(2021) conducted a cross sectional study was adopted to determine the effect of social support, self care behavior and self efficacy in type 2 diabetes mellitus during this COVID 19 pandemic. The tools used for multidimensional scale of perceived social support, revised summary of diabetes self care activities scale. As the result show that social support ($p = 0.04$) self efficacy ($p = 0.01$) and self care activities ($p = 0.001$) were significantly related to the level of glycemic control of the T2D patients. A significant relationship was also identified between gender ($p = 0.000$) with HbA1c control of the participants. This study demonstrates a significant relationship between social support, self care behavior, self efficiency and glycemic management in T2D patients. During this COVID 19 pandemic, interventions to enhance the self care activities like exercise and social support to boost their self efficacy; for better diabetes management, reducing diabetes complications or prolonging their onset are the need of the hour.

Tricia.S et al,(2008) conduct a cross sectional study on social support, quality of life and self – care behaviors among African Americans with type2 diabetes . the aim of study was to examine social support and it's relationship to diabetes specific quality of lif6and self care behaviors in African Americans with type 2 diabetes. The study tool for self care behaviors (healthy eating, physical activity, self monitoring of blood glucose, foot care , medication and / or insulin use . As the result is stepwise regression, controlling for demographic variables, were conducted to identify predictors of diabetes specific quality of life and self care behaviors' from the diabetes related social support variables. Satisfaction with support was a predictors for improved diabetes specific quality of life ($r = -.579$, $p < .001$) and blood glucose monitoring ($r = .258$, $p < .05$). Positive support behaviors was a predictors for following a healthy eating plan $r = .280$, $p < .05$), spacing out carbohydrates evenly

throughout the day ($r = .367$, $p < .01$) and performing physical activity at least 30 minutes per day ($r = .269$, $p < .05$) . negative support behaviors was a predictors for not taking medications as recommend $r = -.348$, $p < .01$) .

CHAPTER- III RESEARCH METHODOLOGY

INTRODUCTION

Research methodology is a way to systemically solve the research problem .in this we study the various steps that are generally adopted by a researcher in studying his research problem along with the logic behind them. It is defined as the collection of data, explain the study population, sample and survey instrument, data analysis, sample procedure, techniques, tools and documents aids that helps a software developer process. This chapter deals with description of research and methodology adapted the study. It is the process to obtain the evidence for the study and to answer the research questions. It is discussed under the foll6 headings research, approach, research design, variable, setting population, sample and sampling technique.

Data collected and the plan for data analysis interpretation of the data is the study was undertaken to assess the social support and self care behaviour among patients with type II diabetes mellitus in selected OPDs, Chennai.

RESEARCH APPROACH

Non expiremental Quantitative approach.

RESEARCH DESIGN

Non expiremental -descriptive research design.

POPULATION

The accessible population of the present study was patients with type II diabetes mellitus selected OPDs, Chennai.

SAMPLE SIZE

The sample size was 115.

RESEARCH SETTING

The study was conducted on selected OPDs, Chennai.

SAMPLING TECHNIQUE

Non-probability -purposive sampling technique was adopted.

SAMPLE CRITERIA

➤ INCLUSION CRITERIA:

- ✓ Patients who were diagnosed with type II diabetes mellitus.
- ✓ Patients who were willing to participate in the study.
- ✓ Patients who were available during the time of the study.
- ✓ Patients who can understand Tamil (or)English languages.

➤ EXCLUSION CRITERIA

- ✓ Patients who were critically Ill.

DATA COLLECTION PROCEDURE

The duration of the data collection was one week. the investigators got informed consent after explaining the study objectives the investigators administered the standard tool to collect the data

DATA COLLECTION TOOLS SECTION

SECTION -A

Socio Demographic Data

Demographic variables include age, gender, martial status, educational level, weight, duration of diabetes mellitus.

1. AGE [In Year]
 - a) 30-40 years
 - b) 41-50 years
 - c) 51-60 years
 - d) 61-70 year

2. GENDER
 - a) Male
 - b) Female

3. MARITAL STATUS
 - a) Married
 - b) Unmarried
 - c) Divorced
 - d) Widow

4. EDUCATION LEVEL
 - a) Graduate/Post Graduate
 - b) High School
 - c) Primary education

d) Illiterate

5. WEIGHT

a) Under Weight

b) Normal

c) Over Weight

d) Obesity

6. DURATION OF DIABETES MELLITUS

a) 1-3 years

b) 4-5 years

c) More Than 5 years

SECTION –B

Multi- dimensional Scale of Perceived Social Support

Multidimensional Scale Of Perceived Social Support (MPSS) Is Used To Assess Social Support

Instructions

We are interested in how you feel about the following statements. Read each statement carefully

Indicate how you feel about each statement.

Circle the "1" if you Very Strongly Disagree

- Circle the "2" if you Strongly Disagree
- Circle the "3" if you Mildly Disagree
- Circle the "4" if you are Neutral
- Circle the "5" if you Mildly Agree
- Circle the "6" if you Strongly Agree
- Circle the "7" if you Very Strongly Agree

S.No	Questionnaire	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2.	There is a special person with whom I can share joys and sorrows	1	2	3	4	5	6	7
3.	My family really tries to help me.	1	2	3	4	5	6	7
4.	I get the emotional help & support I need from my family	1	2	3	4	5	6	7

5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6.	My friends really try to help me.	1	2	3	4	5	6	7
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7

SCORING METHOD: SOCIAL SUPPORT

SCORE	INFERENCE
0-28	Inadequate social support
29-56	Moderately adequate social support
57-84	Adequate social support

SECTION-C

Self-Care Behavior Questionnaire

Diabetes Self –Care Management Questionnaire Is Used To Assess SelfCare Behavior.

Instructions

We are interested in how you feel about the following statements. Read each statement carefully Indicate how you feel about each statement

- Circle the "1" if you doing very well all the time
- Circle the "2" if you doing well in considerable degree
- Circle the "3" if you doing based upon the time some degree
- Circle the "4" if you doing not well some degree
- Circle the "5" if you doing not well in any degree
- Circle the "6" if you doing never

S.No	Questions	Doing Very Well	Consid -erable Degree	Based Upon The Time	Not Well In Some Degree	Not Well In Any Degree	Never
1.	visit hospital regularly according to doctor's appointments for examination or treatment of diabetes.	1	2	3	4	5	6
2.	I take meals or refreshments regularly every day.	1	2	3	4	5	6
3	I eat a well-balanced diet using a list of food exchange.	1	2	3	4	5	6
4.	I take foods containing dietary fibre like grain, vegetable and fruit every day.	1	2	3	4	5	6
5	I set a limit on taking salt and processed Foods.	1	2	3	4	5	6
6.	I do a self blood sugar test according to doctor's recommendations.	1	2	3	4	5	6
7.	I do a self blood sugar test more frequen when I feel symptoms of hypoglycemia like tremor, pallor and headache.	1	2	3	4	5	6
8.	I try to maintain the optimal blood-sugar level.	1	2	3	4	5	6
9.	I control the size of meals or exercise according to a blood sugar level.	1	2	3	4	5	6

10.	I am carrying food like sweet drink, candy or chocolate just in case of Hypoglycemia .	1	2	3	4	5	6
11.	I try to maintain optimal weight by measuring my weight regularly.	1	2	3	4	5	6
12.	I carry insulin, injector and blood sugar tester whenever I go to trip.	1	2	3	4	5	6
13.	I try to get information on diabetes control by attending various diabetes educational programs.	1	2	3	4	5	6
14	I take my diabetes medication like Insulin injection as prescribed, observing dosage and time, regularly.	1	2	3	4	5	6

SCORING METHOD: SELF CARE BEHAVIOUR

Score	Inference
0-28	Inadequate self care behaviour
29-56	Moderately adequate self care behaviour
57-84	Adequate self care behaviour

ETHICAL CONSIDERATIONS

- Ethical Clearance was obtained from Sathyabama Institute of Science and Technology.
- Informed consent was obtained.
- Confidentiality of the data was maintained.
- Privacy was provided during the data collection. ➤ Anonymity was maintaining

DATA ANALYSIS

- Frequency and percentage used to describe the demographic variables Chi Square test was used to assess association between selfcare behaviour ,social support with selected demographic variables

CHAPTER IV

ANALYSIS AND INTERPERITATION OF DATA

This chapter deal with the analysis and interpretation of data, collected from selected OPDs to assess the level social support and self-care behavior among type II diabetes mellitus patient.

Analysis of a data is a process by which quantitative information is summarized organized, evaluated, interpreted, and communicated in a meaningful way. The analysis and interpretation data of the present study are based on data collected among type II diabetes mellitus patients. The result was computed using descriptive and inferential statistics based on the objectives of the study.

OBJECTIVE OF THE STUDY

To assess the socio demographic variables among type II diabetes mellitus patients

To assess the social support and self-care behavior among type II diabetes mellitus patients To correlate the social support and self-care behavior among patients type II diabetes mellitus patients

To find association between the social support and self-care behavior among type II diabetes mellitus patients

HYPOTHESIS

RH1: There is a correlation between social support and self-care behavior among people with type II diabetes mellitus

RH2: There is a Significant association between social support and self-care behavior and demographic variables

ORGANIZATION AND PRESENTATION OF THE DATA

The data gathered was tabulated, analyzed and interpreted using both descriptive and inferential statistics. Based on the Objectives the collected data was presented under the following headings.

Section A: Descriptive analysis of demographic variables

Section B : Assessment of social support among type II diabetes mellitus patients using multi- dimensional scale of perceived social support

Section C : Assessment of self-care behavior among type II diabetes mellitus patients using standerd questionnaire.

Section D : Correlation of self-care behavior and social support among type II diabetes mellitus patients

Section E : Associate the level of social support and self-care behavior among type II diabetes mellitus patients with selected demographic variables.

SECTION - A

Descriptive analysis of demographic variables.

Under the following we have tabulated the age, gender, marital status, education level, weight, duration of diabetes mellitus shown by graph, pie, diagram etc.,

Table 1 Frequency and percentage distribution of demographic variables of level of social support and self-care behavior among type II diabetes mellitus patients

N=115

S.No	Characteristics	Category	Type II diabetes mellitus patients	
			Frequency	Percentage
1	Age	30-40 years	41	36
		41-50 years	52	45
		51-60 years	22	19
		61-70 years	0	0
2	Gender	Male	55	48
		Female	60	52
3	Marital Status	Married	101	88
		Unmarried	3	0
		Divorced	0	2
		Widow	11	10
4	Education Level	Post Graduate/ Graduate	16	14
		High School	39	34
		Primary Education	28	24

		Illiterate	32	28
5	Weight	Underweight	18	15
		Normal Weight	92	80
		Over Weight	5	5
		Obesity	0	0
6	Duration of	1-3 years	56	49
	Diabetes	4-5 years	31	27
	Mellitus	More Than 5 years	28	24

The above table shows that maximum diabetes patients were in above 4150 years (45%); Majority of the patients were females (52%); Majority of them Married (88%); Majority of them completed High School level (34%); Majority of them normal weight (80%); Majority of them have a diabetes for a period of 1-3 years (49%)

Figure:4.1 Frequency distribution of demographic data of type II Diabetes Mellitus Based On Their Age

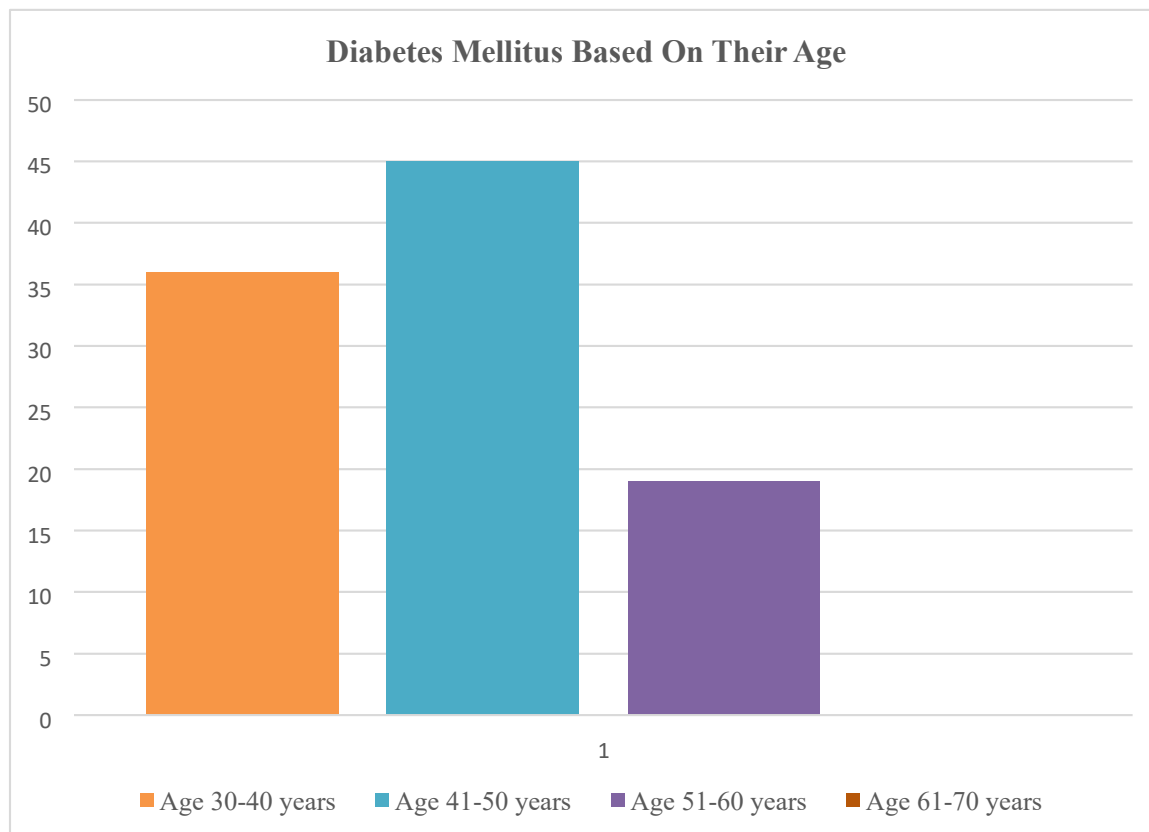
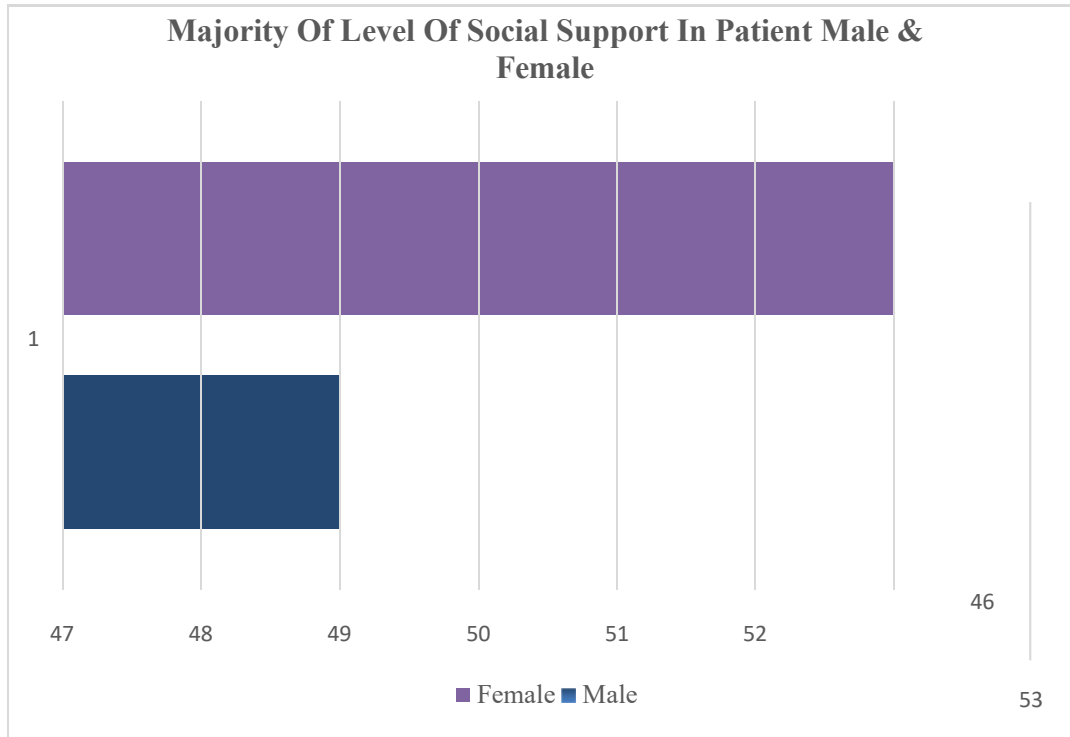
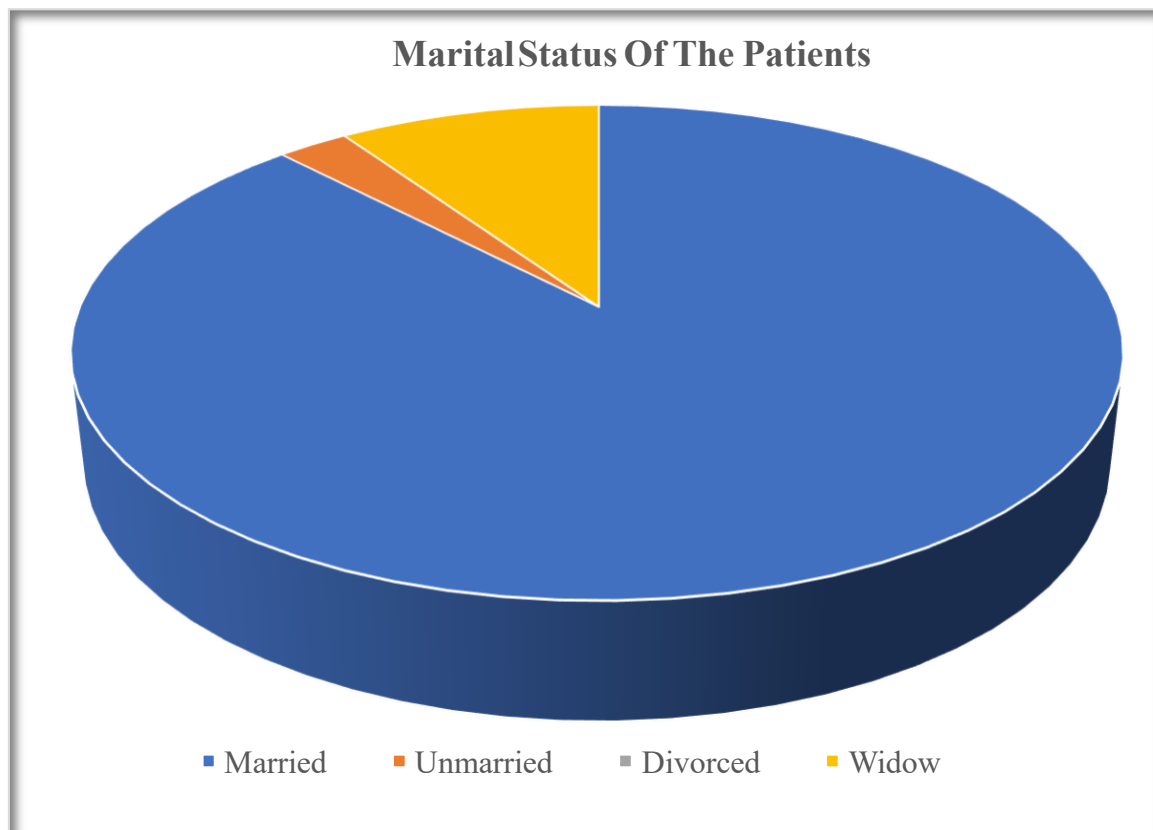


Figure: 4.2 Showed the level of social support in patient 48% in male, 52% in female



**Figure
4.3**

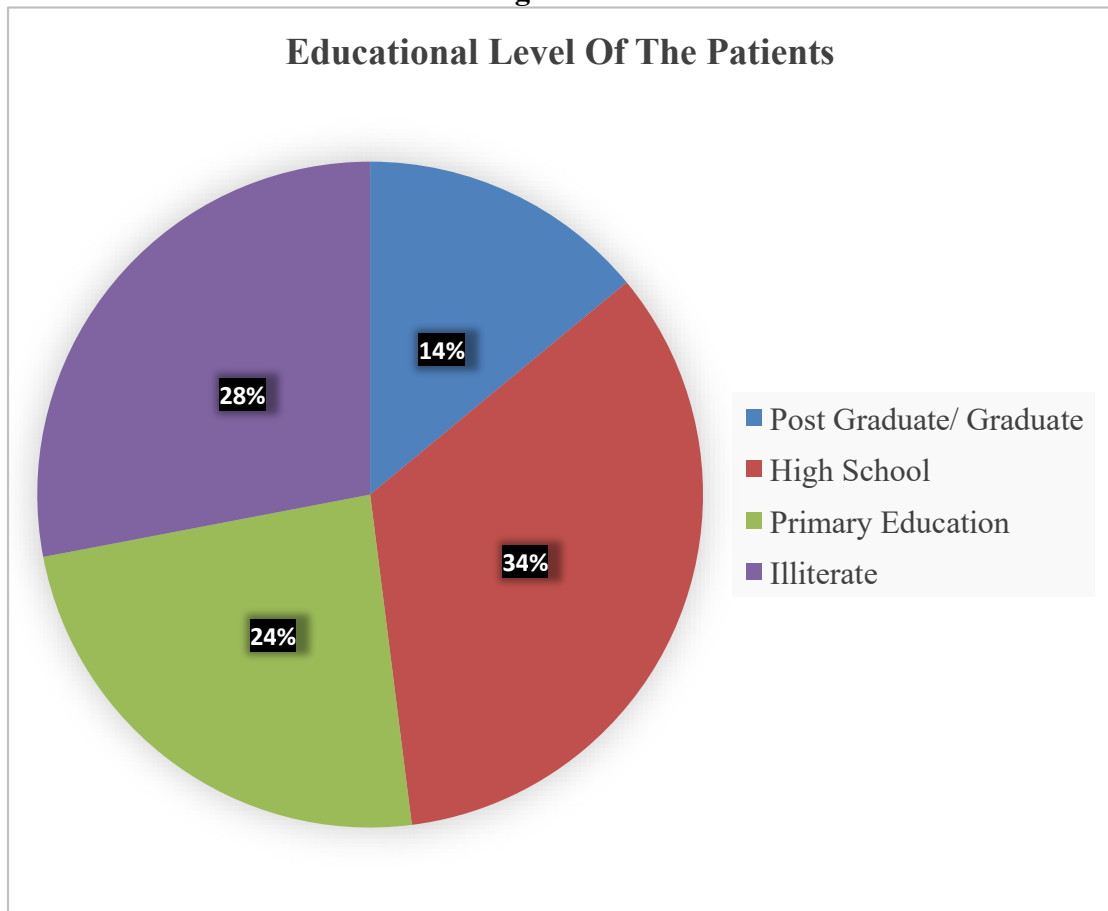
Frequency distribution among type II diabetes mellitus according Marital Status of the Patients by demographic variable



4.4

Frequency distribution among type II diabetes mellitus according to Educational Level of the Patients by demographic variables

Figure



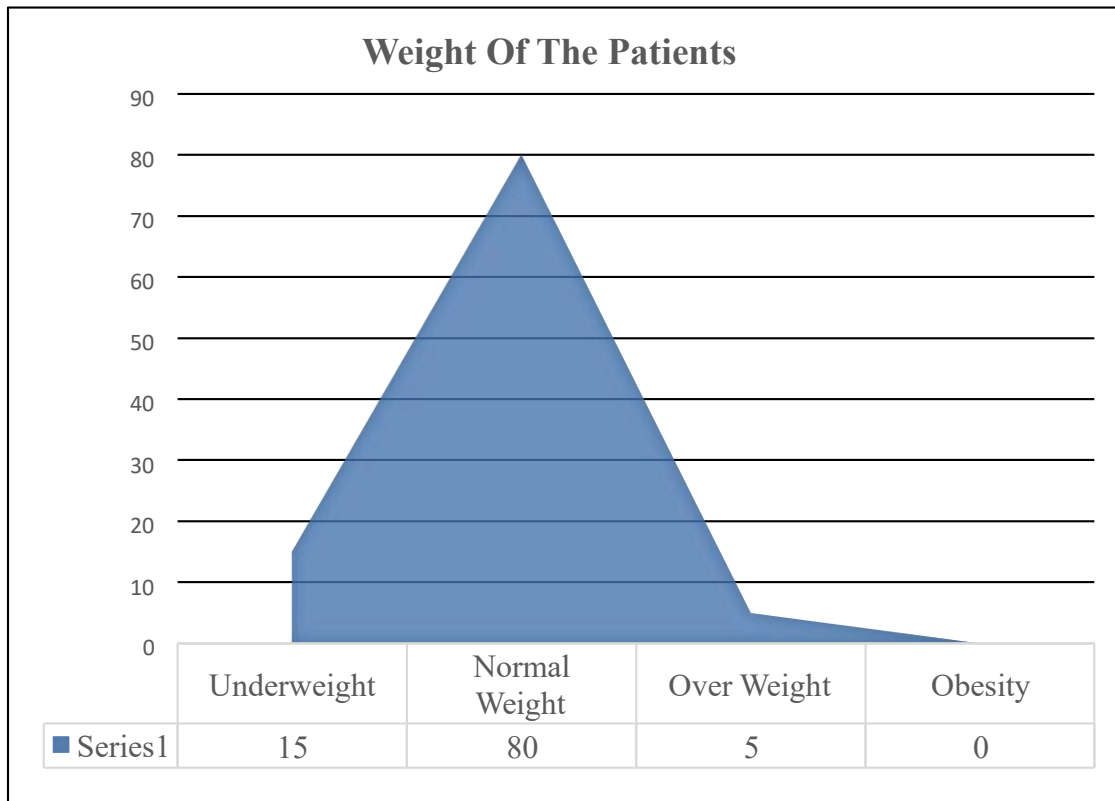
4.5

Frequency distribution among type II diabetes mellitus according to Weight of the Patients by demographic variables

Underweight	Normal Weight	Over Weight	Obesity
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Figure

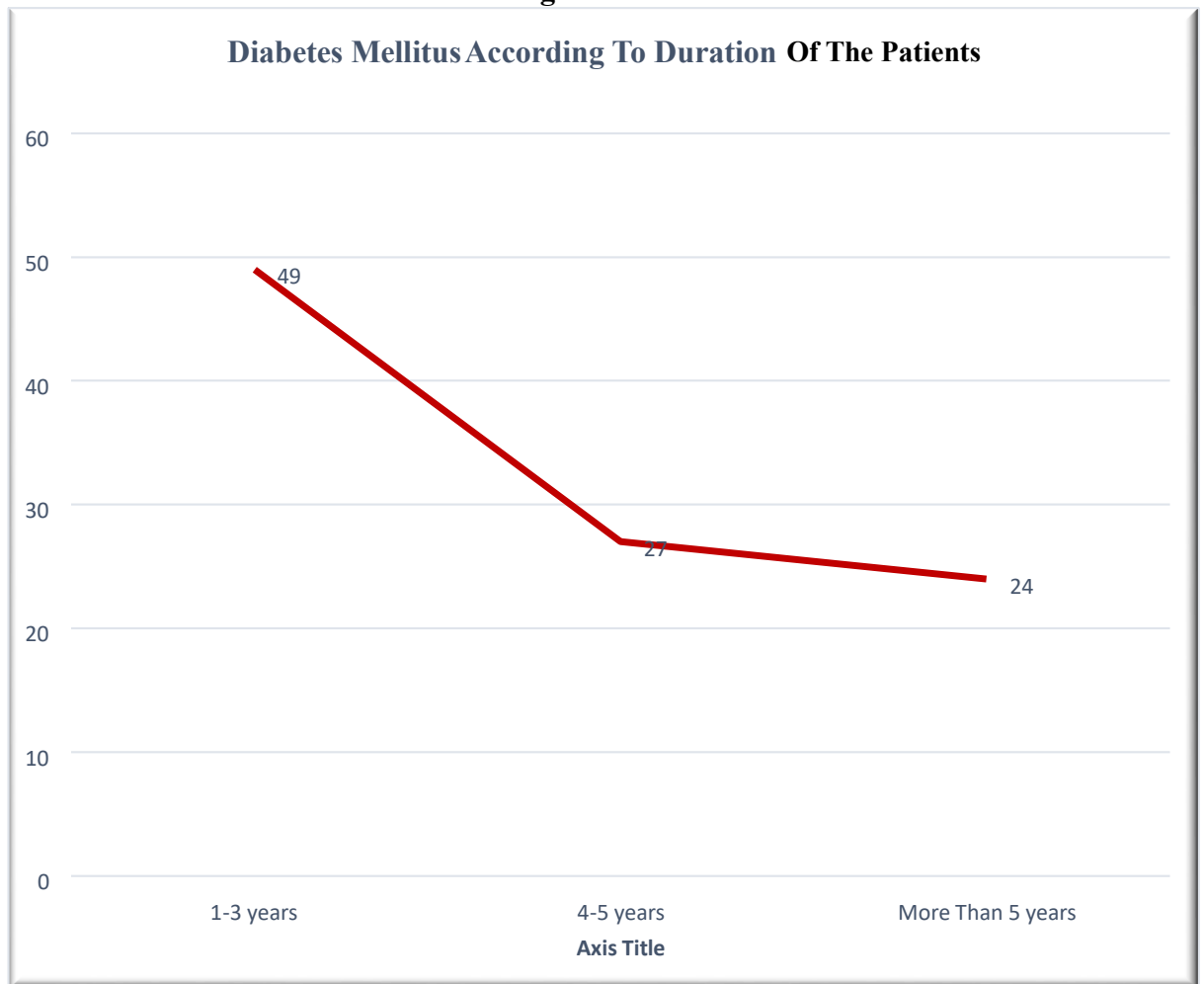
Series1	15	80	5	0
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4.6

Frequency distribution of the level of among diabetes mellitus according to duration of the patients by demographic variables

Figure



SECTION B

Assessment of social support among type II diabetes mellitus patients using multi-dimensional scale of perceived social support

TABLE 2

LEVEL OF SOCIAL SUPPORT	POST TEST	
	FREQUENCY	PERCENTAGE
INADEQUATE SOCIAL SUPPORT	6	5%
MODERATELY ADEQUATE SOCIAL SUPPORT	59	51%
ADEQUATE SOCIAL SUPPORT	50	44%

SECTION- C

Assessment of self-care behaviour among type II diabetes mellitus Patient using

TABLE 3

LEVEL OF SELF-CARE BEHAVIOUR	POST TEST	
	FREQUENCY	PERCENTAGE
INADEQUATE SELF-CARE BEHAVIOUR	5	4.%
MODERATELY ADEQUATE SELF-CARE BEHAVIOUR	105	92.%

ADEQUATE SELF-CARE BEHAVIOUR	5	4.%
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SECTION D

TABLE 4

To correlate the social support and self care behaviour among people with Type II diabetes mellitus patients.

VARIABLES	MEAN	STANDARD DEVIATION	CORRELATION COEFFICIENT
SOCIAL SUPPORT	53.80	13.92	r=0.123
SELF CARE	43.41	7.804	

TABLE 4.Shows the mean of social support is 53.80and self care behaviour is 43.41.the standard deviation of social support is 13.92 and self care behaviour is 7.804.as the result of the correlation with social support and self care behaviour of type II diabetes mellitus patient is Positive correlation . diabetes patients who received support from their family and friends are having good adherence to self care behaviour.

SECTION D Associate the level of social support and self care behaviour among type II diabetes mellitus patients with selected demographic variables TABLE 5

Demograophic Values	Category	Level of Support			X2 value	P value
		Inade quats	Moder ate iy adequ ate	Adequate		

AGE	31–40 years	0	19	23	31.9	S=1 2.59 2
	41-50 years	6	21	25		
	51-60 years	0	18	3		
	61-70 years	0	0	0		
GENDER	Male	1	25	29	5.06	N. S=5 .991
	Female	5	34	21		
MARITAL STATUS	Married	5	48	48	15.2	S=1 2.59 2
	Unmarried	1	1	1		
	Divorced	0	0	0		
	Widow	0	10	1		
EDUCATIONAL LEVEL	Post Graduate / graduate	0	6	10	495.2	.S=1 2.59
	High school	1	19	18		
	Primary education	5	9	15		
	Illiterate	32	0	24	8	2
WEIGHT	Underweight	18	0	4	14	S=1 2.59 2
	Normal weight	92	6	51	35	
	Over weight	5	0	5	0	
	Obesity	0	0	0	0	
DURATION OF	1-3 years	56	6	22	28	

DIABETES MELLITUS						11	.S=9 .488
	4-5years	31	0	18	13		
	More than 5 years	28	0	19	9		

Above table Showed that there is no significant association between level of social support among diabetes patients with selected demographic variables like, Gender $\chi^2=5.06$.

There is significant association between the level of social support among Diabetes mellitus patients with selected demographic variables like Age $\{\chi^2=31.9\}$ Marital status $\{\chi^2=15.2\}$, Educational level $\{\chi^2=495.2\}$, Weight $\{\chi^2=14.76\}$, Duration of Diabetes mellitus $\{\chi^2=11\}$.

DEMOGRAPHIC VARIABLES	Category	No. of. sample	LEVEL OF SELF- CARE BEHAVIOUR			X2 value	Pvalue
			Mild	moderate	severe		
	31-40 years	41	1	36	3	4.23	N.S=12.592
	41-50 years	52	4	48	1		

AGE	51-60 years	22	0	21	1		
	61-70 years	0	0	0	0		
GENDER	Male	55	2	52	3	0.38	N.S=5.991
	Female	60	3	53	2		
MARITAL STATUS	Married	101	4	95	3	14.62	S=12.592
	Unmarried	3	1	2	0		
	Divorced	0	0	0	0		
	Widow	11	0	8	2		
EDUCATIONAL LEVEL	Post graduate/graduate	16	0	15	1	129.38	S=12.592
	High school	39	2	36	1		
	Primary education	28	1	25	2		
	Illiterate	32	2	29	1		
WEIGHT	Underweight	18	1	16	1	0.73	N.S=12.592
	Normal weight	92	4	84	4		
	Over weight	5	0	5	0		
	Obesity	0	0	0	0		

DURATION OF DIABETES MELLITUS	1-3 years	56	3	51	2	2.36	N.S=12.592
	4-5years	31	0	28	2		
	Morethan 5 years	28	2	26	1		

Above the table Showed that is no significant association between level of self care behaviour among diabetes patients with selected demographic variables like, Age $\{x^2=4.23\}$, Gender $\{x^2=0.38\}$, weight $\{x^2=0.73\}$, duration of diabetes milletus $\{x^2=2.36\}$.

There is significant association between level of self care among diabetes milletus patients with selected demographic variables like Marital status $\{x^2=14.62\}$ Educational level $\{x^2=129.38y\}$.

CHAPTER-V DISCUSSION

This chapter discuss the findings of the study derived from statistical analysis and its objectives set for the study.

Findings of the study are presented based on the objectives

To assess the socio demographic variables among people with type II diabetes mellitus attending selected OPDs, Chennai.

To assess the social support and self care behaviour among people with type II diabetes mellitus attending selected OPD Chennai.

To correlate the social support and self-care behaviour among patients with type II diabetes mellitus.

To find association between the social support and self care behaviour among patients with type II diabetes mellitus.

Objective 1:

Regarding demographic variables of patients with Type II diabetes mellitus

In assessing the level of social support & self-care behaviour among type II diabetes with their selected demographic variables, in regarding to age (41%) belongs to the age of 31-40 years, in regarding to age (52%) belongs to the age of 41-50 years, in regarding to age (22%) belongs to the age of 51-60 years (0%) belongs to the age of 61-70 years. In regarding to gender (55%) belongs to male, In regarding to gender (60%) belongs to female. In regarding to marital status (101%) belongs to married, in regarding to marital status (3%) belongs to unmarried, in regarding to marital status

(0%) belongs to divorced, in regarding to marital status (11%) belongs to widow. In regarding to educational level (16%) belongs to post graduate/graduate, in regarding to educational level (39%) belongs to high school, in regarding to educational level (28%) belongs to primary education, in regarding to educational level (32%) belong to illiterate. In regarding to weight (18%) belongs to underweight, in regarding to weight (92%) belongs to normal weight, in regarding to weight (5%) belongs to over weight, in regarding to weight (0%) belongs to obesity. In regarding to duration of diabetes mellitus (56%) belongs to 1-3 years, in regarding to the duration of diabetes mellitus (31%) belongs to 4-5 years, in regarding to the duration of diabetes mellitus (28%) belongs to more than year.

Objectives 2

- In assessing the level of social support among type II diabetes mellitus patients.
- 5% of the diabetes patients have inadequate social support.
- 51% of the diabetes patients have moderately adequate social support.
- 44% of the diabetes patients have adequate social support.
- In assessing the level of self care behaviour among type II diabetes mellitus patients.
- 5% of the diabetes patients have inadequate self care behaviour.
- 105% of the diabetes patients have moderately adequate self care behaviour.
- 5% of the diabetes patients have adequate self care behaviour.

Objectives 3

Regarding correlation of social support & self-care behaviour the $r = 0.123$.
Hence it is Positively correlated.

Objective 4

Results Showed that is no significant association between level of social support among diabetes patients with selected demographic variables like, Gender $\chi^2 = 5.06$.

There is significant association between the level of social support among Diabetes mellitus patients with selected demographic variables like Age $\{\chi^2 = 31.9\}$ Marital status $\{\chi^2 = 15.2\}$, Educational level $\{\chi^2 = 495.2\}$, Weight $\{\chi^2 = 14.76\}$, Duration of Diabetes mellitus $\{\chi^2 = 11\}$.

Results Showed that is no significant association between level of self care behaviour among diabetes patients with selected demographic variables like, Age $\{x^2=4.23\}$, Gender $\{x^2=0.38\}$, weight $\{x^2=0.73\}$, duration of diabetes milletus $\{x^2=2.36\}$.

There is significant association between level of self care among diabetes milletus patients with selected demographic variables like Marital status $\{x^2=14.62\}$ Educational level $\{x^2=129.38\}$.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATION

Summary of the study

The primary aim of the study is to assess the level of social support and selfcare behaviour among type II diabetes mellitus patients.

The present study was aimed to achieve the following objective

- To assess the socio demographic variables among people with type II diabetes mellitus patients.
- To assess the social support and self-care behaviour among people with type II diabetes mellitus patients.
- To correlate the social support and self-care behaviour among people with type II diabetes mellitus patients.
- To find association between the social support and self-care behaviour among people with type II diabetes mellitus patients.

THE PRESENT STUDY TO EXAMINE THE FOLLOWING HYPOTHESIS

RH1: There is a correlation between social support and self-care behaviour among people with type II diabetes mellitus.

RH2: There is a significant association between social support and self-care behaviour and demographic variables

Review of literature

Researcher reviewed related studies and helped the investigator to collect the appropriate and relevant information to support the study, design the methodology,

conceptual framework and developmental of the tool and also helped to plan the analysis of data.

The study design

It is a Non experimental descriptive design was adopted among the diabetes mellitus patients regarding social support and self-care behaviour level. The sample size consists of 115 type II diabetes mellitus patients.

Tool Multi -dimensional scale of perceived social support Self-Care Behavior Questionnaire

DATA COLLECTION PEOCEDURE

The main study was conducted in the month of April in selected OPDs, Chennai district, Tamil Nadu. 115 Samples were selected by using purposive sampling technique.

The data is collected were analysed using descriptive and inferential statistics and further interpreted in terms of the objectives formulated for the studies.

Major finding of the study

In assessing level of the demographic variables by the diabetes mellitus patients age 31-40 years 36%, 41-50 years 45%, 51-60 years 19%, 61-70 years 0%, Gender male 48% ,female 52%, marital status married 88%, unmarried 2%, divorced 0%, widow 10%, educational level post graduated 14%, high school 34%, primary education 24%, illiterate 28%.

In assessing the level of social support faced by the diabetes mellitus patients 6(5%) have inadequate social support 59 (51%) have moderate social support, 50 (44%) have adequate social support

In assessing level of self-care behaviour by the type II diabetes mellitus patients 5 (4%) have inadequate self-care behaviour ,105 (92%) have a moderate selfcare behaviour, 5(4%) have adequate self-care behaviour

Thus the students researcher found the level of social support and self-care behaviour experienced by diabetes mellitus patients .Further recommendation has been stated expecting for the improved study with wider generation.

NURSING IMPLICATION AND RECOMMENDATIONS

The findings of study have implications in the following areas

- Implication of nursing practices
- Implication of nursing education
- Implication of nursing administration
- Implication of nursing research

Nursing practice

The nurses plays a vital role among all the awareness program of social support and self care behaviour among type II diabetes mellitus. . Nurses can include the other members of the family in awareness programme of social support and self care behaviour and the causes of health problems. The teaching strategies used by the nurses should be simple clear cut audible. And also nurses should go to rural area and conduct a program related to social support and the effects of quality of care.

Nursing Education

Nursing curriculum should focuses on improving the strategies of social support and self-care behaviour. Students learning experience should provide an opportunity to conduct awareness program of social support and self care behaviour of old age people. The old age people need to be directed towards changing attitude regarding the long time social support. Nursing workshops and conferences should be

conducted to update knowledge about social support and self care. Research activities should be carried out various aspects of social support and self care . Education material should be prepared based on the need of the old age people and their lifestyle modification.

Nursing Administration

The nursing administrator has the responsibility to increase knowledge of nurses in identifying diabetes patients need for social support & self-care behavior and gaining knowledge in all aspects .he /she can organize an education program providing information about the social support and self care behaviour in diabetes mellitus patients.

Nursing research

- Essence of researcher is build up of knowledge in nursing as an evolving profession more and more study can be done to assess the level of social support and self care behaviour among diabetes mellitus patients in hospital setting and effects of structured teaching program and management can be assessed.
- The findings can be generalized with large sample and used to increase body of knowledge in nursing. The researcher finding should be utilized in practice and the result can be calculated.
- The nurse researcher will help to know the diabetes patients with social support and self care and give them guidance to get relieve from problems.

Limitations

- The study is limited for a period of one week
- These study is limited to sub rural areas in Chennai.

Recommendations

Based on the finding of the study, the following recommendations are put forward for the further research.

- A similar study undertaken with the large sample to generalize finding.
- The similar study can be contented in the different setup like hospitals and sub rural areas .
- The experimental study can be conducted with different teaching method to know the level social support and self care behaviour.
- The similar study conducted by using true experimental research.
- The study can be undertaken to determine the knowledge as well as effects of level of social support and self care behaviour.
- The Comparative study conducted between married and unmarried people.

Conclusion

On the basis of conducted research it can be concluded the assessment of level of social support and self care behaviour among diabetes patients as an importance in determination of early prompt treatment.

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**ANNEXURE –A LETTER REQUESTING PERMISSION FOR
CONDUCTING THE STUDY**

From

Ms.Petchiammal.S Ms.Yamini.A Mr.Infant Felix Savio Ms.Sowmiya.K
Ms.Sherine Immaculate.S

To

The Dean
Sathyabama College of Nursing
Sathyabama Institute of science and Technology Chennai -119.

Respected sir/Madam,

[Sub: Requesting for permission to conduct research study]

We are third year , Bachelor of Nursing students studying in Sathyabama college of Nursing. we have selected the under mentioned topic for the research project to be submitted to Sathyabama Institute of Science and Technology in partial fulfilment of University requirement for the award of the B.Sc. Nursing degree.

Topic

**ASSESSMENT OF SOCIAL SUPPORT AND SELF CARE BEHAVIOUR
AMONG TYPE II DIABETES MELLITUS PATIENTS.**

Here by we assure that all the information collected for the research study will be kept confidentially. We kindly request you to grant permission to conduct this research study.

Thanking you

**ANNEXURE -B ETHICAL CLEARANCE CERTIFICATE FOR
ETHICAL CLEARANCE**

This is to certify Register no: 40904039, 40904060, 40904053, 40904048, 40904020, B.sc nursing III rd year students submitted the protocol on study as,
**“ASSESSMENT OF SOCIAL SUPPORT AND SELF CARE BEHAVIOUR
AMONG TYPE II DIABETES MELLITUS PATIENTS”.**

The above protocol was received by ethical committee approved and mentioned that the study is feasible to carry out under the guidance of an eligible guide.

SIGNATURE OF THE CHAIRMAN

ANNEXURE-C

Authorization Letter

From

Principal Investigator,

Sathyabama College of Nursing,

Sathyabama Institute of Science and Technology,

Chennai.

To

Co-Chair Person,

Institutional Biosafety & Ethical Committee (IBEC),

Sathyabama Institute of Science and Technology,

Chennai.

Respected Madam,

I hereby declare that the following study which is proposed for the ethical committee clearance has not yet been started. The proposal was presented to Institutional Review Board on 21.12.2022.

Study Topic: To asses' social support and self-care behaviour among type II Diabetes Mellitus patients attending OPD'S, Chennai.

Name of Principal Investigator: **YAMINI.A**

Name of Guide/Co-I: **Mrs.SATHIYAPRIYA / Petchiammal.S, Sherine immaculate. S,Infant felix savio. A,Sowmiya.K** Name of HOD: **Mrs. Ponnambily Chandy**

Signature of PI

HOD

DEAN

SEAL

SEAL

DEMOGRAPHIC VARIABLES:

1. AGE (IN YEARS) a) 30-40 years b) 41-50 years c) 51-60 years d) 61-70 years 2. GENDER a) Male b) Female 3. MARITAL STATUS a) Married b) Unmarried c) Divorced d) Widow 4. EDUCATION LEVEL a) Graduate/Post Graduate b) High School c) Primary education d) Illiterate 5. WEIGHT a) UnderWeight b) Normal c) OverWeight d) Obesity 6. DURATION OF DIABETES MELLITUS a) 1-3 years b) 4-5 years c) More than 5 years .

SECTION –B

Multi- dimensional Scale of Perceived Social Support

Multidimensional Scale Of Perceived Social Support (MPSS) Is Used To Assess Social Support

Instructions

We are interested in how you feel about the following statements. Read each statement carefully

Indicate how you feel about each statement.

Circle the "1" if you Very Strongly Disagree

- Circle the "2" if you Strongly Disagree
- Circle the "3" if you Mildly Disagree
- Circle the "4" if you are Neutral
- Circle the "5" if you Mildly Agree
- Circle the "6" if you Strongly Agree
- Circle the "7" if you Very Strongly Agree

S.No	Questionnaire	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7

2.	There is a special person with whom I can share joys and sorrows	1	2	3	4	5	6	7
3.	My family really tries to help me.	1	2	3	4	5	6	7
4.	I get the emotional help & support I need from my family	1	2	3	4	5	6	7
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6.	My friends really try to help me.	1	2	3	4	5	6	7
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7

11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7

SECTION-C

Self-Care Behavior Questionnaire

Diabetes Self –Care Management Questionnaire Is Used To Assess SelfCare Behaviour .

Instructions

We are interested in how you feel about the following statements. Read each statement carefully Indicate how you feel about each statement

- Circle the "1" if you doing very well all the time
- Circle the "2" if you doing well in considerable degree
- Circle the "3" if you doing based upon the time some degree
- Circle the "4" if you doing not well some degree
- Circle the "5" if you doing not well in any degree
- Circle the "6" if you doing never

S.No	Questions	Doing Very Well	Consid -erable Degree	Based Upon The Time	Not Well In Some Degree	Not Well In Any Degree	Never
1.	visit hospital regularly according to doctor's appointments for examination or treatment of diabetes.	1	2	3	4	5	6
2.	I take meals or refreshments regularly every day.	1	2	3	4	5	6
3	I eat a well-balanced diet using a list of food exchange.	1	2	3	4	5	6
4.	I take foods containing dietary fibre like grain, vegetable and fruit every day.	1	2	3	4	5	6

5	I set a limit on taking salt and processed Foods.	1	2	3	4	5	6
6.	I do a self blood sugar test according to doctor's recommendations.	1	2	3	4	5	6
7.	I do a self blood sugar test more frequen when I feel symptoms of hypoglycemia like tremor, pallor and headache.	1	2	3	4	5	6
8.	I try to maintain the optimal blood-sugar level.	1	2	3	4	5	6
9.	I control the size of meals or exercise according to a blood sugar level.	1	2	3	4	5	6

10.	I am carrying food like sweet drink, candy or chocolate just in case of Hypoglycemia .	1	2	3	4	5	6
11.	I try to maintain optimal weight by measuring my weight regularly.	1	2	3	4	5	6
12.	I carry insulin, injector and blood sugar tester whenever I go to trip.	1	2	3	4	5	6
13.	I try to get information on diabetes control by attending various diabetes educational programs.	1	2	3	4	5	6
14.	I take my diabetes medication like Insulin injection as prescribed, observing dosage and time, regularly.	1	2	3	4	5	6

சமூக மக்கள்தொகை தரவு :

1.வயது [ஆண் டில்]

அ)30-40 ஆண் டுகள்

ஆ)41-50 ஆண் டுகள்

இ)51-60 ஆண் டுகள்

ஈ)61-70 ஆண் டுகள்

2. பொலினம்

அ)ஆண்

ஆ)தபண்

3. திருமண நிலை:

அ) திருமணமொன்றில

ஆ) திருமணமொன்றில

இ)விவாகரத்து

ஈ) விதகவ

4. கல்வி நிலை:

அ)பட்டத்தொரி/முதுககல பட்டத்தொரி

ஆ)உயரந் ிகலப் பள்ளி

இ) கல்வி

ஈ)படிப்பறிவற்றவர்

5. எகட:

அ)எகடக்கு கீழ்

ஆ)இயல்பொனது

இ) அதிக எகட

ஈ) உடல் பருமன்

6. நீரிழிவு நனொயின் கொலம்

அ)1-3 ஆண் டுகள்

ஆ) 4-5 ஆண் டுகள்

இ)5 ஆண் டுகளுக்கு நமல் உணரப்பட்ட சமூக ஆதரவின் பல

பரிமொண அளவுநகொல்: ➤ சமூக ஆதரகவ மதிப்பிடுவதற்கு

உணரப்பட்ட சமூக ஆதரவின் பல பரிமொண அளவுநகொல் (MPSS) பயன்

படுத்தப்படுகிறது ➤ வழிமுகறகள்: பின்வரும் அறிக்ககககளப் பற்றி

நீங்கள் எப்படி உணருகிறீர்கள் ள் என் பதில் நொங்கள் ஆரவ்மொக

உள்நளொம்.

➤ ஒவ்வொரு அறிக்கககயயும் கவனமொகப்படியுங்கள்

ஒவ்வொரு அறிக்கககயப் பற்றியும் நீங்கள் எப்படி உணருகிறீர்கள்

ள் என் பகதக்

குறிப்பிடவும்.

➤ நீங்கள் மிக கடுகமயொக உடன் படவில்கல
என்றொல்"1" ஐ

வட்டமிடுங்கள்

➤ நீங்கள் கடுகமயொக உடன் படவில்கல என்றொல்"2" ஐ
வட்டமிடுங்கள்

➤ நீங்கள் சிறிது உடன் படவில்கல என்றொல் "3" ஐ வட்டமிடுங்கள்

➤ நீங்கள் நடுநிகலயொக இருந்தொல் "4" ஐ வட்டமிடுங்கள்

➤ நீங்கள் நலசொக ஒப்புத்தொண் டொல் "5" ஐ வட்டமிடுங்கள்

- நீங்கள் உறுதியாக ஒப்புத்தகொண் டொல் "6" ஐ வட்டமிடுங்கள்
- நீங்கள் மிகவும் உறுதியாக ஒப்புத்தகொண் டொல் "7" ஐ வட்டமிடுங்கள்

S.N O	நகள்வித்தொள்	மிக கடு கம யொக உடன் பட வில் கல	கடுகம யொக உடன் படவில் கல	சிறிது உடன் பட வில் கல	நடு நி கல	நலசொக ஒப்புக் தகொண் டொல்	உறுதி யொக ஒப்புக் தகொண் டொல்	மிகவும் உறுதி யொக ஒப்புக் தகொண் டொல்
1.	எனக்கு நதகவப் படும்நபொது ஒருசிறப்புநபர் இருக்கிறொர்.	1	2	3	4	5	6	7
2.	என் மகிழ்ச்சி மற்றும்துயரங்க ள் பகிரந் ்து தகொள்ள ஒருசிறப்பு நபர் இருக்கிறொர்	1	2	3	4	5	6	7
3.	என் குடும்பத்தினர ் எனக்கு உதவ முயற்சிதசய்கி றொரக் ள்.	1	2	3	4	5	6	7

4.	எனக்கு ஆதரவு நதாகவபடும்நநர த்தில் உணரச் சி பூரவ்மொன உதவிகயப் எனது குடும்பத்திலிருந் து தபறுகிநறன்	1	2	3	4	5	6	7
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5.	எனக்கு ஆறுதல் நதாகவப்படும் நபொது ஒரு சிறப்பு நபர இருக்கிறொர்	1	2	3	4	5	6	7
6.	என் நண் பரக் ள் எனக்கு உதவமுயற்சிக்கி றொரக் ள்.	1□	2□	3□	4□	5□	6□	7□
7.	விஷயங்கள் தவறொக நடக்கும் நபொது நொன் என் நண் பரக் கள நம்பலொம்	1	2	3	4	5	6	7
8.	எனது பிரசுசிகனககள எனது குடும்பத்தொரிடம் நபச முடியும்	1	2	3	4	5	6	7

9.	எனதுஇன் ப,து ன் பங்குகள பகிரந் ்துதகொள்ள எனக்கு நண் பரக் ள் உள்ளனர்	1	2	3	4	5	6	7
10.	என்வொழ்க்கக யில் ஒரு சிறப்பு நபர இருக்கிறொர் என் உணரவுகள் மீது அக்ககற தகொள்ளவதற்கு	1	2	3	4	5	6	7
11.	முடிதவடுப்பதில் எனக்கு உதவ எனது குடும்பத்தினர் தயொரொக உள்ளனர்	1	2	3	4	5	6	7
12.	எனது பிர சசிகனகுகள எனது நண் பரக் ளிடம் நபச முடியும்.							

சுய-கவனிப்பு நகள்வித்தொள்:

- நீரிழிவு சுய-கவனிப்பு நமலொண் கம நகள்வித்தொள் சுய-கவனிப்கப மதிப்பிடுவதற்குப் பயன்படுத்தப்படுகிறது.
- வழிமுகறகள்: பின்வரும் அறிக்ககுகளப் பற்றி நீங்கள் எப்படி உணருகிறீர்கள் என் பதில் நொங்கள் ஆரவ்மொக உள்நளொம்.
- ஒவ்வொரு அறிக்கககயயும் கவனமொகப்படியுங்கள் ஒவ்வொரு அறிக்கககயப் பற்றியும் நீங்கள் எப்படி உணருகிறீர்கள் என் பகதக்

குறிப்பிடவும்.

- நீங்கள் மிக சிறப்பாக தசயல்பட்டொல் "1"ஐ வட்டமிடுங்கள்
- நீங்கள் சிறப்பாக தசயல்பட்டொல் "2" ஐ வட்டமிடுங்கள்
- நநரத்தின் அடிப்பகடயில் நீங்கள் தசய்தொல் "3" ஐ வட்டமிடுங்கள்
- நீங்கள் சரியொகசு ் தசயல்படவில்கல என்றொல் "4" ஐ வட்டமிடுங்கள்
- நீங்கள் எந்தப் நநரத்திலும் சரியொகசு ் தசயல்படவில்கல என்றொல் "5"ஐ வட்டமிடுங்கள்
- நீங்கள் ஒருநபொதும் தசய்யவில்கல என்றொல் "6" ஐ வட்டமிடுங்கள்

S.no	நகள்வித்தொள்	மிக சிறப்பாக தசயல் பட்டொல்	சிறப்பாக தசயல் பட்டொல்	நநரத்தின் அடிப்ப கடயில்	சரியொகசு தசயல் படவில்கல	எந்தப் நநரத்திலும் சரியொகசு தசயல் படவில்கல	ஒருநபொதும் தசய்ய வில்கல
1.	நீரிழிவு நநொய்க்கொன பரிநசொதகன அல்லது சிகிசுக்கக் ககள மருத்துவரின் நியமனங்களின் படி தவறொமல் மருத்துவமகனக்குச் தசல்கிநறன்	1	2	3	4	5	6
2.	நொன் உணவு அல்லது சிற்றுண் டிககள தவறொமல் தினமும் எடுத்துக்கொள்கிநறன்	1	2	3	4	5	6

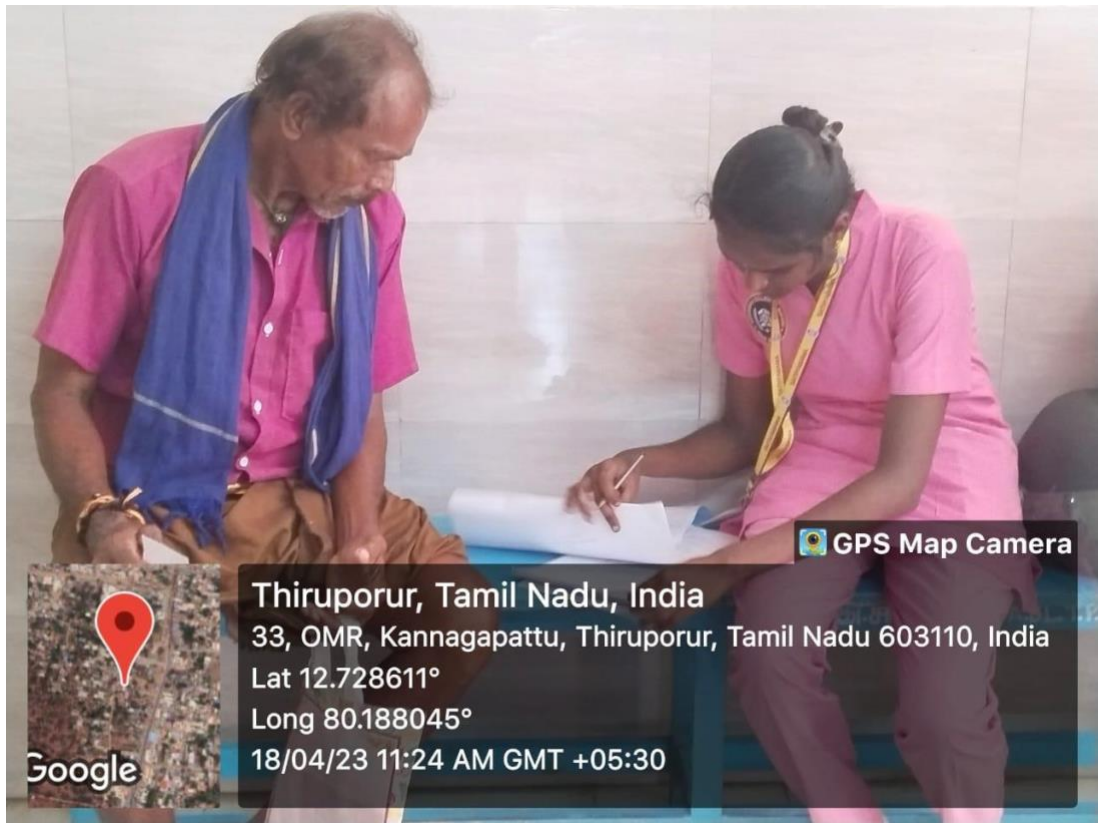
3.	உணவுப் பரிமொற்றத் தின் பட்டியலின் படிநொன் நன்கு சமநிகலயொனஉணகவ உண் கிறறன்.	1	2	3	4	5	6
4.	தொனியங்கள், கொய்கறிகள் மற்றும் பழங்கள் நபொன்ற நொரச் ச் த்து உணவுககள் நொன் தினமும் எடுத்துக் தகொள்கிறறன்.	1	2	3	4	5	6

5.	உணவில் தசரினொ அளவு உப்பு எடுத்து தகொள்கிறறன்	1	2	3	4	5	6
6.	மருத்துவரின் பரிந்துகரக லின் படி நொன் சுய இரத்த சரக் க்கரபரிநசொதகன தசய்கிறறன்	1	2	3	4	5	6

7.	நடுக்கம், வலி மற்றும் தகலவலி நபொன்ற இரத்தச ு சரக் ுக்கரக குகறவின் அறிகுறிககள் உணரும்நபொது நொன் அடிக்கடி சுய சரக் ுக்கர பரிநசொதகன தசய்துதகொள்கிறறன்..	1	2	3	4	5	6
8.	நொன் உகந்த இரத்த சரக் ுக்கரகய பரொமரிக்க முயற்சிக்கிறறன்	1	2	3	4	5	6
9.	இரத்த சரக் ுக்கர அளவு படி, உணவு அல்லது உடற்பயிற்சியி கய நமற்தகொள்கிறறன்	1□	2□	3□	4□	5□	6□
10.	.இரத்தச ு சரக் ுக்கரக் குகறவு ஏற்பட்டொல் இனிப்புப் பொனம் மிட்டொய் அல்லது சொக்நலட்நபொன்ற	1□	2□	3□	4□	5□	6□
	உணகவ எடுத்துச் தசல்கிறறன்.						
11	என் எகடகய அடிக்கடி அளவிடு வதன் மூலம் நொன் உகந்த எகடகயபரொமரிக்க முயற்சிக்கிறறன்	1□	2□	3□	4□	5□	6□

12	நொன் பயணத் திற்குசத் சல்லும் நபொததல்லொம் இன்சலின், இன்தெக்டர் ஃ மற்றும் இரத்த சரக் ஃககர பரிநசொதகன கருவிகய எடுத்துச் தசல்கிநறன்.	1□	2□	3□	4□	5□	6□
13	கல்வித் திட்டங்களில் கலந்துதகொள்வதன் மூலம் நீரிழிவு நநொய் கட்டுப்பொடு பற்றிய தகவகலப் தபற முயற்சிக்கிநறன்	1□	2□	3□	4□	5□	6□
14	பரிந்துகரக்கப்பட்ட இன்சலின் ஊசி நபொன்ற நீரிழிவு நநொய்க்கொன மருங்கத நொன் அளகவயும் நநரத்ததயும் தவறொமல் எடுத்துக்தகொள்கி நறன்,	1□	2□	3□	4□	5□	6□





**A STUDY TO ASSESS THE CARE SEEKING BEHAVIOUR
AMONG CARE GIVERS OF UNDER FIVE CHILDREN IN THE
SELECTED COASTAL VILLAGE, CHENNAI**



**A PROJECT WORK SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF NURSING**

2020-2024



**A STUDY TO ASSESS THE CARE SEEKING BEHAVIOUR
AMONG CARE GIVERS OF UNDER FIVE CHILDREN IN
THE SELECTED COASTAL VILLAGE, CHENNAI.**



BY

Ms. AARTHI.K

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Ms. KEERTHANA SAI.K

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CHENNAI

2020-2024

RESEARCH GUIDE

DEAN

BONAFIDE CERTIFICATE

This is a bonafide work done by **Ms. Aarthi.K, Ms. Aarthy.P, Mr. AbdulFaheem.W, Mr. Aravinthasami.R, Ms. Keerthanasai.K, B.sc (N)** IIIrd year students from Sathyabama college of Nursing. Sathyabama Institute of Science and Technology, Chennai, submitted in partial fulfillment for the degree of Bachelor of science in Nursing under the Sathyabama Institute of Science and Technology (Deemed to be University), Chennai.

COLLEGE SEAL

SIGNATURE OF THE DEAN

ENDORESEMENT BY THE RESEARCH GUIDE

This is to certified the project work **“A Study to Assess the Care Seeking Behaviour among Care Givers of under Five children in the selected coastal village, Chennai.** is a bonafide research work done by **Ms.Aarthi.K, Ms.Aarthy.P, Mr.AbdulFaheem.W, Mr.Aravinthasami.R, Ms.Keerthanasai.K, B.sc (N)** in partial fulfillment of the requirement for the degree of the bachelor of science in nursing.

SEAL AND SIGNATURE OF THE RESEARCH GUIDE

ACKNOWLEDGEMENT

“He makes all things beautiful in his time”

My great indebted thanks to the **lord all mighty** for his abandoned blessing, endless grace and love showered on me in providing the strength to overcome all the difficulties and made me to complete my study successfully, without which it would not have been possible. There are several hands behind in giving a shape to this research study, which would be impossible to mention all by name. There are some whom the investigator would particularly like to thank.

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ABSTRACT

Under five children were more vulnerable and prone to get the disease conditions such as Malnutrition, Poor immunization, Beliefs and attitude.

Method: A descriptive study was assessed the knowledge of care seeking behaviour among care givers of under five children in selected coastal villages, Chennai. 100 samples were used to evaluate the knowledge of care seeking behaviour among care givers of under five children.

Results: This results show that the age of the mothers 54% had moderate knowledge and sex of the child 53% had moderate knowledge. There was significant difference between the descriptive and inferential statistics on care seeking behaviour among care givers of under five children was found to be effective (15.181) $P=0.811$.

Conclusion: The study conclude that structured teaching programme was effective in bringing desired changes in the knowledge among mothers of under five children.

Keywords: Structured teaching programme, Under five children, Care seeking behaviour, Knowledge of mother

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CHAPTER – 1

INTRODUCTION

“Let us sacrifice our today so that our children can have a better tomorrow”.

Dr APJ Abdul Kalam.

In India there are a home nearly 158 million with under five children, it comprises about 13% of its population. The under five children are a vulnerable age group their mortality reflecting countries overall development. Timely and appropriate behaviour if practised by care givers, can have a significant impact on survival the slum areas have a lower economic status, overcrowding, personal ad cultural practices and attitude toward health care providers. Reducing child mortality is worldwide health priority and one of the sustainable goals it has been planned to end preventable deaths of new born and children under five years of age and to reduce under five mortalities to as low as 25/1000 live births.

In 2016, the studies show that under five mortality rate is low income and high-income countries was 73.1 and 5.3 deaths per 1000 live births respectively. In 2016 the under-five mortality rate in Ethiopia was 67 deaths per 1000 live births. The low- income countries are continuing to experience with high morbidity and mortality rate due to factors such as low vaccination coverage, poor sanitation and under nutrition. Health seeking behaviour of under-five children was introduced in Delhi with low income. India it was established in during July-September in 2021. Totally they are 17 care givers(mothers) of eight male and nine female were enrolled in under five children.

The twin girls of united nation’s promote ending avoidable child deaths and promoting health and well -being of children. The management and integrated of new born and childhood illness (IMNC) the strategies of health care include improve family

and community practices and effective case management of pneumonia, diarrhoea, measles and malnutrition these are the burden disease in under five population, but almost high burden of childhood morbidity rate is due to pneumonia, diarrhoea and under nutrition.

Odisha is also one of the countries for under five mortality rates so the government should conduct awareness for under five care givers the under five children are more affected by diarrhoea, malnutrition and infections. Odisha are the prevalence of reporting to health facilities being with still high with complaints of acute respiratory infections and fever (74.3) and diarrhoea (65.8) in urban areas of Odisha.

Infections and undernutrition are susceptible to children, it dependent on their care givers usually their mothers the care givers should give behaviour for their children so that it can reduce morbidity and mortality rate in childhood. Always focus on public health interventions to promote child health, believes false and lack of empowerment to increase health risk for children.

The slum areas are prone to diseases because socio economic factors, poor immunization and lack of knowledge. Now-a-days care seeking behaviours level is very low the government should conduct awareness to improve mothers about childhood problems to reduce the morbidity and mortality rates.

NEED FOR THE STUDY

Health care seeking behaviour should be practiced by care givers the slum areas have a poor health seeking behaviour lower economic status, malnutrition, poor immunization, beliefs and attitude. This study is important for health seeking behaviour to provide for a better health care system.

Childhood diseases in the communities is needed to raise an order for conducting an awareness about health problems and conduct programmers this can improve childcare practices in the family and community level. Participation for the children are 0-15 years, adult 16-54 years, elders more than or equal to 55 years. Totally we have 260 care givers of 26.61+4.31 years are participated in this study, 77.69 reported of morbidity 21.92% of the care givers primary care in home.

Declining of mortality in under five children by over 50% in the last 25 years is the greatest achievements across the worlds. The millions of the children suffer from illness it's can be easily prevented the under five children mortality rate in India is very higher 25 death per 1000.

In developing country like India, the cause of illness and deaths are infectious diseases without treatment the under five children are continuing to die. The health care services accessed so that seeking behaviour in children it is dependent on care givers to knowledge and attitude. The 75.93% users home remedies, 20.77% are following medical advice.

The government should take measures by conducting awareness for the care giver under- five children's common diseases are malnutrition, diarrhoea, under nutrition and jaundice.

Health seeking behaviour of care givers for childhood it ranges from self-medication, pharmacist, public and private health care providers care seeking behaviour of under five children should be sponsored by the government of India to reduce under nutrition and infection. Due to severity of diarrhoea (64.3%), difficulty in breathing (17.6%), fever (14.3%) local infections (1.8%) health seeking behaviour can reduce children morbidity and mortality rate.

The slum areas are more affected due to socio economic factors, over- crowding and poor sanitation. The knowledge of symptoms ill health can reduce the morbidity and mortality rate continuous education of care givers they can take care according to children's disease condition.

India has the largest population of under-five (127 million's) there are the greatest number of under five deaths (2.1 million) year of 2006. The childhood disease was assessed by national family health survey-4.

Hence, I would like to conduct this study because due to increase of mortality and morbidity rate in slum area because of socio economic factors, poor sanitation, believes and attitude I would like to conduct awareness for care giver about health behaviour, nutrition and immunization among family and community level.

REASEARCH QUESTIONS

What is care seeking behaviour among care giver of under five children?

STATEMENT OF THE PROBLEM

A Descriptive study to assess the care seeking behaviour among under five children.

OBJECTIVES

- To assess the socio demographic variables among care givers of under five children
- To assess the health seeking behaviour among care givers of under five children.
- To find out the association between health seeking behaviour and socio demographic variables among care givers of under five children.

HYPOTHESIS

H₀ There is a significant association between health seeking behaviour and socio demographic variables among care givers of under five children.

OPERATIONAL DEFINITION

CARE GIVER

- Care givers are the mother or other family members who are primarily responsible for taking care of their child's health during illness.

HEALTH SEEKING BEHAVIOUR

- Any health care activity undertaken by individuals who perceived themselves or their children having health problem for the purpose of finding a remedy based on their signs and symptoms in appropriate time.

COASTAL REGION

- Coastal region is the area where the people living near to the sea shore.

UNDER FIVE CHILDREN

- Children those who are aged between 0-5 years is referred to as under five children.

ASSUMPTION

- Under five children are vulnerable groups exposed to frequent illness.
- Coastal regions peoples have poor socio- economic status.
- Care takers of coastal regions peoples working beyond their limited hours.
- Care takers having limited knowledge related to health seeking behaviour.

LIMITATION

- The sample size will be limited.
- Duration of the study will be 1 week.
- Setting of the study will be limited to coastal region

CHAPTER- 2

REVIEW OF LITERATURE

The term review of literature refers to an systematic examination of publication relevant to research project. It deals with a review of research studies and the related materials for the present study. It helped the researcher to develop an insight into the problemare and helped to build the strength and foundation for the study.

LITERATURE RELATED TO CARE SEEKING BEHAVIOUR AMONG UNDER FIVE CHILDREN

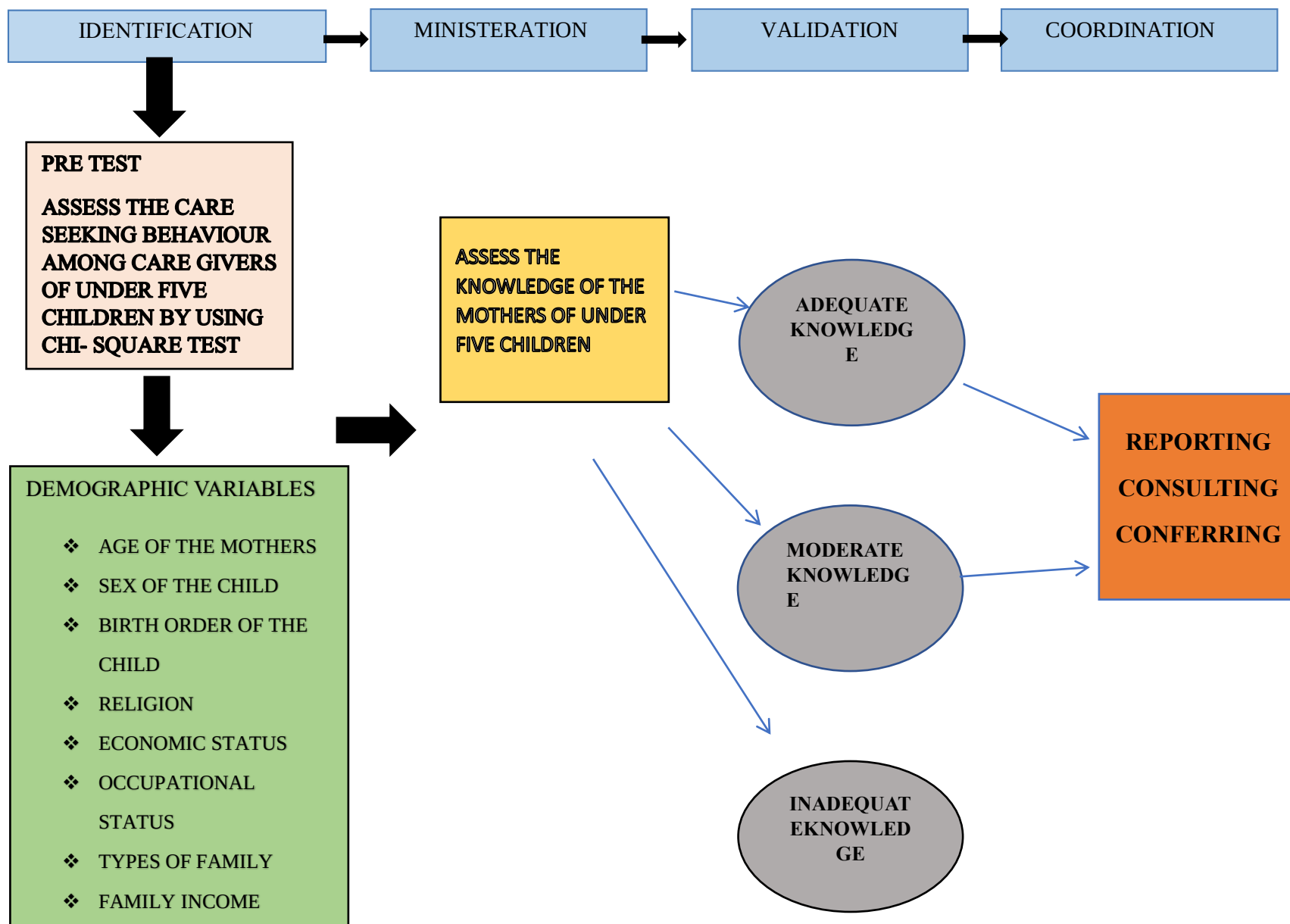
PARIMALA MOHANTY 2021 conducted a cross sectional study on to assess the health care seeking behaviour for their children among caregivers of under-five children in Bhubaneswar. The sample size was 530. Data regarding health care seeking behaviour of 530 caregivers of under-five (U5) children residing in urban slums of, whose children suffered from any illness in last one month, were collected. The result is The most common childhood illnesses for which healthcare were sought were diarrhoeal diseases (30.4%) followed by respiratory infections (29.1%). A concept analysis of the predisposing factors was built up as “socio cultural context”, “economic context”, “education context”, and “individual preference” to know the health care seeking pattern. The health care seeking behaviour among the caregivers of under-five children was significantly associated with sex of child, size of the household, social group of caregiver, mother with mass media knowledge, age, education and occupation of mother, mother having BPL card, if suffering from chronic disease, decision making person for seeking health care, time lapse in approaching the health care facility and income loss due to under five children illnesses. The P value of the study is 0.341.

MEMONA PRASAI , 2020 conducted a descriptive cross sectional study on health care seeking behaviour durig childhood illness, among of mother of under five children in slum area of Kathmandu Nepal. The study samples were 78 mothers of under

five children by using semi-structured questionnaire. The data was collected by using semi-structured questionnaire. The state data of the study results show that 73.07% of the respondent sought inappropriate care 43.6% of the respondent sought health care from hospital and 93.5% of the child having childhood illness of cold and cough . So this study shows that ¼ of the respondent sought appropriate and prompt care from health facilities. The P value of the study is 0.004

MADHUR BORAH 2016 in rural block of Assam conducted a study on health seeking behaviour for under five children of primary caregivers. It was the population based study. The sample size was 375. Total 375 primary caregivers of under 5 children were included in our study. Each caregiver was interviewed after taking informed consent using pretested redesigned semi structured schedule. By Out of 283 episodes in 31% cases the caregiver approach govt hospital while 23.7% went to private clinics, 17% practiced self medication for the child. 16% primary caregivers sought no outside advice and 5% went to traditional healers. Lack of money was cited by 75% caregivers as the reason for not getting outside treatment while 84% caregivers felt that the morbidity episode of the child was not sever enough to seek care. The P value of the study is 0.043.

ALPHONSUS ISARA 2013 in Edo state, Nigeria conducted a descriptive cross sectional study on care seeking behaviour of under five children. The aim of the study was Timely and appropriate healthcare seeking behaviors if practiced by caregivers of under-five children can have a significant impact on child survival. Data collection was done by means of a structured interviewer-administered questionnaire adapted from UNICEF/IMCI household baseline survey questionnaire. The sample size was 370. the result is A total of 370 caregivers participated in the study. Almost all of them were females 368 (99.5%), 234 (63.2%) had secondary education and 283 (76.5%) were in the unskilled social class. The P value of the study is 0.05.



CHAPTER III

RESEARCH METHODOLOGY

Research methodology is a way to solve the research problem systematically. It is the science of studying how research is done scientifically. The methodology is a significant part of the research under which the researcher is able to project a blueprint of the research undertaken.

This chapter deals with the Research approach, Research design, Variables, Setting, Population, Sample, Sample size, Sampling technique, Criteria for Sample selection, Development and Description of the tool, Scoring procedure, Procedure for data collection, and Plan for data analysis.

RESEARCH APPROACH

A Quantitative research approach was used for this study to evaluate the care seeking behaviour among care givers of under five children.

RESEARCH DESIGN

Descriptive research design was used for this study.

STUDY POPULATION

The study population will be care givers of under five children.

ACCESSIBLE POPULATION

The accessible population will be care givers of under five children in selected coastal villages in Chennai.

RESEARCH SETTING OF THE STUDY

The study setting will be selected coastal villages in Chennai.

SAMPLING TECHNIQUES

The purposive sample technique was used for this study.

SAMPLE SIZE

Sample size will be 100.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

- Women who are having under five children.
- Caregivers who are present at the time of the study.
- Caregivers who are willing to participate in the study.

EXCLUSION CRITERIA

- Caregivers who are not willing to participate in the study.
- Caregivers who are not available in the house
- Caregivers who are sick on the day of data collection

DATA COLLECTION PROCEDURE

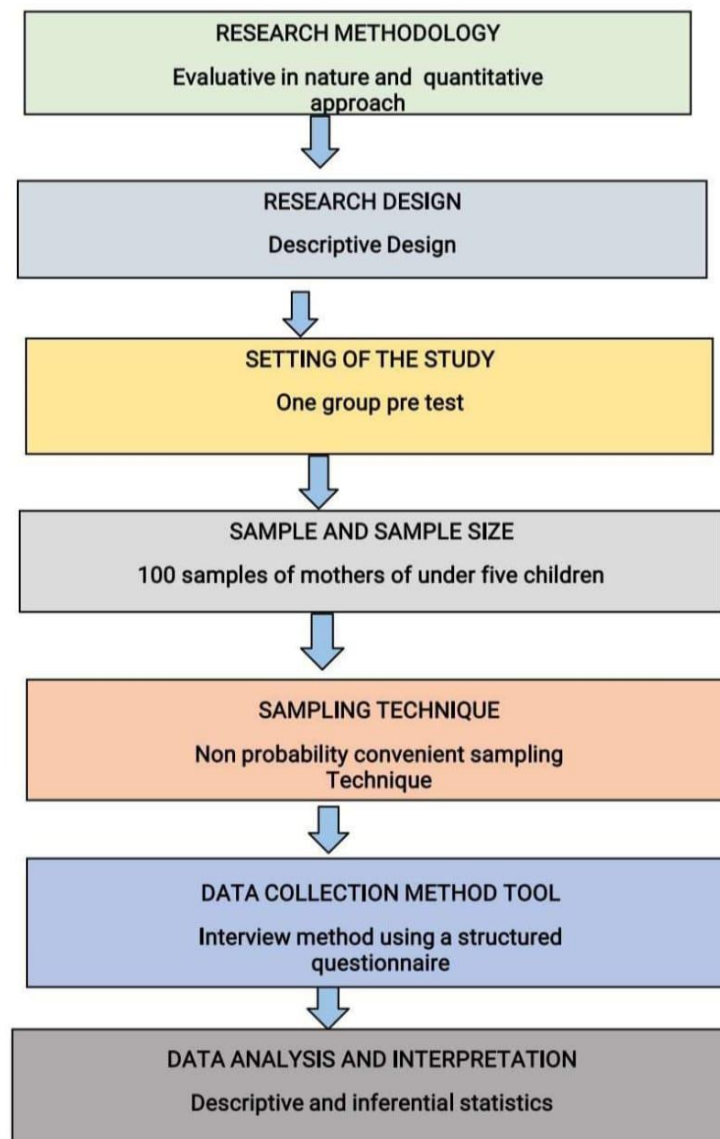
- The duration of the data collection will be one month.
- The investigators get the informed consent after explain the study objectives.
- The investigators administer the structured questionnaires to collect the data.

SCORING INTERPRETATION

Regarding the scoring of knowledge, the adequate knowledge score is 80-100, moderate knowledge score is 60-80 and inadequate knowledge score is >60.. The score is given depending upon the 'X' placed by the sample in the chi square test. The score was divided into the following categories.

- Adequate Knowledge : 80-100
- Moderate Knowledge: 60-80
- Inadequate Knowledge : >60

Schematic representation of Research methodology



DATA ANALYSIS

Frequency and preparation will be used to describe the variables .Chi square test will be used for finding care seeking behaviour among Care givers of under five Children.

ETHICAL CONSIDERATION

- Ethical clearance will be obtained from Sathyabama institute of science and technology.
- Inform consent will be obtained.
- Confidentiality of the data will be maintained.
- Privacy will be provided during data collection procedure.
- Anonymity Will be maintained

CHAPTER-4

DATA ON ASSOCIATION BETWEEN CARE SEEKING BEHAVIOUR AMONG CARE GIVERS OF UNDER FIVE CHILDREN IN SELECTED COASTAL VILLAGES WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

Table-01

Frequency, Percentage and χ^2 Distribution on care seeking behaviour among care givers of under five children in selected coastal villages With Their Selected Demographic Variable

Table - 1 Frequency and percentage distribution of selected demographic variables of care givers of under five children

S.no	Demographic characteristics	Frequency	Percentage (%)
1	Age in years		
	>20 Years	17	17
	20-30 Years	54	54
	<30 Years	29	29
2	Sex		
	Male	47	47
	Female	53	53
3	Birth order		
	First	53	53
	Second	40	40
	Third and above	7	7
4	Religion		
	Hindu	59	59
	Muslim	23	23
	Christian	18	18
Table.1 shows that most 54% of mother's where in the age group of 20-30 years. Most of the children were female (53%) . Most of them (53%) were first born child. Most of them belongs to Hindu religion (59%).			

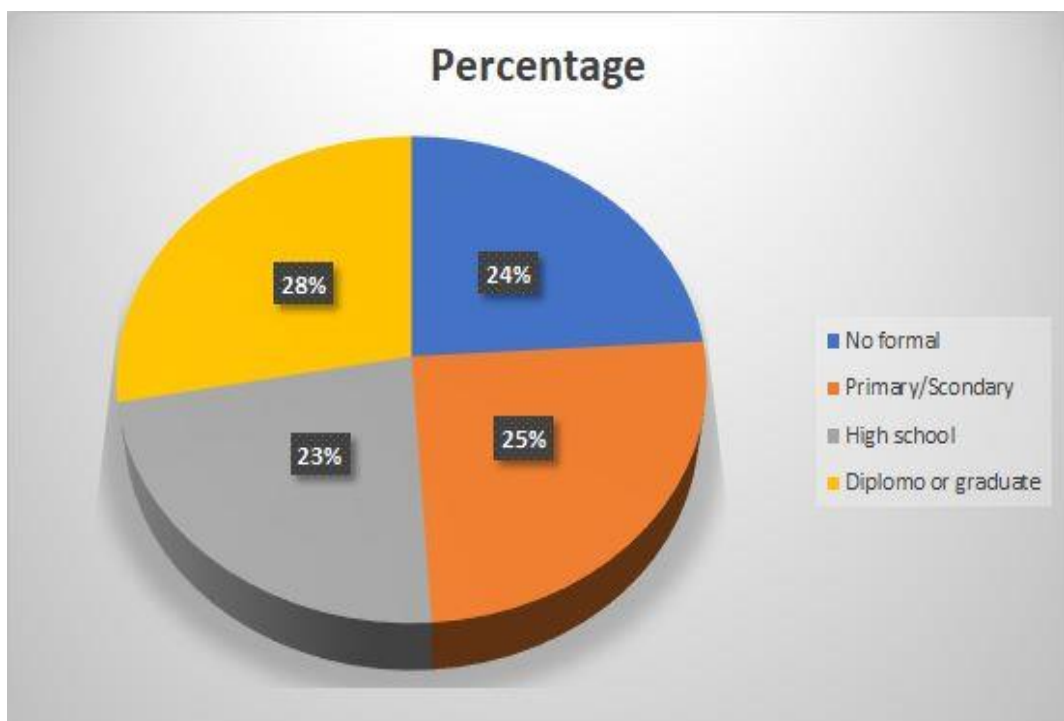


FIGURE.01: EDUCATIONAL STATUS

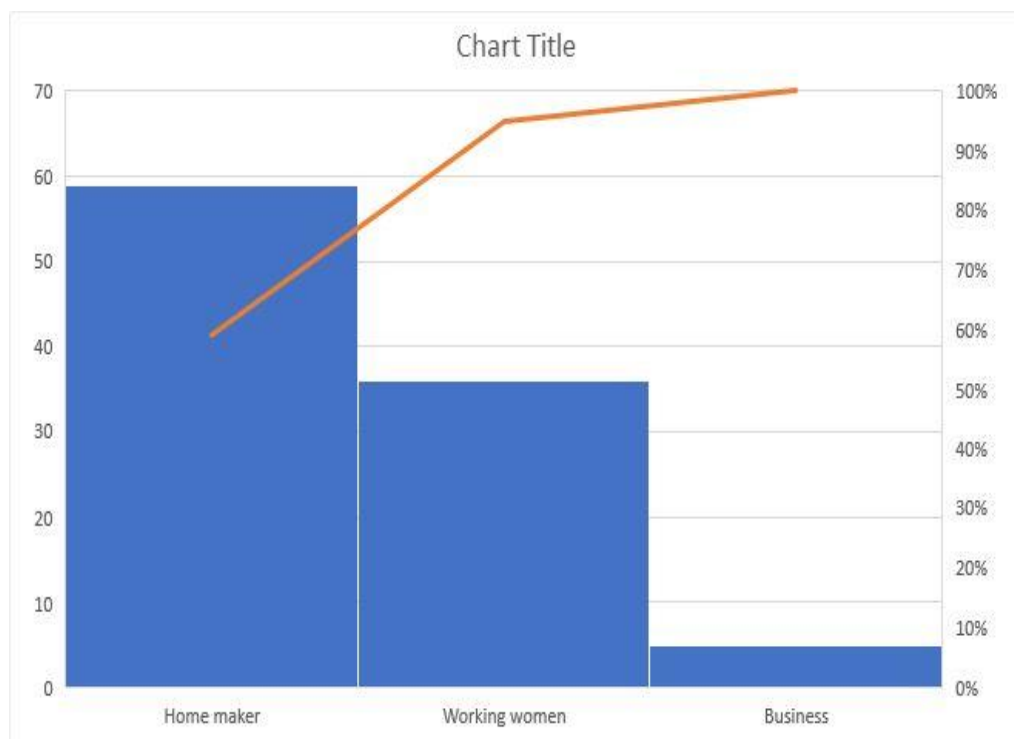


FIGURE.02: OCCUPATIONAL STATUS

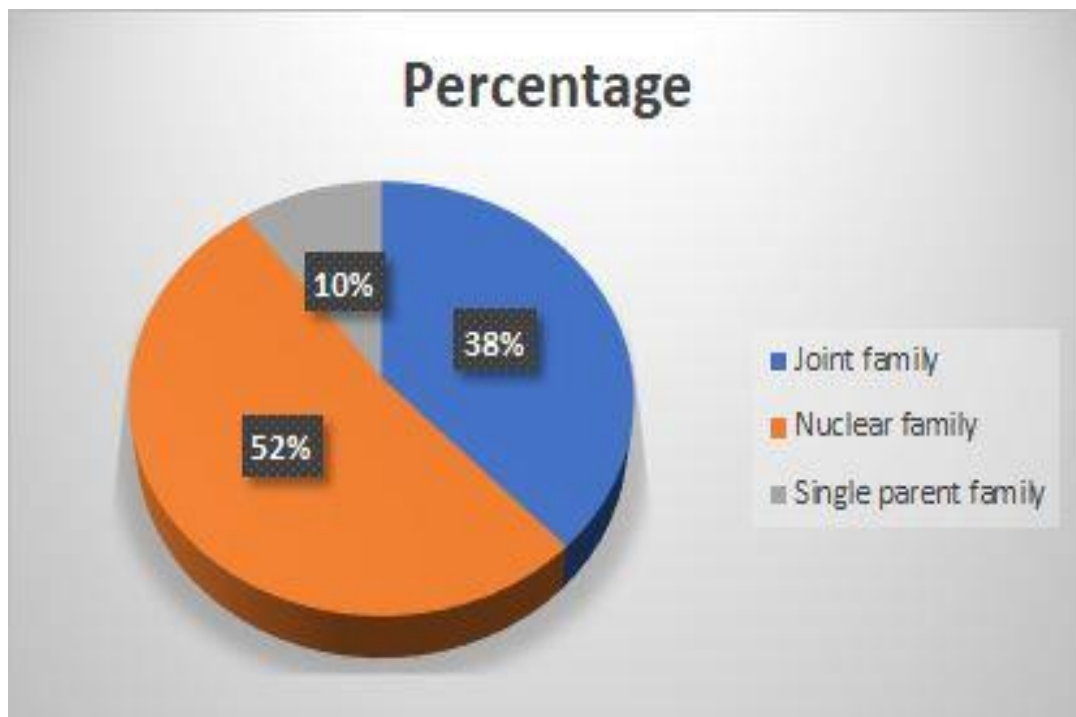


FIGURE.03: TYPE OF FAMILY

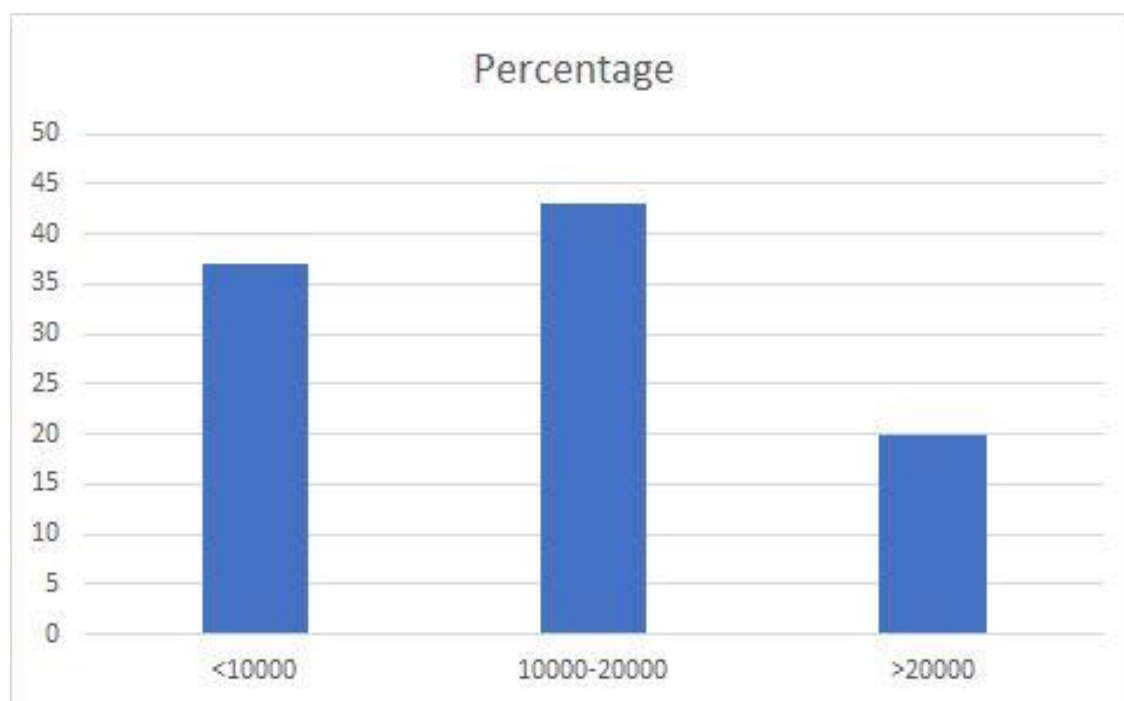


FIGURE.04: FAMILY INCOME

TABLE 02: ASSOCIATION BETWEEN DEMOGRAPHIC CHARACTERS AND CARE SEEKING BEHAVIOUR AMONG CARE GIVERS OF UNDER FIVE CHILDREN.

N=100

S.No	Socio demographic variables	Inadequate knowledge		Moderate knowledge		Highly adequate knowledge		X ²
		n	p	n	p	N	P	
1	Age of the mother							
	I)>20	4	4%	3	3%	10	10%	df=4
	II)20-30	20	20%	4	4%	30	30%	15.181
	III)<30	8	8%	12	12%	9	9%	
2	Sex of the child							
	I)Male	20	20%	18	18%	9	9%	df=2
	II)Female	13	13%	29	29%	11	11%	3.911
3	Birth order of the child							
	I)1st child	21	21%	19	19%	13	13%	df=4
	II)2nd child	20	20%	15	15%	5	5%	2.942
	III)3rd and above	2	2%	3	3%	2	2%	

4	Religion							
	I)Hindu	22	22%	20	20%	17	17%	df=4
	II)Muslim	9	9%	7	7%	7	7%	51.296
	III) kita	8	8%	8	8%	20	20%	
5	Educational status of the mother							
	I) Illiterate	9	9%	8	8%	7	7%	df=6
	II) Primary	7	7%	8	8%	10	10%	1.382
	III) Higher secondary	6	6%	9	9%	8	8%	
	IV)Diploma or graduate	8	8%	11	11%	9	9%	
6	Occupational status of the mother							
	I)House wife	28	28%	17	17%	15	15%	df=4
	II)Worker	12	12%	9	9%	13	13%	4.379
	III)Business	3	3%	0	0%	3	3%	
7	Type of the family							df=4
	I) Joint	12	12%	16	16%	10	10%	8.689
	II) Nuclear	25	25%	18	18%	9	9%	
	III) single parent family	3	3%	5	5%	2	2%	

8	Family income per month							
	I)<10,000	14	14%	13	13%	10	10%	df=4
	II)10,000-20,000	12	12%	20	20%	11	11%	22.779
	III)>20000	8	8%	4	4%	8	8%	

The above tabular column represents the value of selected demographic variables such as Age of the mother(15.181) , Sex of the child(3.911) , Birth order of the child(2.942) , Religion of the child(51.296) , Educational status of the child(1.382) , Occupational status of the mother(4.379) , Type of the family(8.689) , Family income per month(22.779) is lesser than the table value which indicates there was significant association between the demographic variables and it shows null hypothesis. Hence, it is strongly Ejected.

CHAPTER-V

DISCUSSION

A descriptive study to assess the care seeking behavior among care giver of under five children.

OBJECTIVES

- To assess the socio demographic variables among care givers of underfive children
- To assess the health seeking behaviour among care givers of underfive children.
- To findout the association between health seeking behaviour and socio demographic variables among care givers of under five Children.

Assessment of demographic characteristics of caregivers of under five children.

In assessing the level of demographic variables of underfive childrens, , In regarding to the age of mother, (4%) are belongs to age group of less than year, , (20%) are belongs to age group of 20-30 year, (8%) are belongs to age group of greater than year. In regarding to the age of child, (20%) are belongs to male,, (13%) are belongs to female. Birth order of child,(21%) belongs to first child,(20%) belongs to second child,(2%) belongs to third and above. Religion (22%) of Hindu,(9%) are Muslims,(8%) are Christian. Educational status of the mother ,(9%) are illiterate,(7%) are primary,(6%) are higher secondary,(8%) are diploma or graduate. Occupation status of mother,(28%) housewife,(12%) worker,(3%) business. Type of the family,(12%) joint,(25%) nuclear,(3%) single parent. Family income per month,,(14%) greater than 10000,(12%) 10000-20000,(8%) less than 20000.The study was carried upon 60 mothers of under five

childrens in urban area,sholinganallur. The study was conducted on knowledge on care seeking behavior among 60 mothers of under five childrens.

The association between demographic characteristics and knowledge on care seeking behavior among mothers of under five children

In the present study showed the association between the adequacy of knowledge and with their selected demographic characteristics statistically using chi square showed that their was an association between the education qualification of under five children. The reason might be because of their lack of understanding capacity their could be able to improve care for their children. There was significant relationship with other demographic variables like age of the mother (15.181), sex(3., birth order(2.942) , religion, educational status, occupational status, type of family and family income. It can be interpreted that irrespective of the demographic characteristic of care seeking behavior of under five children. All of them need to be paid equal attention to get educated on care seeking behavior of under five children. Demographic characteristics of educational qualification will improve the knowledge of mother among under five children.

The study assessed the knowledge of, and general health seeking practices among mothers of under-five children in Nigeria. Methods: This descriptive cross-sectional study was carried out among caregivers of under-five children in Edo State, Nigeria, in 2013. A multi-staged sampling technique was used to recruit respondents. Data collection was done by means of a structured interviewer-administered questionnaire adapted from UNICEF/IMCI household baseline survey questionnaire. Results: A total of 370 caregivers (mean age: 31.1±5.9 years) participated in the study. Almost all of them were females 368 (99.5%), 234 (63.2%) had secondary education and 283 (76.5%) were in the unskilled social class. Over 70%, 76%, 72%, 76% and 82% of participants did not know that being unable to eat/drink, fast breathing, blood in stool and convulsion, respectively, were symptoms of a child not feeling well. The place of primary care of children by caregivers was at home 142 (38.4%), chemist shop 91 (24.6%) and health

facility 80 (21.6%). Cost and long waiting time were major reasons for not seeking care in health facilities. Conclusion: This study showed poor health seeking practices among caregivers of under-five children in Edo State, Nigeria. There should be continuous education of caregivers on recognition of danger signs in children and the need to seek appropriate medical care in health facilities.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS

This chapter covers the summary, its findings, conclusions, and implications for nursing research, practice, and administration. This study begins with a few limitations and concludes with suggestions and recommendations for further research.

SUMMARY

This chapter deals with the summary of the findings, conclusion, implementation and review. The following conclusion were drawn on the basis of present study to assess the care seeking behaviour among care giver of under five children.

There was a significantly association of level of care seeking among caregivers of under five children with their selected demographic variables like age, sex, birth order, religion. And also create awareness regarding care seeking behaviour among care giver of under five children.

RESEARCH OBJECTIVES

- To assess the socio demographic variables among care givers of under five children.
- To assess the health seeking behaviour among care givers of under five children.
- To find out the association between health seeking behaviour and socio demographic variables among care givers of under five children.

HYPOTHESIS

There is a significant association between health seeking behaviour and socio demographic variables among care givers of under five children.

OVERALL STUDIES

In assessing the level of demographic variables of under-five children ,in recording to the age of mother ,(4%) are belongs to age group of less than year ,(20%) are belongs to age group of 20-30 year,(8%) are belongs to age group of greater than year.in regarding to the age of child,(20%) are belongs to male,(13%) are belongs to female. Birth order of child,(21%) belongs to first child,(20%) belongs to second child,(2%) belongs to third and above. Religion(22%)of Hindu,(9%) are Muslims,(8%) are Christian. Educational status of the mother,(9%) are illiterate ,(7%) are primary,(6%) are higher secondary,(8%) are diploma or graduate. Occupation status of mother,(28%) housewife,(12%) worker,(3%) single parent. family income per month,(14%) greater than 10000,(12%) 10000-20000,(8%) less than 20000.

MAJOR FINDINGS

In assessing the demographic variables of underfive children. In regarding to the age of mother,(4%)are belongs to age group of less than year, (20%) are belongs to age group of 20 -30 year, (8%) are belongs to age group of greater than a year. In regarding to age of child, (20%)are belongs to male, (13%) are belongs to female. Birth order of child, (21%) belongs to first child, (20%) belongs to second child, (2%) belongs to third and above. Religion (22%) of Hindu,(9%) are Muslims, (8%) Christians. Education status of the mother, (9%) are illiterate, (7%) are primary, (6%) are higher secondary, (8%) are diploma or graduate. Occupation status of mother, (28%) housewife ,(12%) worker,(3%) business. Type of the family, (12%) joint, (25%)nuclear,(3%) single parent. Family income per month, (14%) greater than 10000,(12%) 10000-20000,(8%) less than 20000.

The study was carried upon 60 mothers of under five children in urban area, sholinganallur. The study was conducted on knowledge on care seeking behavior among 60 mothers of under five children.

NURSING IMPLICATION

The findings of study have implications in the following areas

- Nursing Practice
- Nursing Education
- Nursing Administration
- Nursing Research

Nursing practice

The nurses plays a vital role among all the awareness program of care seeking behaviour. They have special variety of audio visual aids to create awareness of people especially with caregivers of under five children. Nurses can include the other members of the family in awareness programme of care seeking behaviour and the causes of health problems. The teaching strategies used by the nurses should be simple clear cut audible to follow the students. And also nurses should go to urban area and conduct a program related to care seeking behaviour.

Nursing education

Nursing curriculum should focuses on improving the strategies to prevent the effects that caused by physical activity. The nursing curriculum should consist of knowledge related teaching strategies and various modalities. Students learning experience should provide an opportunity to conduct awareness program of care seeking behaviour among caregivers of under five children. The caregivers need to be directed towards changing attitude regarding the short time of care seeking behaviour. Nursing workshops and conferences should be conducted to update knowledge about care seeking behaviour. Research activities should be carried out various aspects of care seeking

behaviour. Education material should be prepared based on the need of the teenage students and their lifestyle modification.

Nursing administration

The nursing administration should organize service education for the staffs to get update of different modes of care seeking behaviour. The nurse administrator should motivate the health care professionals to organize the awareness program to the teenage students and their families by providing the knowledge related to importance of care seeking behaviour. Nurse administrator should also involve the mass media in the awareness program regarding care seeking behaviour. The teaching session can be video taped and played for the teenage students who are willing to participate in the awareness program. Nurse administrator should also motivate and develop interest regarding the importance of care seeking behaviour among caregivers of underfive children

Nursing research

This findings of the study recommend to have awareness program for the caregivers of under five children. The research should be focuses on the large sample to identifying their level of care seeking behaviour. This study will be motivating factor for the beginning researcher to conduct a study on the same theme with different variables. The nursing research should focuses on attitude of caregivers of under five children to know the importance of care seeking behaviour. The research can be focused on various intervention focused program to the importance of care seeking behaviour

Limitations

- Sample size was small hence the generalization of finding in limited
- Study conducted in Shollinganallur, there by restricting the generalization of finding.

Recommendations

Based on the finding of the study, the following recommendations are put forward for the further research.

- A similar study undertaken with the large sample to generalize finding.
- The experimental study can be conducted with different teaching method on care seeking behaviour.
- The similar study conducted to using true experimental research.
- The study can be undertaken to determine the knowledge as well as level of care seeking behaviour
- The study on identifying the level care seeking behaviour
- The study conducted to make awareness of importance of care seeking behaviour.
- The Comparative study conducted among caregivers of under five children.

Conclusion

Based on the findings of present study, it was concluded that the most of mother of care seeking behaviour in medium level of physical activity . From findings of the study it can be concluded that awareness program was necessary to increase the knowledge regarding the importance of care seeking behaviour among underfive children because the vulnerable and from to get further illness.

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ANNEXURE – A

LETTER REQUESTING PERMISSION FOR CONDUCTING THE STUDY

From

Ms.Aarthi.K,
III rd year, B.sc Nursing,
Sathyabama college of Nursing,
Chennai-119.

To

The Dean
Sathyabama college of Nursing
Sathyabama Institute of Science & Technology
Chennai-119.

Respected Sir / Madam,

Sub.: Requesting for permission to conduct research study

We are third year, Bachelor of Nursing students studying in Sathyabama college of Nursing. We have selected the under mentioned topic for the research project to be submitted to Sathyabama Institute of Science & Technology in a partial fulfillment of university requirement for the award of the B.Sc, Nursing Degree.

Topic: “ ASSESS THE CARE SEEKING BEHAVIOUR AMONG CARE GIVERS OF UNDER FIVE CHILDREN IN SELECTED COASTAL VILLAGE, CHENNAI.”

Here by we assure that all the information collected for the research study will be kept confidentially. We kindly request you to grant permission to conduct this research study.

Thanking you

Date:

Yours faithfully,

Place:

Aarthi.K

ANNEXURE – B
ETHICAL CLEARANCE

CERTIFICATE FOR ETHICAL CLEARANCE

This is to certify that **Reg.no. 40904001,40904002,40904003,40904007 and 40904030** , B.sc nursing III year students, Submitted the protocol on study as ,

“ASSESS THE CARE SEEKING BEHAVIOUR AMONG CARE GIVERS OF UNDER FIVE CHILDREN IN SELECTED COASTAL VILLAGE, CHENNAI .”

The above protocol was received by ethical committee approved and mentioned that the study is feasible to carry out under the guidance of an eligible guide.

SIGNATURE OF THE CHAIRMAN

ANNEXURE – C
RESEARCH TOOL
SECTION-A
DEMOGRAPHIC VARIABLES

1. Age of the mother(year)

- a) <20
- b) 20-30
- c) >30

2. Sex of the child

- a) male
- b) female

3. Birth order of the child

- a) first
- b) second
- c) third or above

4. Religion

- a) Hindu
- b) Muslim
- c) Christian

5. Economic status of the mother

- a) No formal
- b) Primary/Secondary
- c) High school
- d) Diploma/Graduate

6. Occupational status of the mother

- a) Home- maker
- b) Working women
- c) Business

7. Types of family

- a) Joint family
- b) Nuclear- family
- c) Single parent family

8. Family Income (per /month in ₹)

- a) <10,000
- b) 10,000-20,000
- c) >20,000

SECTION – B

QUESTIONNAIRE TOOL

1. What is the first preference for your child during acute illness?

- a) Government hospital
- b) Private hospital
- c) Clinic

2. Which place is the first preference for seeking health care?

- a) Medical store
- b) Hospital
- c) Place of workshop

3. What is the reason for not seeking health care facility?

- a) Home remedies
- b) Lack of money
- c) Lack of knowledge

4. How often your child getting illness?

- a) Frequently
- b) Two month once
- c) More than two month

5. What is the reason for preparing health care for your child?

- a) Health care facility available easily
- b) Health facility has better treatment
- c) Health facility is affordable

6. How often you give care to the child during illness?

- a) Within 1 day
- b) Within 2 days
- c) More than 3 days

7. What is the acute illness will frequently affect the child?

- a) Fever
- b) Diarrhoea
- c) Cold & Cough

8. What is the main cause of illness among under five children?

- a) Poor hygiene
- b) Poor sanitation
- c) Lack of immunization

9. What type of feeding practice that you followed after birth?

- a) Breast feeding
- b) Formula feeding
- c) Cow milk

10. What age did that your child gone to school?

- a) 3 years
- b) 3.5 years
- c) 5 year



**A STUDY TO ASSESS THE UTILIZATION OF
PRIMARY HEALTH CARE SERVICES AMONG ADULTS IN
TSUNAMI COLONY, CHENNAI.**



**A PROJECT WORK SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF NURSING**

2020-2024

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**BY
AMALANAND J
JOTHI.R
ISWARYA.M
KALAIYARASI G
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CERTIFIED PROJECT WORK DONE BY

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JOTHI R

ISWARYA M

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CHENNAI

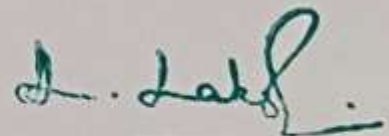
2020-2024



RESEARCH GUIDE

Head of the Department
Department of Medical Surgical Nursing
Sathyabama College of Nursing

Sathyabama Institute of Science and Technology
Rajiv Gandhi Salai, Chennai - 600 119.



DEAN

DEAN

SATHYABAMA
COLLEGE OF NURSING
Jeppiyapur Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

BONAFIDE CERTIFICATE

This is a Bonafide certificate word done by **Amal Anand. J, Jothi. R, Iswarya. M, Harikrishna.T, Kalaiyarasi.G** III year, Sathyabama college of nursing, Sathyabama institute of science and technology, Chennai, submitted in partial fulfillment for the degree of Bachelor of Science in nursing under the Sathyabama institute of science and technology (deemed to be university), Chennai.

COLLEGE SEAL

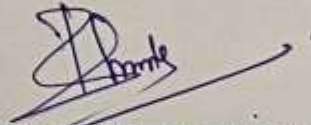


SIGNATURE OF THE DEAN

DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

ENDORESEMENT BY THE RESEARCH GUIDE

This is to certify the project work entitled "A study to assess the utilization of primary health care services among adults in tsunami colony, Chennai." is a Bonafide research work done by Amalanand J, Jothi R , Iswarya M, Kalaiyarasi G HARIKRISHNA T partial fulfillment of the requirement for the degree of Bachelor of science in Nursing.



SEAL AND SIGNATURE OF THE RESEARCH GUIDE

Head of the Department
Department of Medical Surgical Nursing
Sathyabama College of Nursing
Sathyabama Institute of Science and Technology
Rajiv Gandhi Salai, Chennai - 600 119.

ACKNOWLEDGEMENT

My great indebted thanks to the Lord Almighty for his abundant blessings, endless grace and love showered on me in providing the strength to overcome all the difficulties and made me to complete my study successfully, without which it would not have been possible. There are several hands behind in giving a shape to this research study, which would be impossible to mention all by name. There are some whom the investigator would particularly like to thank.

I would like to thank our Founder chancellor **Col. Dr. Jeppiar**, which encouraged to complete this project, we are substantially thankful to our **Dr. Maria Zeena Johnson** express our deep gratitude and heartfelt thanks to our president **Dr. Marie Johnson** for their encouragement and dedication towards the academic excellence and for providing us an opportunity to finish our project successfully.

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An excellent teacher is a complex matrix of builder, Molder, artist, leader, and harvest. I would like to express my immense gratitude and wholehearted thanks to my clinical guide **Ms. Bhuvaneswari S HOD. Department of Medical and Surgical Nursing, Sathyabama college of nursing**, for diligent effort the best quality, peaceful, her reassuring plan and a very approachable and inspiring quote, that can never be forgotten. I consider it a great honor and privilege to have completed his study.

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Last but not least life has blessed me with an understanding, lovable and value oriented our beloved **Parents** who persuaded us to pursue undergraduate study, we are ever grateful to this supportive presence all along.

Study drew upon the knowledge and help, experience and expertise of many persons of good will, though too numerous to name, each one of them is remembered for their individual contributions without the realization and presentation of this research would not have been. So, I shower my great deal of thanks to those who helped directly and indirectly in this study

ABSTRACT

Assessment of utilization of Primary Health Care services among adults in Tsunami colony in Chennai, was undertaken by **Amal Anand J, Iswarya M, kalaiyarasi.G, Harikrishna.T and Jothi.R** during the Academic year, 2022-2023 in partial fulfilment of their requirement for the degree of Bachelor of Science in nursing at Sathyabama College of Nursing.

Objectives : describe the socio demographic variables of adults in Tsunami colony. To assess the utilization of primary health care services among adults in Tsunami colony. To find out the association between the utilization of primary health care services among adults in Tsunami colony. **Conceptual framework:** The study framework was based on utilization of primary health care services and to find the level of utilizing the PHC among adults in selected street of tsunami colony in Chennai. **Approach:** A quantitative approach was adopted. **Design:** Descriptive Design was adopted. **Setting:** A selected street of tsunami colony in Chennai. **Sample size:** The sample size was 100 samples of adults in Tsunami colony in Chennai. **Sampling technique:** The probability random sampling technique was used. **Methods of data collection procedure:** Interview method using a structured questionnaire. **Result:** The study revealed the meaning of the utilization of primary health care services. $N=1.04$ and 3 the standard deviation of utilization of primary health care services among adults. And The result showed that demographic variables 37% of adults are mild level of utilizing PHC, 58% of adults are moderate level of utilizing the PHC and 4% of adults are adequate level of utilizing the PHC and the result of structured questionnaire 34% of adults are mild level of utilizing the PHC ,64%of adults are moderate level of utilizing the PHC and 4%of adults are adequate level of utilizing the PHC. **Conclusion:** The present study assesses the utilization of primary health care services among adults in the Tsunami colony in Chennai. Thus, the assessment was done to assess the utilization by the study sample is affected by adults and high prevalence of treatment mortalities. The utilization of primary level services is better for preventive and promotive care but is poor for treatment of acute illness, antenatal care, postnatal care and family welfare services, special investigation services.

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CHAPTER I

INTRODUCTION

The concept of Primary Health Care has been repeatedly reinterpreted and redefined in the years since 1978. Leading to confusion about the term and its practice. A clear and simple definition has been developed to facilitate the coordination of future Primary Health Care efforts at the global, national and local levels and to guide their implementation. “Primary Health Care is a whole society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution, focusing on people’s needs as early as possible along the continuum from health promotion and disease prevention to treatment rehabilitation and palliative care and as close as feasible to people’s everyday environment”.

Utilization is the action of using something, i.e., making practical and effective use of it. We also use the term when looking at available resources. Primary Health Care is the basic structural and functional unit of public health services in developing countries, to provide accessibly affordable and available Primary Health Care to people. Adulthood is the phase of life during which individuals reach sexual maturity at the age of more than 30 years.

Primary Health Care entails three inter-related and synergistic components, including comprehensive integrated health services that embrace primary care as well as public health goods and functions as central pieces multi- sectorial policies to actions to address the upstream and wider determinants of health and engaging and empowering individuals, families, and communities for increased social participation and enhanced self-care and self-reliance in health.

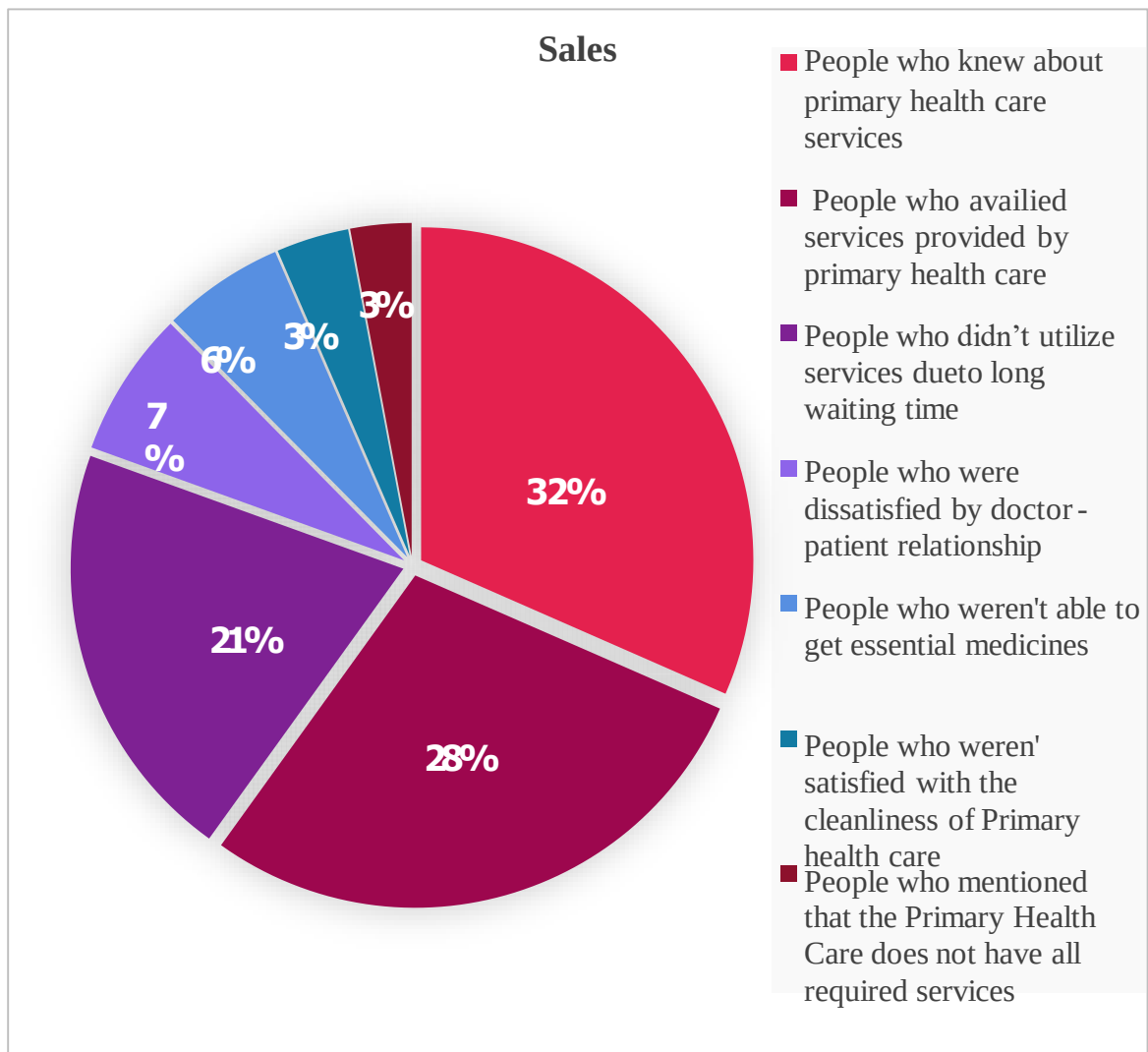
STATEMENT OF PROBLEM

A Descriptive study to assess the utilization of Primary Health Care services among adults in tsunami colony Chennai.

NEED FOR THE STUDY

The value of health services research has been well-documented since it emerged as an independent field of study in 1960. Health Services Research establishes an evidence base to support decision-making and improvements in the quality, safety, effectiveness, and efficiency of healthcare in the United States health services research findings have been used to improve the design of healthcare benefits to inform healthcare policy and help and patients make a better decision about health care.

In a study on the utilization of Primary Health Care services among the people residing in a semi-urban area among 233 people, 183 (78.8%) people knew about Primary Health Care services. Regarding utilization of services, 165 (70.8) were availing of services provided by Primary Health Care. The reasons given for the non-utilization of services were long waiting times (51.4%) and dissatisfaction with doctor-patient relationships (17.7%). Non availability of essential medicines (14.75) Primary Health Care is not clean (8.8%) and Primary Health Care does not have all required services (7.4%).



Primary Care Research has also emerged as a distinct field in its own right. Addressing a central component of the health care system. The council of academic family medicine and other organizations have identified key characteristics of primary care, which highlight the importance of Primary Care Research. Including its ability to touch the lives of all Americans. Focus on the whole people, give attention to common conditions often not treated in hospitals or specialist clinics and provide evidence that is critical for the delivery of high-quality primary care.

A set of activities required to transform the field including an expanded vision of health services research, a taxonomy of issues and priorities for action, tools and insights to use in effecting change, the development of data infrastructure, and the creation of a

“working network” of stakeholders including patients in research. Although there has been less investment in planning for the future of Primary Care Research there is a growing recognition that primary care is “too important to fail”. And that planning for research that effectively supports the goals of primary care is critically important.

Research Question

What is the utilization of Primary Health Care services among adults in Tsunami colony?

Research Objectives

- To describe the socio-demographic variables of the adult Tsunami colony.
- To assess the utilization of Primary Health Care services among adults in the Tsunami colony.
- To find the association between the utilization of Primary Health Care services and socio-demographic variables of adults in Tsunami colony.

Hypothesis

There is a significant association between the utilization of Primary Health Care services and selected socio-demographic variables in Tsunami colonies.

Operational definition

Utilization

Utilization is the action of assessing the level of primary health care services among adults. We also use the term when looking at available resources.

Primary Health Care

Primary Health Care is the basic structural and functional unit of public health services in developing countries, to provide health education services, delivery services, antenatal care, post-natal care, treatment for chronic disease, quality of drugs, accessibly affordable, and available Primary Health Care to people.

Adults

Adults are the phase of life during which individuals reach sexual maturity at the age of more than 30 years.

Assumption

- Assuming that the Public Health Care services are useful for the people in the Tsunami colony.
- Assuming that they are aware of the services provided by Public Health Care.

Limitations

- Cooperation between adults and their families.
- Mentality of adults.

CHAPTER-II

REVIEW OF LITERATURE

Introduction

Review of literature is an important step in the development of a research project. It helps the investigator to develop a deeper insight into the problem and gain information on the problem and in what has been done. I provide basis for future investigation justified the need for replication, through light on the feasibility of the study another with hope to establish a comprehensive body of scientific knowledge in professional discipline from which, valid and pertinent theories may be developed.

Review of literature is a critical summary of research on a topic of interest generally proposed to put a research problem in context to identify gaps & weakness in prior studies & as to justify new investigation. A review of literature involves systematic identification, location, scrutinizing & summary written material that contains information on a research problem. Extensive review of literature was done by the investigator to lay a broad foundation for the study and proceed with the study under the following heading.

Lori Kiefer, et al (2018) conducted, a cross-sectional study on the utilization of primary health care services in adults by 2018 November 9 in Canada. We aimed to describe primary health care utilization for persons released from prison and to compare utilization with the general population.

This policy analysis examines primary health care reform efforts in Canada during the last decade, drawing on descriptive information from published and grey literature and from a series of semi-structured interviews with informed observers of primary health care in Canada. compared to the general population controls, the prison release group had significantly increased relative rates of primary care utilization: at 6.1

(95% CI 5.9 – 6.2) in prison, 3.7 (95% CI 3.6 – 3.8) in the week post-release and between 2.4 and 2.6 in the two years after prison release. all rate ratios remained significantly increased after adjusting for comorbidity. in the month after release, however, 66.3% of women and 75.5% of men did not access primary care.

Alexander Rommel, et al (2020) conducted, a cross-sectional study on the utilization of primary health care services in adults by 2020 January 13. this study aimed to identify factors associated with frequent primary care attendance in the German healthcare system. binary logistic regression models with average marginal effects were used to identify potential determinates for frequent use of primary care services. the sample comprised 7956 participants, and significant effects on frequent use of primary care were observed for low socioeconomic status, stressful life events, factors related to the medical need for care such as medically diagnosed chronic conditions, and subjective health. in the full model, the number of non – communicable diseases and subjective health status had the strongest effect on frequent primary care use. we found an interaction effect suggesting that the association between subjective health status and frequent attendance vanishes with a higher number of non – communicable diseases.

Tarundeep Singh, et al (2018) conducted, a cross-sectional study on health care utilization and expenditure patterns in the rural areas of Punjab, India on 2018 January 7 Punjab. aimed to determine the pattern of healthcare utilization and the extent of out-of-pocket healthcare expenditure in rural areas of Punjab in India. Using a multi-stage sampling procedure, 660 participants were selected from 110 villages, out of all 22 districts; 440 participants had utilized outpatient care in the past 15 days, and 220 had been hospitalized in the past year. pretested semi-structured questionnaires were used to enquire about household and healthcare expenditures. out-of-pocket (Oop) expenditure included only direct costs of healthcare. seventy-seven 77 (12%) participants could not provide expenditures, hence were excluded from analysis, and more than 10% of total household expenditure on healthcare was considered catastrophic. The majority of the participants had used public sector health facilities for outpatient (57%) and inpatient (51.5%) care. Public sector facilities were utilized more often for communicable diseases

and gynecological problems whereas private sector services were used more commonly for accidents and non-communicable diseases. mean healthcare expenditure on outpatient and inpatient healthcare services was Indian rupees (INR) 8501 and INR 53889 respectively. catastrophic expenditure was incurred by 7% of the households while seeking outpatient care and 53% while seeking inpatient care.

Arulprakash Sivananda, et al (2020) conducted, a cross-sectional study on awareness and preference in utilizing primary health care services from rural health center as the first point of care: a community-based cross-sectional study in south India on 2020 April 28. Hence the current study was done to assess the proportion of individuals availing healthcare services from rural health centers (RHC) as FPC and reasons for not availing it. A community-based cross-sectional study was conducted in Puducherry, coastal south India, among 367 households with 1510 individuals. Social-demographic details of recent FPC during the past 6 months morbidity profile and reasons for not seeking were collected from all the individuals. About 44.5% (672/1510) of individuals used any health facilities of which 70.4% (473/672) used RHC as the FPC. About 33.2% of individuals had a respiratory illness, 22.3% had general signs and symptoms and about 24.6% (32/130) mentioned the reasons for not seeking care as a lack of appropriate health facilities.

V Viswanath et al (2019) conducted, a cross-sectional study in the utilization of health services in Tenali Mandal, on 2019 September 30 Andhra Pradesh. Aimed to utilization is the actual attendance by the members of the public at health care facilities, which measures the number of visits per year or the number of people with at least 1 visit during the previous year, serves as an important tool and acts as a guiding pathing understanding disease profile and also helps resource allocation. A cross-sectional study was done using a national pathfinder survey (stratified cluster random sampling) to know the health care utilization, profile, and pattern in Tenali Mandal Guntur, Andhra Pradesh. The study sample comprised 1500 subjects who were equally divided among 5 age groups Out of 1500 participants, 52.8% were females and 47.3% were males. In total 71.7% of the study percentage have utilized health services with the majority of them

(44.5%) having availed services within the last 6 months with the prime reason of fever (15.8%) while the main barrier for not seeking care was distanced (17.03) almost an equal proportion of the population sought care for their problems through home remedies and over the counter.

Antony Stanley et al (2019) conducted, a cross-sectional study in comparison of health care utilization pattern and its correlates among the tribal and non-tribal population of Kerala. This study aimed to compare the utilization of anti-natal care, immunization, and supplementary nutrition service by tribal and non-tribal mothers and its correlates in the selected district in 2019 Oct at Kerala. The study was a comparative cross-sectional study. The study population comprised tribal and non-tribal mothers utilizing anti-natal care, immunization, and supplementary nutrition services. A multi-stage cluster sampling strategy was employed for the study. The chi-square test was used to assess the association between anti-natal care services utilization, utilization of immunization, supplementary nutrition services utilization social-demographic variable, and other characteristics. The facilitator identified for service utilization are good behavior staff, evening outpatient department and special clinic, improved infrastructure and cleaned premise, trust in ASHA workers, subsidized laboratory service, Local self-government involvement, funds, and rewards. The barrier to service utilization of staff shortage and workload, lack of awareness among the general population about some services, and a shortage of medicine.

Arvind Raghu, et al (2018) conducted, a cross-sectional study on the utilization of primary health care services in adults by 2018 July 6 in Mumbai. The study aimed in estimated healthcare challenges faced and choices made by slum dwellers in Mumbai, India. The tool was conducted to obtain a population profile of health-related socio-economic and lifestyle factors, disease history, and healthcare access. Statistical tools such as multinomial logistic regression was used to examine the association between such factors and health choices. Private providers were seen to be preferred by the study population for most health conditions (62 % - 90%) (health consultations) apart from pregnancy (43% health consultations). such as minor injuries, pulmonary conditions,

pregnancy, and emerging challenges, such as hypertension and diabetes. several socioeconomic and lifestyle factors were found to be associated with health-related decisions including choice of provider and expenditure.

Shivani Singh, et al (2022) conducted, a cross-sectional study on the utilization of primary health services in adults by 2020 March 18 in Delhi the study aimed to find out the utilization of health care services by adults 19 years, patterns factors associated with, and perception of the adult population regarding facilitators and barriers for the same. this study demonstrates the significance of a pretested, semi-structured, and interviewer-administered questionnaire used for quantitative variables, mean, median, proportion chi-square test, and binary logistic regression using a statistical package for the social sciences. The study included 288 study participants although utilization of health care services in the last 15 days among the elderly is 90% it was also found that 69% of the elderly consulted a licensed medical practitioner. a private facility visited by 58% of the study participants was observed to be a significant predictor of health care utilization. the participants expressed less waiting time, cashless facility for visits availability of an accompanying person, the behavior of staff works as facilitators for utilization of services

Rajan Rusbender, et al (2018) conducted, a cross-sectional study on the utilization of primary health care services in adults on 2018 November 26 at Kancheepuram. The study aimed to investigate the extent of utilization of primary health care services in primary health care and its subcenters and the factors associated with the utilization of services. The descriptive study was conducted at other public health centers in the Cuddalore district. Tamil Nadu and its sub-centers covering a population of 45183 by using a structural interview schedule with a sample size of 3220 by simple random sampling technique.

Vishnu Vardhan Benanti, et al (2021) conducted, a cross sections study on patient satisfaction and waiting times in the public health care of Chennai on 2021

February 6 in south Chennai. This study assesses the quality of health care delivery in three primary health care centers in south Chennai. The main aim was to assess the levels of patient satisfaction and its relation to various components and the waiting time in the study is conducted by face-to-face interview method using a structured questionnaire on 120 random patients. Visiting the OPDS of these health centers. The questionnaire included timing patterns associated with the patient's visit to the health center. The collected data is analyzed using the chi-square test and is conducted to assess the relationship between different categorical variables.

CHAPTER-3

METHODOLOGY

RESEARCH APPROACH

A quantitative research approach will be used.

RESEARCH DESIGN

The descriptive research design will be used for the utilization of primary healthcare services among adults.

STUDY POPULATION

The study population will be adults in Tamil Nadu.

ACCESSIBLE POPULATION

The accessible population will be adults in tsunami colony in Chennai.

RESEARCH SETTING

The study will be conducted in selected street of tsunami colony in Chennai.

SAMPLE SIZE

The sample size will be 100.

SAMPLE CRITERIA

INCLUSION CRITERIA

- People who belong to the age group more than 30 years.
- People who are willing to participate in the study.
- People who are present at the time of the study.

EXCLUSIVE CRITERIA

People who are all newly resided in the colony.

DATA COLLECTION PROCEDURE

- The duration of the data collection for a week.
- The investigator gets the information constantly after explaining the study object.
- The investigator administers the structured questionnaires to collect the data.

DATA COLLECTION TOOLS

- Socio-demographic variables.
- Structured questionnaire.

SECTION A

It consists of demographic data which includes the age in year, sex, educational status, type of family, religion, socio- economic data occupation data, and health status of the adults.

SECTION B

It consists of a question related to the utilization of primary healthcare services among adults.

DATA ANALYSIS

- Frequency and population will be used to describe the variable.
- The Chi-square test will be used to find an association between the utilization of primary healthcare services and socio-demographic variables.

ETHICAL CONSIDERATION

- Ethical clearance will be obtained from the Sathyabama institute of science and technology.
- An informed consent will be obtained.
- Confidential data will be maintained.
- Primary data will be provided during the data collection procedure.
- Anonymity will be maintained.

CHAPTER-IV

ANALYSIS AND INTERPRETATION

ANALYSIS AND INTERPERITATION OF DATA

This chapter deals with the analysis and interpretation of data collected from the Tsunami colony. Assess the utilization of primary health care services among adults.

Analysis of data is a process by which quantitative information is summarized, organized, evaluated, interpreted, and communicated in a meaningful way. The analysis and interpretation of data of the study are based on data collected among adults. The result was computed descriptive and inferential statistics based on the objectives of the study.

OBJECTIVES OF THE STUDY

- To describe the socio demographic variables of the adults in Tsunami colony.
- To assess the utilization of primary health care services among adults in Tsunami colony.
- To find the association between the utilization of primary health care services and socio demographic variables of adults in Tsunami colony.

HYPOTHESIS

RH 1: There is a significant association between the utilization of primary health care services and socio demographic variables in Tsunami colonies.

ORGANIZATION AND PRESENTATION OF THE DATA

The data gathered was tabulated, analyzed and interpreted using both descriptive and inferential statistics. Based on the objectives the collected data was presented under the following headings.

SECTION A: Descriptive analysis of demographic variables

SECTION B: Assessment of utilization of Primary Health Care services among adults using structured Questionnaire.

SECTION C: Associate the level of utilization of Primary Health Care services among adults.

SECTION A

Descriptive analysis of demographic variables

Under the following we have tabulated the age, gender, Religion, family income, Resident of place, Number of children, economic status, occupation, educational status among adults for utilization of Primary Health Care services shown by graph, pie, diagram etc.

Frequency and percentage distribution of demographic variables assess the utilization of primary health care services among adults. **N=100**

TABLE :I

S.No	Characteristics	Category	Assess the Utilization of Primary Health Care Services Among Adults	
			Frequency	Percentage
1	Age	31-40 years	62	62%
		41-50 years	23	23%
		51-60 years	11	11%

		61-70 years	4	4%
2	Gender	Male	28	28%
		Female	72	72%
3	Religion	Hindu	78	78%
		Christian	15	15%
		Muslim	7	7%
4	Family Income	Rs.10,000 - 20,000	83	83%
		Rs.20,000 - 25,000	17	17%
		Rs.25,000 - 35,000	0	0%
		Rs.35,000 - 40,000	0	0%
5	Resident of Place	Own House	75	75%
		Rented House	25	25%
6	Number of Children	0	44	44%
		1 – 2	45	45%
		2 – 3	9	9%
		Above 3	2	2%
7	Economic Status	High Level	0	0%
		Middle Level	64	64%
		Low Level	36	36%
8	Occupation	Private/Business	13	13%
		Government	2	2%
		Daily Wages	75	75%
		Unemployed	10	10%
9	Educational Status	UG/PG	21	21%
		Secondary	28	28%
		Primary	51	51%

The above table depicts that **age** 62 (62%) were aged between 30-40 years in the study group respectively. Out of 38 study group participants 11 (11%), 23(23%), and 4(4%) were aged between 40-50 years ,50- 60 years and above 60 years respectively.

The distribution of **gender** male 38(38%) and female 72(%) each among the study group participants respectively.

Most of the **Religion** 78 (78%) participants were Hindus only 15(15%) were Christian and 7(7%) Muslims in study group participants respectively.

Regarding **family income** per month 83 (83%) were earning Rs.10,000- 20,000, 17(17%) were earning Rs.20,000-25,000 and were earning No more people had in Income between Rs. 25,000 – 35,000, Rs.35,000-45,000 in study group participants.

Regarding the type of **resident of place** living in their own house 75(75%) and 25 (25%) were living in rented house of group study participants.

The majority of **number of Children** 45 (45%) of study group participants had 1-2 children's 9(9%) and 2(2%) had 3 child and above 3 children's and out of 44(44%) have no children in the study group participants.

In **economic status**, Majority of 64(64%) in the middle-class status and 36 (36%) of low-level status and nobody in the high-level status in the study group participants respectively.

Occupational Status Out of 100 study group participants 13(13%), 2 (2%) and 75 (75%) were employed in private/Business, government and daily wages and 10 (10%) were unemployed in the study group participants respectively.

In **educational status**, 21(21%),28 (28%) and 51 (51%) study group participants had studied UG/PG, secondary school and primary school education.

Figure:2 Frequency Distribution Of Assess The Utilization Of Primary Health Care Services According To Maximum Age Group Of The Adults By Demographic Variables

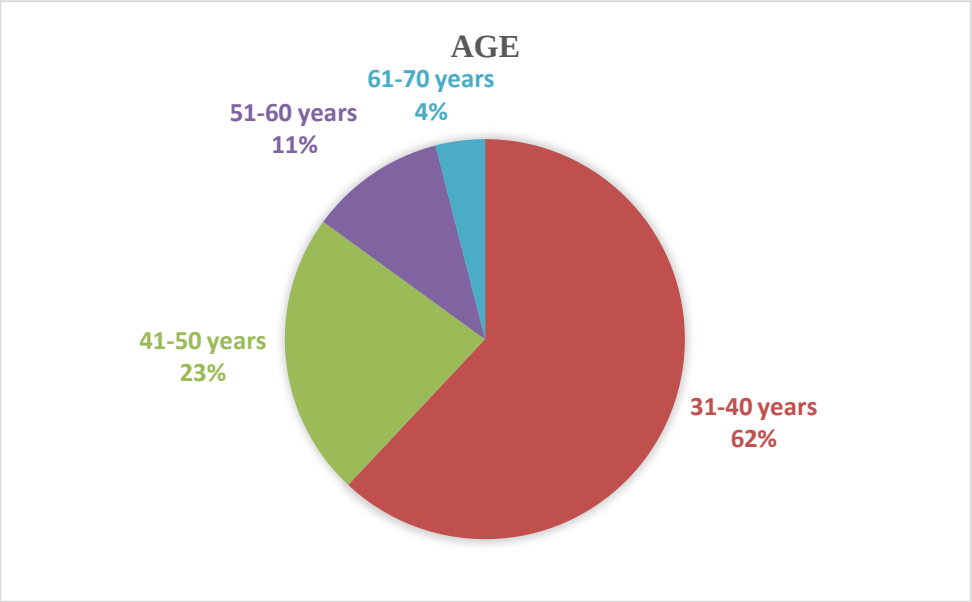
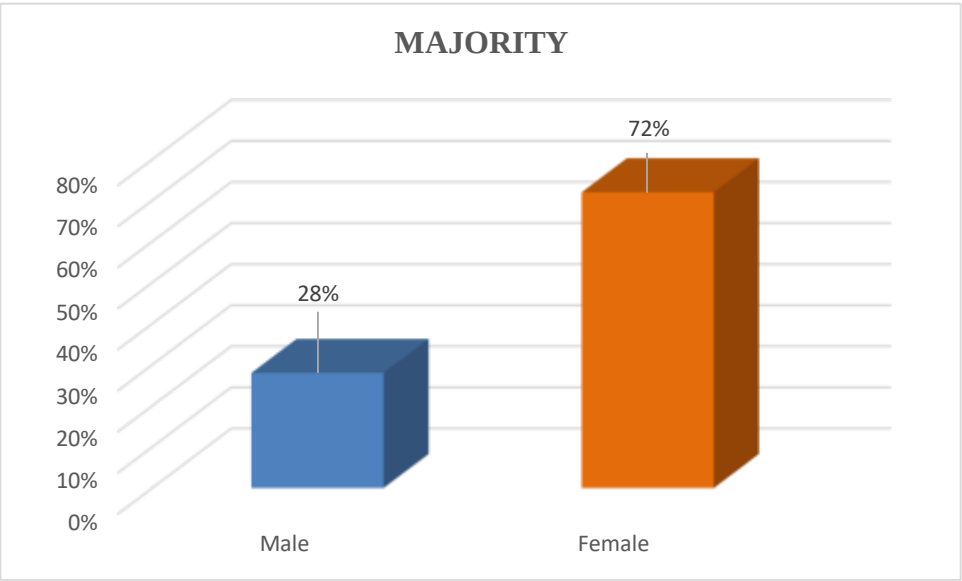
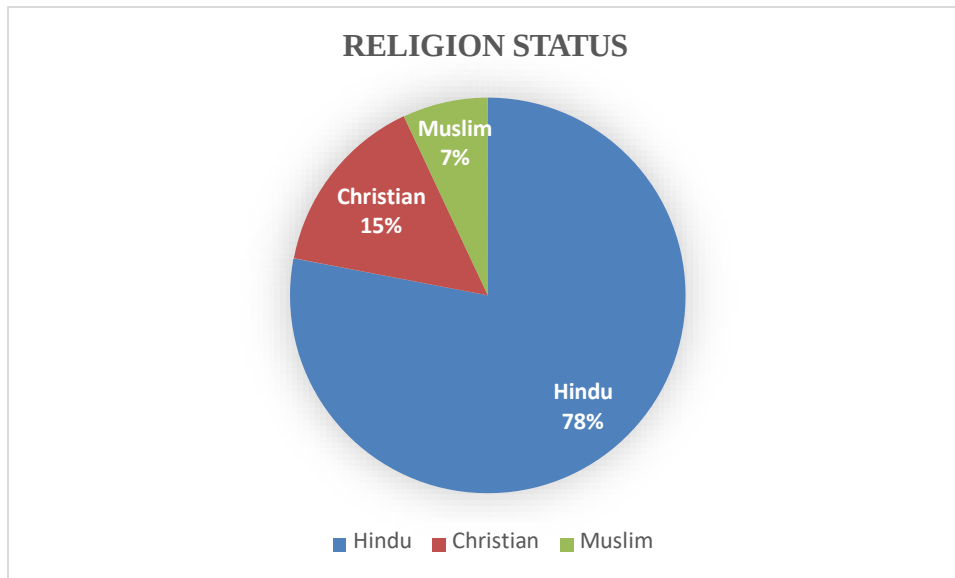


Figure: 3 Showed The Majority Of Utilizing The Phc 28% In Male, 72% In Female



**Figure:4 Frequency Distribution Among Adults According To Maximum Religion Status
Of The Adults By Demographic Variables**



**Figure:5 Frequency Distribution Among Adults According To Maximum Family Income
Of The Adults By Demographic Variables**

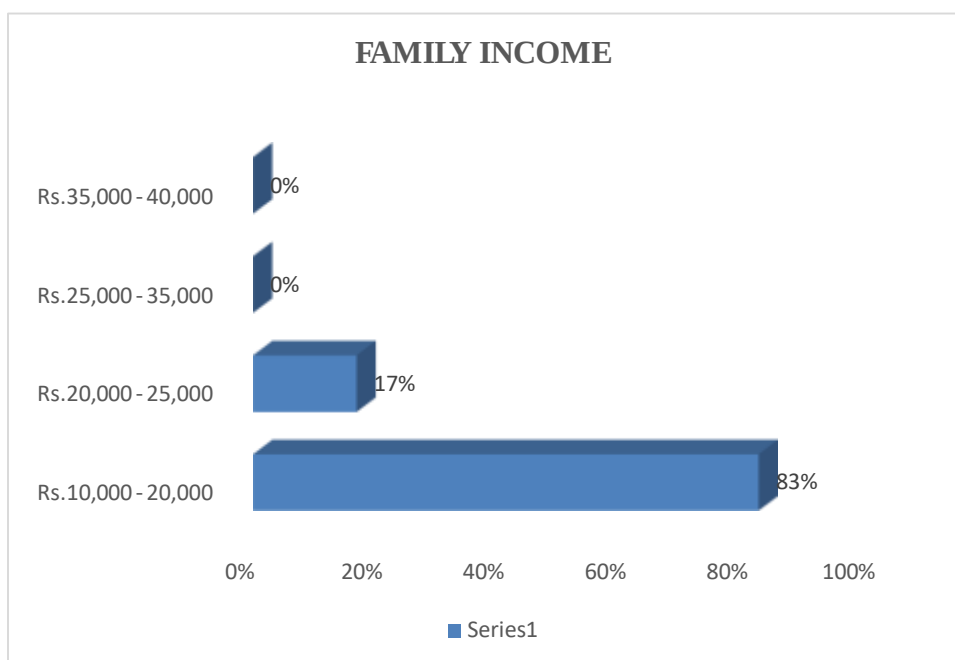


Figure:6 Frequency Distribution Among Adults According To Maximum Residents Of The Place By Demographic Variables

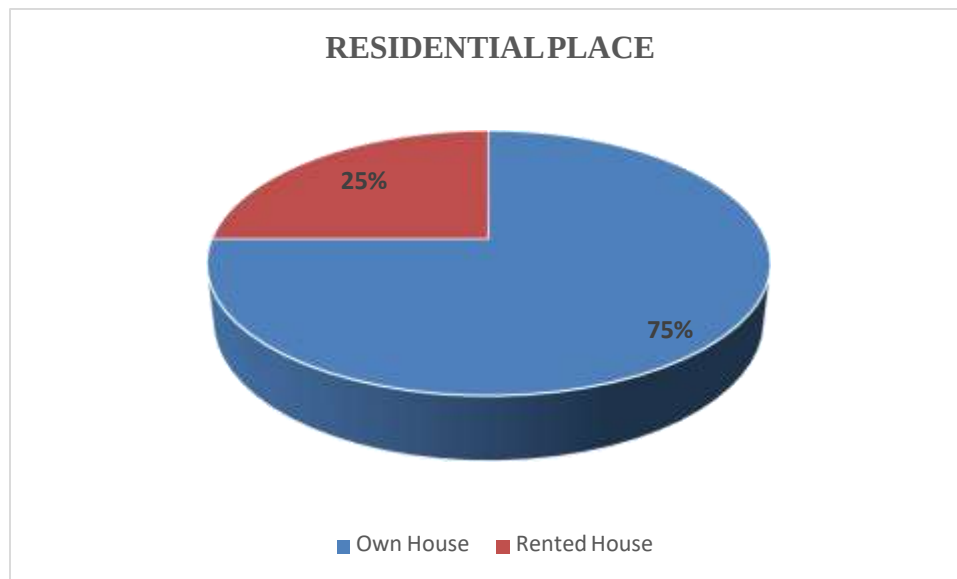


Figure:7 Frequency Distribution Among Adults According To Maximum Number Of Children By Demographic Variables

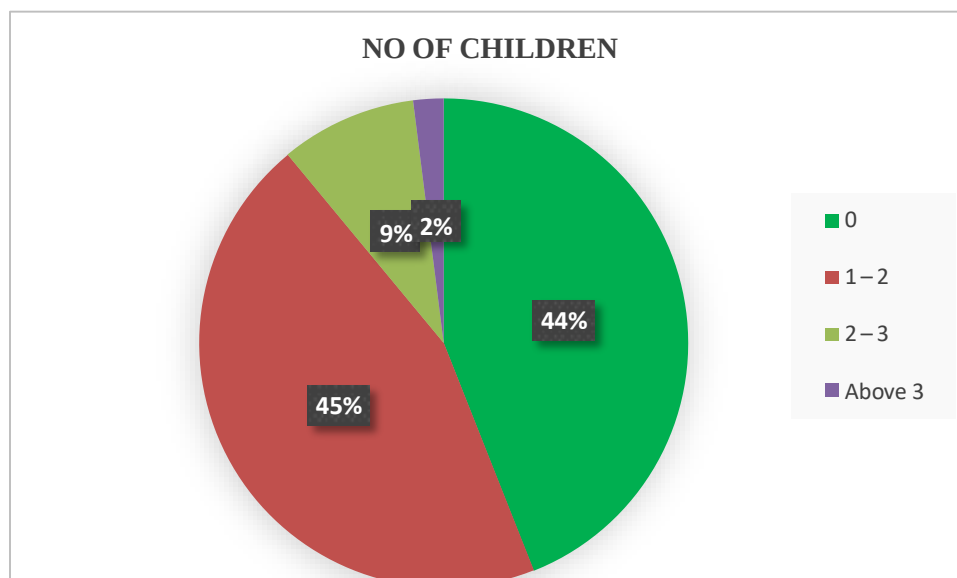


Figure:8 Frequency Of Distribution Among Adults According To Maximum Economic Status By Demographic Variables

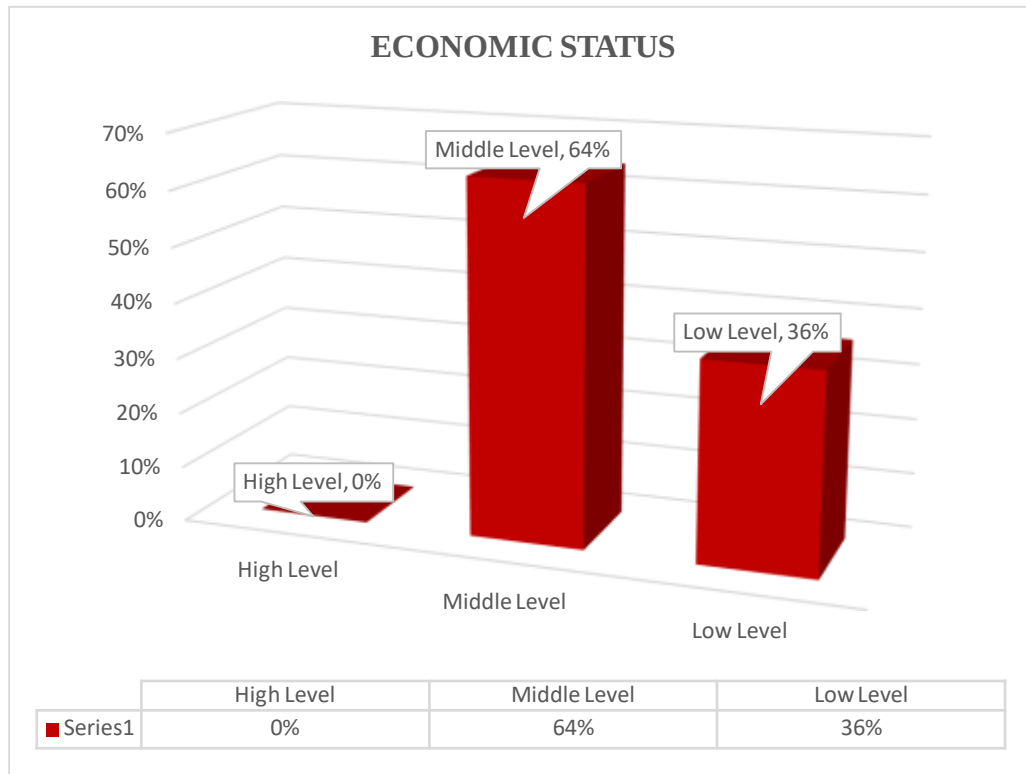


Figure:9 Frequency Of Distribution Among Adults According To Maximum Occupation Level By Demographic Variables

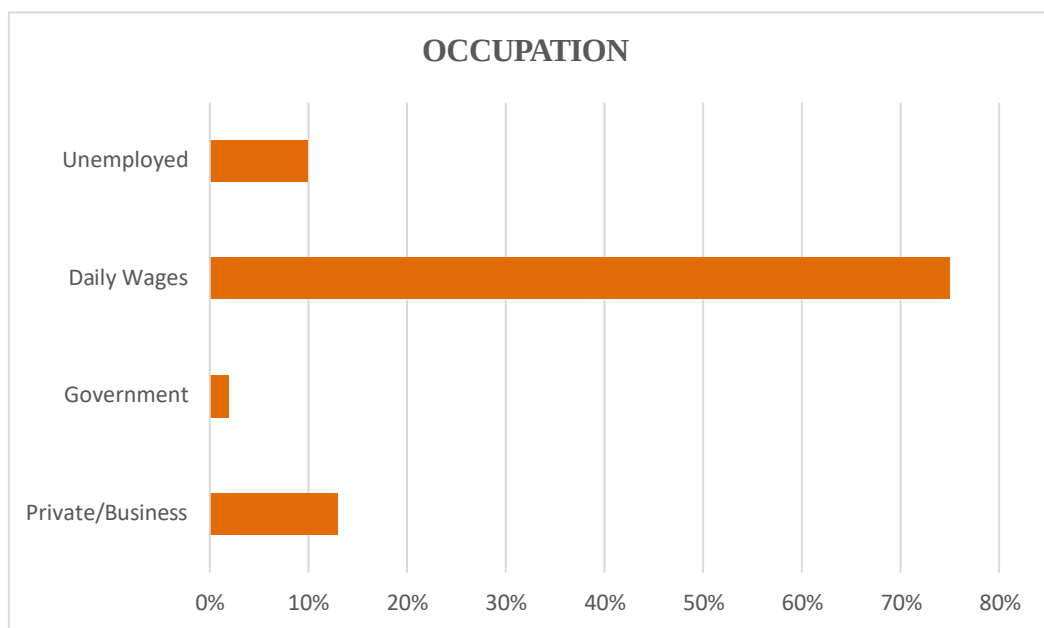
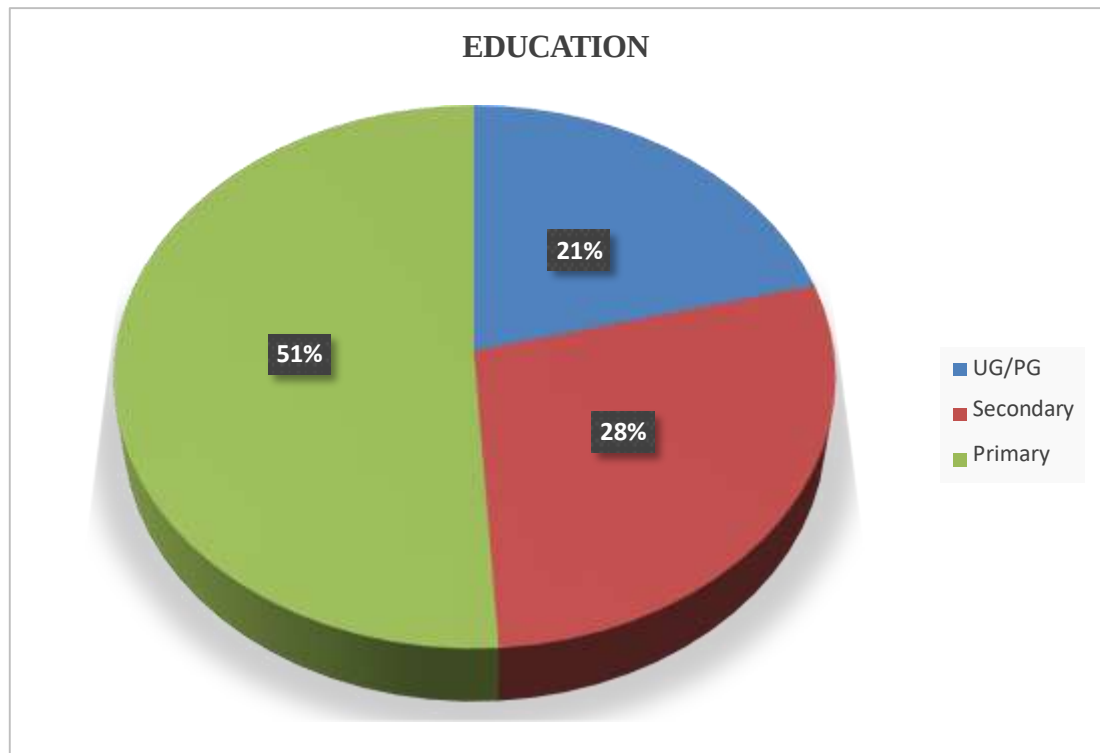


Figure:10 Frequency Of Distribution Among Adults According To Maximum Educational Status By Demographic Variables



SECTION B

Assessment of utilization of Primary Health Care services among adults using of structured questionnaires

Assess the utilization of Primary Health care services among adults	Frequency	Percentage
Lower level of utilizing the PHC	37	37%
Moderate level of utilizing the PHC	58	58%
Adequate level of utilizing the PHC	4	4%

TABLE - II

S.No	Characteristics	Category	Assess the Utilization of Primary Health Care Services Among Adults	
			Frequency	Percentage
1	Awareness of PHC	A) Yes	92	92%
		B) No	8	8%
2	How you know PHC	A) Television	0	0%
		B) Family/ friends	5	5%
		C) Nearby house	95	95%
3	Utilizing PHC	A) Yes	93	93%
		B) No	7	7%
4	Reason for utilizing PHC	A) To Monitor the health	48	48%
		B) To Monitor my child health	2	2%
		C) antenatal care	0	0%
		D) family planning	0	0%
5	Last visit to PHC	A) Less than a month	58	58%
		B) Between 1 to 6 months	22	22%
		C) More than six months		
		D) Never	17	17%
6	Quality of drugs	A) poor	3	3%
		B) Moderate	11	11%
		C) satisfaction	55	55%
			34	34%

7	Grade of treatment for chronic disease	A) Poor	18	18%
		B) Moderate	55	55%
		C) satisfaction	27	27%
8	Grade of antenatal services	A) Poor	0	0%
		B) Moderate	42	42%
		C) satisfaction	58	58%
9	Grade of postnatal care	A) Poor	5	5%
		B) Moderate	46	46%
		C) satisfaction	49	49%
10	Grade of delivery services	A) Poor	11	11%
		B) Moderate	51	51%
		C) Satisfaction	38	38%
11	Reason for visit PHC	A) Immunization	19	19%
		B) Diabetic checkup	14	14%
		C) fever/ common cold	34	34%
		D) BP check up	33	33%
12	Grade of health education services	A) Poor	6	6%
		B) Moderate	53	53%
		C) Satisfaction	41	41%
13	Mode of treatment	A) Poor	27	27%
		B) Moderate	48	48%
		C) Satisfaction	23	23%

SECTION C

Assessment of utilization of primary health care services among adults using demographic variables

Assess the utilization of Primary Health care services among adults	Frequency	Percentage
Lower level of utilizing the PHC	34	34%
Moderate level of utilizing the PHC	62	62%
Adequate level of utilizing PHC	4	4%

TABLE - III

Demographic Variables	Category	No. Of Sample	Level of Social Support			X2 Value	P value
			Mild	Moderate	Severe		
Age	A)30-40years	62	22	38	2	X2=2.22629	12.59 S
	B)40-50years	11	4	7	0	Df=6	
	C)50-60years	23	7	14	2		
	D)60-70years	4	1	3	0		
Gender	A) Male	38	9	18	1	X2=2.702	5.99 S
	B) Female	72	25	44	3	Df=2	
Religion	A) Hindu	78	26	48	4	X2=1.362	9.49 S
	B) Christian	15	5	10	0	Df=4	
	C)Muslim	7	3	4	0		

Family Income	A)10000-20000	83	24	55	4	X2=50.549	12.59
	B)20000-25000	17	10	7	0	Df=6	NS
	C)25000-35000	0	0	0	0		
	D)35000-40000	0	0	0	0		
Residents of place	A) Own house	75	21	50	4	X2=6.229	5.99
	B) Rented house	25	13	12	0	Df=2	NS
Number of children	A) 0	44	5	37	2	X2=20.934	12.59
	B) 1-2	45	25	19	1	Df=6	NS
	C) 3	9	3	5	1		
	D) above 3	2	1	1	0		
Economic status	A) High Level	0	0	0	0	X2=1.746	9.49
	B) Middle level	64	20	42	2	Df=4	S
	C) Low level	36	14	2	2		
Occupation	A)Private/Business	13	5	8	0	X2=1.765	12.59
	B) Government	2	1	1	0	Df=6	S
	C) Daily wages	75	25	46	4		
	D) Unemployed	10	3	7	0		
Educational Status	A) UG/PG	21	3	16	2	X2=7.4311	9.49
	B) Secondary	28	13	15	0	Df=4	S
	C) Primary	51	18	31	2		

The above table depicts that **age** 62 (62%) were aged between 30-40 years in the study group respectively. Out of 38 study group participants 11 (11%), 23(23%), and 4(4%) were aged between 40-50 years ,50- 60 years and above 60 years respectively.

The distribution of **gender** male 38(38%) and female 72(%) each among the study group participants respectively.

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Occupational Status Out of 100 study group participants 13(13%), 2 (2%) and 75 (75%) were employed in private/Business, government and daily wages and 10 (10%) were unemployed in the study group participants respectively.

In **educational status**, 21(21%), 28 (28%) and 51 (51%) study group participants had studied UG/PG, secondary school and primary school education.

Table 3 showed that there is no significant association between assess the utilization of primary health care services among adults with selected demographic variables like Resident of place($\chi^2=6.229$), Number of children($\chi^2=20.934$), family income ($\chi^2=50.549$).

There is significant association between assess the utilization of primary health care services among adults with selected demographic variables like age ($\chi^2=2.2629$), gender($\chi^2=2.702$), Religion($\chi^2=1.362$), economic status($\chi^2=1.746$), occupation($\chi^2=1.765$), Educational status($\chi^2=7.4211$).

CHAPTER-V

DISCUSSION

DISCUSSION

This chapter discusses the findings of the study derived from statically analysis and its objectives set for the study and related literature of the study.

Findings of the study are presented based on the objectives

- To describe the socio demographic variables of the adults in Tsunami colony
- To assess the utilization of primary health care services among adults in Tsunami colony.
- To find an association between the utilization of primary health care services among adults in Tsunami colony.

Regarding demographic variables of utilization of Primary Health Care services

In assessing the utilization of primary health care services among adults in Tsunami colony 34% of the adults are utilizing the lower level of PHC services, 62% of the adults are having moderate level of utilizing PHC 4% of the adults are having adequate level of utilizing the PHC.

In assessing the utilization of primary health care services among adults with their selected demographic variables with regarding to age (62%)belongs to the age of 30-40years,with regarding to age(23%)belongs to the age of 40-50years, with regarding to age (11%)belongs to the age of 50-60 years . with regarding to gender (28%)of belongs to male , with regarding to gender(72%) belongs to female. In regarding to Religion (78%) belongs to Hindu with regarding to Religion (15%)belongs to Christian, with regarding to Religion(7%)belongs to Muslim, with regarding to Religion, with regarding to family income(83%)belongs to Rs.10,000-20,000, with regarding to family

income (17%) belongs Rs.20000-25000, with regarding to family income (0%) belongs to Rs.25,000-35000, with regarding to family income (0%) belongs Rs.35000-40000. with regarding to Resident of place (75%) belongs to own house, with regarding to Resident of Place (25%) belongs to rented house. with regarding too Number of Children (44%) belongs to 0, with regarding too number of children (45%) belongs to 1-2, with regarding too Number of Children (9%) belongs to 2-3, with regarding to the number of children (2%) belongs to above 3, with regarding to economic status (0%) belongs to high level, with regarding to economic status (64%) belongs to middle level, with regarding to economic status (36%) belongs to low level. with regarding to occupation (13%) belongs to private/Business, with regarding to occupation (2%) belongs to government, with regarding to occupation (75%) belongs to daily wages, with regarding to occupation (10%) belongs to unemployed. with regarding to educational status (21%) belongs to UG/PG, with regarding to educational status (28%) belongs to secondary, with regarding to educational status (52%) belongs to primary.

In assessing the utilization of primary health care services among adults (37%) of the adults are having lower level of utilizing the PHC, (58%) of the adults are having moderate level of utilizing the PHC, (4%) of the adults are having adequate level of utilizing the PHC.

In assessing the utilization of primary health care services among adults with their selected structured questionnaires, with regarding to awareness of PHC (92%) belongs to yes, with regarding to awareness of PHC (8%) belongs to know with regarding to how u know PHC (0%) belongs to Television, with regarding to how u know PHC (5%) belongs to family/friends, with regarding to how u know PHC (95%) belongs to nearby house. with regarding to utilizing PHC (93%) belongs to yes, with regarding to utilizing PHC (7%) belongs to no. with regarding to Reason for utilizing PHC (48%) belongs to Monitor the health, with regarding to reason for utilizing PHC (2%) belongs to Monitor the child health, with regarding to reason for utilizing PHC (0%) belongs to family planning, with regarding to reason for utilizing PHC (0%) belongs to antenatal care. with regarding to last visit to PHC (58%) belongs to less than

a month, with regarding to last visit to PHC (22%) belongs to between 1 to 6 month, with regarding to last visit to PHC (17%) more than 6 months, with regarding to last visit to PHC (3%) never. with regarding to quality of drugs (11%) belongs to poor, with regarding to quality of drugs (55%) belongs to moderate, with regarding to quality of drugs (34%) belongs to satisfaction. with regarding to grade of treatment for chronic disease (18%) belongs to poor, with regarding to grade of treatment for chronic disease (55%) belongs to moderate, with regarding to grade of treatment for chronic disease (27%) belongs to satisfaction. with regarding to grade of antenatal care (0%) belongs to poor, with regarding to grade of antenatal care (42%) belongs to moderate, with regarding to grade of antenatal care (58%) belongs to satisfaction. with regarding to grade of postnatal care (5%) belongs to poor, with regarding to grade of postnatal care (46%) belongs to moderate, with regarding to grade of postnatal care (49%) belongs to satisfaction. In regard to grade of delivery services (11%) belongs to poor, with regarding to grade of delivery services (51%) belongs to moderate, with regarding to grade of delivery services (38%) belongs to satisfaction. with regarding to reason for visit PHC (19%) belongs to Immunization, with regarding to reason for visit PHC (14%) belongs to diabetic check-up, with regarding to reason for visit PHC (34%) belongs to fever/common cold, with regarding to reason for visit PHC (34%) belongs to BP checkup with regarding to Grade of health education services (6%) belongs to poor, with regarding to grade of health education services (53%) belongs to moderate, with regarding to grade of health education services (41%) belongs to satisfaction. with regarding to mode of treatment (27%) belongs to poor, with regarding to mode of treatment (48%) belongs to moderate, with regarding to mode of treatment (23%) belongs to satisfaction.

The major finding of the study was discussed under the objectives

Objectives 1

In assessing the utilization of primary health care services among adults.

34% of the adults are lower level of utilizing the PHC.

62% of the adults are at a moderate level of utilizing the PHC.

4% of the adults are adequate level of utilizing the PHC.

In assessing the utilization of primary health care services among adults.

37% of the adults are at a lower level of utilizing the PHC.

58% of the adults are moderate level of utilizing the PHC.

4% of the adults are adequate level of utilizing the PHC.

Objectives 2

Showed that is no significant association between utilization of primary health care services among adults with selected demographic variables like, family income ($\chi^2=50.549$), Resident of place ($\chi^2=6.229$), Number of children ($\chi^2=20.934$), educational status ($\chi^2=7.4311$).

There is significant association between the utilization of primary health care services among adults with selected demographic variables like Age ($\chi^2=2.22629$) Gender ($\chi^2=2.2702$), Religion ($\chi^2=1.3362$), educational status $\chi^2= (7.4311)$, economic status ($\chi^2=1.746$), occupational status ($\chi^2=1.765$).

Showed that there is no significant association between the utilization of primary health care services among adults with selected structured questionnaires like, reason for utilizing PHC ($\chi^2=52.361$), treatment for chronic disease ($\chi^2=19.533$), grade of postnatal services ($\chi^2=24.44$), grade of health education services ($\chi^2=19.403$), mode of treatment ($\chi^2=13.49$).

There is significant association between utilization of primary health care services among adults with selected structured questionnaires like Awareness of PHC ($\chi^2=1.775$), how u know PHC ($\chi^2=1.662$), utilizing PHC ($\chi^2=3.024$), last visit to PHC ($\chi^2=9.892$), reason for visit PHC ($\chi^2=8.087$), quality of drugs ($\chi^2=6.504$), grade of antenatal services ($\chi^2=7.922$), grade of delivery services ($\chi^2=9.38$).

CHAPTER-VI

SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATION

Summary of the study

The primary aim of the study is to assess the utilization of primary health care services among adults.

The present study was aimed to achieve the following objective

- To describe the socio demographic variables of the adult in tsunami colony.
- To assess the utilization of primary health care services among adults in tsunami colony.
- To find the association between the utilization of primary health care services and socio demographic variables of adults in tsunami colony.

THE PRESENT STUDY TO EXAMINE THE FOLLOWING HYPOTHESIS

RH 1

There is a significant association between the utilization of primary health care services and selected socio demographic variables in tsunami colonies.

Review of literature

Researcher reviewed related studies and helped the investigator to collect the appropriate and relevant information to support the study, design the methodology, conceptual framework and developmental of the tool and also helped to plan the analysis of data.

The study designs

It consists of non-experimental descriptive design that was conducted among the adults regarding assessing the utilization of primary health care services. The sample size consists of 100 among adults.

Tool

Structured Questionnaire

The main study was conducted in the month of April in selected public health care services, semmancheri in Chennai district, Tamil Nadu. 100 Samples were selected by using purposive sampling technique. Collected information of demographic characteristics of adults and assessed the utilization of primary health care services among adults.

The data collected on the above sections were analyzed using descriptive and inferential statistics and further interpreted in terms of the objectives formulated for the studies.

The finding revealed that the level of the utilization of primary health care services among adults as statistically significant with the worried about the health condition, and other variables not significant.

Major finding of the study

In assessing the utilization of primary health care services among adults faced by 34(34%) have lower level of utilizing the PHC 62(62%) have moderate level of utilizing the PHC, 4(4%) have adequate level of utilizing the PHC.

In assessing the utilization of primary health care services among adults 37(37%) have lower level of utilizing thePHC,58(58%) has a moderate level of utilizing the PHC, 4(4%) have adequate level of utilizing the PHC.

Thus, the student's researcher found assess the utilization of primary health care services experienced by adults. Further recommendations have been made expecting for the improved study with wider generation.

NURSING IMPLICATION AND RECOMMENDATIONS

The findings of study have implications in the following areas

- Implication of nursing practices
- Implication of nursing education
- Implication of nursing administration
- Implication of nursing research

Nursing practice

The nurses play a vital role among all the awareness programs of primary health care services among adults. They have a special variety of audio-visual aids to create awareness of people including family members. Nurses can include the other members of the family in the awareness programmed of primary health care services and the causes of health problems. The teaching strategies used by the nurses should be simple, clear cut and audible to follow the students. And also, nurses should go to urban areas and conduct a program related to primary health care services.

Nursing education

Nursing curriculum should focus on improving the strategies to utilization of primary health care services. Education material should be prepared based on the need of the adults and their lifestyle modification.

Nursing Administration

The nursing administrator has the responsibility to increase knowledge of nurses in identification and gaining knowledge in all aspects, he /she can organize an education program providing information to assess the utilization of primary health care services that is to make them aware, by latest research findings. And then implement program based on new data in day-to-day practice

Nursing research

- Hence of researcher is buildup of knowledge in nursing as an evolving profession more and more study can be done to assess the utilization of primary health care services in hospital setting and effects of structured teaching program and management can be assessed.
- The findings can be generalized with large samples and used to increase body of knowledge in nursing. The researcher's finding should be utilized in practice and the result can be calculated.
- The nurse researcher will help the adults to know by giving them guidance to get relief from problems.

Limitations

- The study is limited to a period of 1 week.
- This study is limited to street of tsunami colony in Chennai

Recommendations

- Based on the findings of the study, the following recommendations are put forward for further research.
- A similar study can be undertaken with the large sample to generalize finding.
- Similar studies can be conducted in different setups like PHC and suburban areas.

- The experimental study can be conducted with different tools where we used for primary health care services.
- A similar study can be conducted using true experimental research.
- The study can be undertaken to determine the knowledge as well as effects to assess the utilization of primary health care services.
- The study on identifying the cause of adults in primary health care services.
- The study can be conducted to make awareness and importance in primary health care services.

Conclusion

On the basis of conducted research, it can be concluded that the utilization of primary health care services among adults is an importance in determination of early promote treatment.

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ANNEXURE-1

Medical officer Letter seeking permission for conducting data collection

 **Sathyabama College of Nursing**
Sathyabama Institute of Science and Technology
(DEEMED TO BE UNIVERSITY)
Accredited with "A" grade NAAC
Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai – 600119



Date: 15th April 2023

To

Medical Officer,
Primary Health Center,
Sembencherry, Chennai.

Sub: Seeking permission for conducting data collection

Dear Sir/Madam,

Greetings of the day!

In partial fulfillment of B.Sc Nursing III year curriculum requirement of Nursing Research and Statistics subject, our student Ma.Jyothi R. & Team would like to conduct the study titled "To Assess the utilization of primary health care services among adults in Tsunami Colony, Chennai" at Kannagi Nagar (Tsunami Colony). I assure you that the proposed study is a survey approach and will maintain confidentiality and anonymity of the study participant's data. There will be no harm for them and the data will be used only for academic purposes.

I hope your positive response and give approval to conduct this study.


(Dr. Kaszajam)




Dean
Dr. L. Lakshmi

DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai – 600 119.

MEDICAL OFFICER
UPHC - SEMBENCHERRY
Tsunami Nagar, Sembencherry

ANNEXURE – II

PARTICIPANT INFORMATION SHEET (PIS)

The title of the research project is a study to, **Assess the utilization of primary health care services among adults in Tsunami colony in Chennai.** The objectives: To describe the socio demographic variables of the adults in Tsunami colony. To assess the utilization of primary health care services among adults in Tsunami colony. To find the association between the utilization of primary health care services and socio - demographic variables of adults in Tsunami colony. The study participants will be 100. The study benefits are this research provide the baseline data, which enables the future researcher to conduct evidence based research and help to create awareness of utilizing the primary health care services.

ANNEXURE III

TOOL NO 1

Socio Demographic data

1.Age

- 30-40years
- 40-50years
- 50-60years
- 60-70years

2.GENDER

- Male
- Female

3.RELIGION

- Hindu
- Christian
- Muslim

4.FAMILY INCOME

- Rs 10,000-20,000
- Rs 20,000-25,000
- Rs 25,000-35,000
- Rs 35,000-40,000

5.RESIDENCY OF PLACE

- Own house
- Rented house

6.NUMBER OF CHILDREN

- 0
- 1-2
- 2-3
- Above 3

7.ECONOMIC STATUS

- High level
- Middle level
- Low level

8.OCCUPATION

- Private / Business
- Government
- Daily wages
- Unemployed

9.EDUCATION STATUS

- UG / PG
- Secondary
- Primary

TOOL NO - 2

STANDARDIZED TOOL

1. Awareness of the existence of primary healthcare services in the community

- A. Yes
- B. No

2. Source of information on exists of primary care

- A. Television
- B. Family/friends

3. Response that utilizes primary healthcare services

- A. Yes
- B. No

4. Reason for utilizing PHCs

- A. To monitor my health
- B. To monitor my child health
- C. Antenatal care
- D. Family planning

5. When last respondents visited PHCs

- A. Less than a month
- B. Between 1 to 6 months
- C. More than 6 months
- D. Never

6. Reason for the visits to PHCs

- A. Immunization
- B. Family planning
- C. Malarial treatment
- D. BP checkup

7. Satisfaction with amount charged for the service

A. Yes

B. No

8. How would you grade the supply of drugs

A. Poor

B. Satisfactory

9. How would you grade the family planning services

A. Poor

B. Satisfactory

10. How would you grade the management of chronic diseases

A. Poor

B. Satisfactory

11. How would you grade the antenatal service

A. Poor

B. Satisfactory

12. How would you grade the postnatal care

A. Poor

B. Satisfactory

13. How would you grade the delivery service

A. Poor

B. Satisfactory

14. How would you grade the health education services

A. Poor

B. Satisfactory

15. How would you grade the treatment modalities

A. Poor

B. Satisfactory

தரப்படுத்தப்பட்ட
கருவி

1. சமூகத்தில் ஆரம்ப சுகாதார சசவைகள்
விழிப்புணர்வு
ஂ இருப்பவத ஂ பற்
ப றிய

அ. ஆம

ஆ. இல்
வல

2. முதன் வம பராமரிப்பு பற்றிய தகைல் களின்
ஆதாரம்

அ. ததாவலககாட் ஂ ி

ஆ. கு டு ம் பம்/நண் பரக் ள

3. ஆரம்ப சுகாதார சசவைகவள பயன் படுத்Fம் பதில

அ. ஆம

ஆ. இல் வல

4. PHC கவள பயன் படுத்Fை்தற் கான காரணம்

அ. என் உடல்நிவல கண் காணிகக்

ஆ. என் குழநவதயி ன் ஆசராககி யத்வத

கண் காணிகக் இ. பிறப்புகக் முநவதய்

பராமரிப்பு

ஈ. கு டு ம் பககட்டுப் பாடு

5. கவடசியாக பதிலளித்தைரக் ள் PHC களுக்குச் தசன்
றசபாF

அ. ஒரு மாதத்திற்கு ம் குவறைாக

ஆ. மு த ல் 6 மாதங்களுகஞ்

இவடயில இ. 6

மாதங்களுகஞ் சமலாக

ஈ. ஒரு ச பா F ம் இல்வல

6. PHC களுக்கு ைருவகக்கான
காரணம

அ. சநாய்த்தடுப்பு

ஆ. கு டு ம் பககட்டுப் பப்

ாடு

இ. மசலரியா சிகிசவ் ச

ஈ. BP பரிசசாதவன

7. சசவைக்காக ைசுலிக்கப்படும் ததாவகயில்
திருப்தி

அ. ஆம

ஆ. இல்வல

8. மருந்Fகளின் விநிசயாகத்வத நீ ங் கள் ை ைாறு தரம்
பிரிப்பீரக

ஃ
ள் .

அ. திருப்தி இல்வல

ஆ. திருப்திகரமாக உள்ள F

9. கு டு ம் பககட்டுப் பாடு சசவைகவள நீ ங் கள்
ஈ ைாறு தரப்படுத்Fவீரக் ள

அ. திருப்தி இல்வல

ஆ. திருப்திகரமாக உள்ள F

10. நாள் பட்ட சநாய் ஂ சமலாண் வ ம நீங் ஂ என் னை ாறு
கள்ளி ன் கள தரம
பிரிப்புக்

அ. திருப்தி இல் வல

ஆ. திருப்திகரமாக உள்
ள F

11. பிறப்புக்கு முந்வதய சசவைவய நீங் ஂ என்
தரப்படுத்Fவீரக் ள கள னை ாறு

அ. திருப்தி இல் வல

ஆ. திருப்திகரமாக உள்
ள F

12. பிரசைத்திற் ஂ பிந்வதய கைனிப்பு நீங் ஂ என்
குபு கள னை ாறு
தரப்படுத்Fவீரக் ள

அ. திருப்தி இல் வல

ஆ. திருப்திகரமாக உள் ள F

13. பிரசை சசவைவய நீங் கள் என் னை ாறு தரப்
டுத்Fவீரக் ள

அ. திருப்தி இல் வல

ஆ. திருப்திகரமாக உள் ள F

14.சுகாதாரக் கல் சசவைகவள நீங் ஂ என்
தரப்படுத்Fவீரக் ள கள னை ாறு

அ. திருப்தி இல் வல

ஆ. திருப்திகரமாக உள்
ள F

15.சிகிசவ் ச முவறகவள நீங் கள் என் னை ாறு
தரப்படுத்Fவீரக் ள

அ. திருப்தி இல் வல

ஆ. திருப்திகரமாக உள்
ள F

ANNEXURE – IV

PHOTOGRAPHICAL EVIDENCE OF DATA COLLECTION







Chennai, Tamil Nadu, India

Old Mahabalipuram Rd, Sathyabama college of nursing and general hospital
V6CF+79J, Semmancheri, Sithalapakkam, Kamaraj Nagar, Semmancheri,
Chennai, Tamil Nadu 600119, India

Lat 12.878146°

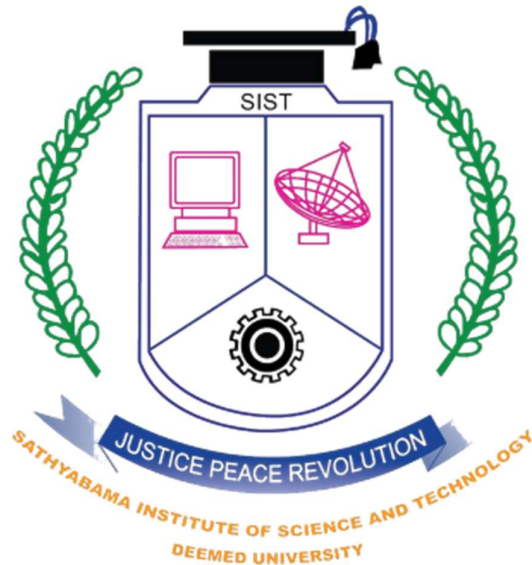
Long 80.224194°

17/04/23 11:55 AM GMT +05:30





**ASSESSMENT OF QUALITY OF LIFE AMONG COVID-19
SURVIVORS WITH TYPE-II DIABETES MELLITUS
AT SELECTED HOSPITAL IN CHENNAI**



**A PROJECT WORK SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI**

**IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF NURSING
2020-2024**



ASSESSMENT OF QUALITY OF LIFE AMONG COVID-19

SURVIVORS WITH TYPE-II DIABETES MELLITUS

AT SELECTED HOSPITAL IN CHENNAI



BY

MS.DEEPIKA.S

MS.ABINAYA

MS.DAPHNE INFANTA

MS.DIVYA

MR.DUDEKULA PRAVEEN KUMAR

A PROJECT WORK SUBMITTED TO

SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY

(DEEMED TO BE UNIVERSITY)

CHENNAI

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF NURSING**

2020-2024

CERTIFIED WORK DONE BY

MS.DEEPIKA.S

MS.ABINAYA

MS.DAPHNE INFANTA

MS.DIVYA

MR.DUDEKULA PRAVEEN KUMAR

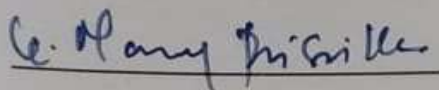
**SATHYABAMA COLLEGE OF NURSING,
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI**

**SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
BACHELOR OF SCIENCE IN NURSING
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY), CHENNAI**

2020-2024

RESEARCH GUIDE


DEAN



DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

BONAFIDE CERTIFICATE

This is a bonafide work done by **Ms. DEEPIKA S, Ms. ABINAYA S, Ms. DAPHNE INANTA J, Ms. DIVYA R** and **Mr. DUDEKULA PRAVEEN KUMAR B.sc (N) IIIrd** year students from Sathyabama college of Nursing, Sathyabama Institute of Science and Technology, Chennai, submitted in partial fulfillment for the degree of Bachelor of science in Nursing under the Sathyabama Institute of Science and Technology (Deemed to be University), Chennai.

COLLEGE SEAL



SIGNATURE OF THE DEAN

DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

ENDORESEMENT BY THE RESEARCH GUIDE

This is to certified the project work entitled "Assessment of quality of life among covid-19 survivors with type-II diabetes mellitus at selected hospital in Chennai" is a bonafide research work done by Ms. Deepika S, Ms. Abinaya S, Ms. Daphne infant J, Ms. Divya R and Ms. Dudekula Praveen kumar in partial fulfillment of the requirement for the degree of the bachelor of science in Nursing.

C. Mary Perinika

SEAL AND SIGNATURE OF THE RESEARCH GUIDE

ACKNOWLEDGEMENT

“TRUST IN LORD WITH ALL YOUR HEART”

My great indebted thanks to the **lord all mighty** for his abandoned blessing, endless grace and love showered on me in providing the strength to overcome all the difficulties and made me to complete my study successfully, without which it would not have been possible. There are several hands behind in giving a shape to this research study, which would be impossible to mention all by name. There are some whom the investigator would particularly like to thank.

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ABSTRACT

Problem statement of the study is to assess of quality of life among covid-19 survivors with type-II diabetes mellitus in selected hospital in Chennai. The objective of this study was to assess the quality of life and socio demographic variables among covid19 survivors with type-II diabetes mellitus. To determine the quality of life among covid19 survivors with type-II diabetes mellitus. To find out the association between quality of life and socio demographic variables among covid-19 survivors with type-II diabetes mellitus & with their selected demographic variables age, sex, marital status, religion, occupation, education, blood glucose level and level of HbA1c.

The methodology of the present study was conducted at selected primary health centre at Chennai. The sample for this study consisted of 100 covid-19 survivors with typeII diabetes mellitus in selected hospital in Chennai. Stratified random sampling technique was used for the sample selection. The tools used for the data collection was selfadministered Multiple choice questionnaire which consist of two parts, part one was demographic data and part two was quality of life. Descriptive statistics (frequency, percentage, mean, and standard Deviation) and inferential statistics (Chi square, paired ,t'' test) were used to analyze the data and to test the hypotheses.

The following were the results of this study: As per demographic characteristic, According to the age, (13%) are belongs to age group of 20-30 year , (27%) are belongs to age group of 30-40 year, (39%) are belongs to age group of 40-50 year , (21%) are belongs to age group of 50-60 year. gender, (66%) are belongs to male, (44%) are belongs to female and (0%) are belongs to transgender. Marital status, (75%) are got married and (25%) are unmarried. Educational level, (44%) are completed primary level, (25%) are completed higher secondary level, (9%) are completed diploma, (18%) are completed undergraduate,(4%) are belongs to others. Occupation, (74%) are working under private sector, (18%) are working under government sector and (8%) are working under other sectors. religious,(48%) are belongs to Hindu ,(6%) are belongs to Christian and (46%) are belongs to Muslim. language spoken, (95%) are spoken Tamil and, (5%) are spoken English. In regarding to the weight of the patient, (13%) are less than 40 kilogram, (58%)

are between 40-60 kilogram and (29%) are more than 60 kilogram. level of HbA1c, (100%) are belongs to positive and (0%) belongs to negative.

In assessing the quality of life among covid-19 survivors with type-II diabetes mellitus, 31% of the survivors are having none quality of life, 10% of the survivors are having mild quality of life, 31% of the survivors are having moderate quality of life, 50% of the survivors are having high quality of life, 6% of the survivors are having extreme quality of life during covid-19 with type-II diabetes mellitus.

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CHAPTER -I

INTRODUCTION

‘You need to be right before you move, you will win’.

Corona virus disease 2019 has become visible as a global widespread. People with comorbidities like type-II diabetes have a higher risk of poor outcomes and experience severe illness when infected by covid-19. In addition, a study has shown that type-II diabetes mellitus is one of the major comorbidities associated with more illness and there is also an increased mortality. It causes a major impact in quality of life in a growing population.

Maintaining a well blood glucose level is an effective way to prevent the covid-19 transmission in type-II diabetes mellitus. Blood glucose monitoring throughout day - day life with daily physical activity, a healthy diet, and cohesion to medication treatment is extensive of type-II diabetes mellitus self – assessment and need to achieving a normal glycemic level. These are become crucial in decreasing the risk factors for the covid-19 and the major severity of the illness in disease.

During the pandemic of covid-19, self-management in numerous countries has been a great challenged due to the lockdown policy to prevent the spread of the covid-19 outbreak. Outbreak of covid-19 has bring up unusual consequences on economy factors, social factors and physiological fronts. Great protocols like social distancing and quarantine protocols during the pandemic of covid-19 have restricted type-II diabetes mellitus patients from accessing the health services. In many ways the outbreak of covid19 restricted the delivery of health services.

Emotional stress harm and social distancing protocol the comprehensive management of type-II diabetes mellitus patients, including metabolic control, self-care management and self-care behavior . Positively correlated is self-care management with

good blood glucose control, decreased complication, and improved quality of life in type II diabetes mellitus patients.

Quality of life is an individual perception of their position in life in the context of the values system and culture in which they live and about their goals, standard, expectations and concerns. The quality of life of type-II diabetes mellitus patients is a crucial outcome used to evaluate the impact of the disease, treatment, and health care costs. Daily continuous treatment requirement always affects the quality of life of the patients.

Treatment carried out by self- management is independently by patients to observe and understand their needs in life without depending on the surroundings environment .self- care management of type-II diabetes mellitus patients consists of adhering to a diet program, physical exercise, controlling blood sugar levels, foot care and medication to prevent further complications and control blood glucose.

Data obtained which are underlined for covid-19 survivors in diabetes mellitus patients is more likely severe and associated with more poor outcomes in clinical due to existence of comorbidities like type-II diabetes mellitus.

Type-II diabetes mellitus patient are having higher risk in developing the complications for covid-19 due to the illness and infections .Higher risks are more prominent to mortality and there are more and more complications factors among the people with type-II diabetes mellitus was been similar in the two other recent coronavirus outbreak. Data on the furthermore mortality are associated with type-II diabetes by their age and other clinical features are yet to be fully explored.

This study was aimed to establish the quality of life in patients of type-II diabetes as a foretold factors for survival in people admitted to a critical care with covid-19 survivors. The lockdown of covid-19 has clearly affected the people's lifestyle and moreover the changes in their daily habits .which are involved in the potential consequences of health. To examine the impact of the pandemic which has been caused by

covid-19 on the both nutrition and the exercise habits, as well as the psychological effects of the population in type-II diabetes mellitus.

Type-II diabetes mellitus is a major comorbidity of covid-19. Some of the reports greater in and shows that the hyperglycemic patients are more prone to mortality rate during the greater outbreak of covid-19. The impact of prolonged covid-19 lockdown on metabolic control in type-II diabetes mellitus patients and the healthy individual has not exactly been known.

A growing body of evidence shows that covid-19 prognosis in the individual with the comorbidities like type-II diabetes mellitus is more worse compared with those without. Furthermore various studies have reported that the emergence of newly diagnosed patients with type-II diabetes mellitus after the covid-19 infections.

NEED FOR THE STUDY

In the beginning of the covid-19 pandemic, this finding, along with the known increased infection risk for other infections, led to the assumption that patient with type-II diabetes are at increased infection primary risk of covid-19 infections. Type-II diabetes mellitus represent one of the most prevalent chronic conditions worldwide and significant increases the risk of hospitalization and death in covid-19 patients. According to various studies, the prevalence of diabetes in covid-19 patients ranged from 5% to 36%. Considering that type-II diabetes is one of the most important comorbidities with covid-19 patients. Maintaining a normal blood sugar level is effective way to prevent the covid19 transmission in type-II diabetic patient. Blood glucose level monitoring throughout the day –day life with the daily physical activity, a healthy diet and cohesion to medication treatment is comprehensive of type-II diabetes.

In the first largest consecutive case series from the United States of America [USA], describing 5,700 patients with covid-19 admitted to 12 hospitals in a Newyork area, diabetes mellitus was the third most common comorbidity with 33.8% of patients suffering from the disease. A meta analysis of six Chinese studies including 1,527 patients hospitalized with covid-19 clearly demonstrated the difference between prevalence of

diabetes of 11.7% in ICU cases, but 40% in non-ICU cases. Similarly, the US centers for disease control and prevention reported an overall prevalence of diabetes in patients with covid-19 of 10.9%, with a prevalence of 6.4% in non-hospitalized covid-19 patients. Brazil has reported nearly 3.5 million covid-19 cases with more than 1000 deaths. USA and Italy after carefully excluding the overlapped studies have reported prevalence of diabetes in 11.5% [9,7-13.4]. A large study from UK alone from the data of 166 hospitals reported a prevalence of diabetes in 20.7% [3650\17,599]. A study was conducted by G.D. Alessandro studied and disclosed about the quality of life among the covid-19 with type II diabetes mellitus patients in the international level.

In national level, china, a study reported a higher prevalence of diabetes among patients with severe covid-19 as compared to patients with non-severe disease (16.2% VS 5.7%) (45). The china center for disease control and prevention reported a diabetes prevalence of 5.3 among all 44,672 covid-19 cases, but 19.7% among non-survivors, with a case fatality rate of 2.3% VS 7.3%, respectively (27). Moreover Du and colleagues reported a prevalence of 35.3% of diabetes in Wuhan's ICU patients. In summary, in summary, diabetes resulted associated with a dramatic increase in mortality (3.62; 95% CI 2.11-6.2; $p < 0.0001$) and emerged as an independent risk factor even after correcting for age, race, sex, obesity, and hypertension. A study was conducted by Salvatore corrao, Karen pinelli, and Christiano argano and studied about the quality of life among covid-19 with type-II diabetes mellitus in the national level.

In states level, jaipur surprisingly, only few large published the studies are currently available with regard to the prevalence of comorbidities type-II diabetes in patients with covid-19 from India, despite having a huge number of covid-19 patients. A retrospective study of 522 confirmed patients with covid-19 from large medical college and hospitals of Jaipur, India reported presence of comorbidities by type 2 diabetes is 39.7%. The mean age of the study population was 58.67 $\pm$ 10.8 years. Those in the age group of 50-65 years constituted 45.5%, whereas 30% were above 65 years of age. Female constituted 61.8%. Duration of diabetes was 5-15 years in 60% of the study population, whereas in 33.6% it was more than 15 years. A study was conducted by Prasanth sankar, Waseem N ahmed, vineetha Mariam koshy, Rittin jagob and saranya sasidharan they also studied the quality of life among covid-19 with type-II diabetes in the state level.

RESEARCH QUESTION

1. What is the association between quality of life and socio demographic variables among covid-19 survivors with type-II diabetes mellitus?

RESEARCH OBJECTIVES

1. To assess the quality of life among covid-19 survivors with type-II diabetes mellitus.
2. To assess the socio demographic variables among covid-19 survivors with typeII diabetes mellitus.
3. To find the association between the quality of life and socio demographic variables among covid-19 survivors with type-2 diabetes mellitus.

HYPOTHESIS

There is a significant association between quality of life and socio demographic variables among covid-19 survivors with type-II diabetes mellitus.

OPERATIONAL DEFINITION

Quality of life:

- Quality of life is defined as the life of individual their position in the culture and value systems in which they live and in their relation to their goals, expectation, concerns and standards.
- Covid-19:
- Coronavirus disease (covid-19) is an infectious disease. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require hospital care.
- Type-II diabetes mellitus:
- Type-II diabetes mellitus is a condition in which body cannot produce enough insulin. This long term (chronic) condition results in too much sugar circulating in

the bloodstream. Eventually, high blood sugar levels can lead to disorder of the circulatory, nervous and immune system.

ASSUMPTION

- Life style modification reduces the blood glucose level.
- Improve the quality of life among covid-19 survivors with type-II diabetes mellitus.

LIMITATION

- This study size is limited to type-II diabetes mellitus patients.
- Patients diagnosed to have type-II diabetes mellitus.
- Patients of both sex aged.

CHAPTER-II

REVIEW OF LITERATURE

INTRODUCTION

In the beginning of the pandemic covid-19, these are the finding along with the known increased infections and risk for the other disease, this lead to the assumption that patient with type-II diabetes mellitus are more prone to the increased risk for the covid-19 infections. The data were studied and reviewed from the other literatures.

1. Literature obtained for the socio demographic variables among the covid-19 survivors with type-II diabetes mellitus.
2. Literature related to the quality of life among the covid-19 survivors with type-II diabetes mellitus.

1. Literature obtained for the socio demographic variable among covid-19 survivors with type-II diabetes mellitus.

Laurie G Jacobs (2020) assessed the prevalence of covid-19 with type-II diabetes mellitus and found the socio demographic variables of the patients among the covid-19 with type-II diabetes mellitus. Total number of prevalence is 183. Prevalence of males is 61.5% and the prevalence of female is 38.5%. Studies evaluated that male are more prone to the covid-19 with type-II diabetes mellitus when compared to the female. These studied found the quality of life among the covid-19 survivors with type-II diabetes mellitus.

Reem Alshareef et al (2020) assessed the prevalence of covid-19 with type-II diabetes mellitus and found the socio demographic variables of the patients among the covid-19 with type-II diabetes mellitus. Total number of prevalence is 394 participants and the group between 20-30 years. Prevalence of males is 57.1% and the prevalence of female is 42.9%. Studies evaluated that male are more prone among covid-19 with type-II diabetes

mellitus when compared to the female. These studies found the quality of life among the covid-19 with type-II diabetes mellitus.

Atilla Onmez et al (2020) assessed the prevalence of covid-19 with type-II diabetes mellitus and found the socio demographic variables of the patients among the covid-19 with type-II diabetes mellitus. Total number of prevalence is 101 participants. Prevalence of males is 56.5% and the prevalence of female is 44.5%. Studies evaluated that males are more prone to the disease when compared to the female. These studies found the quality of life among the covid-19 with type-II diabetes mellitus.

Zvezdana Gvozdanovic (2019) assessed the prevalence of patients among covid-19 with type-II diabetes mellitus. Found the socio demographic variables of the patients among covid-19 with type-II diabetes mellitus are hospitalized. The data of the patients participated are 205 in which the prevalence of male is 111(54.1%) and the prevalence of female are 94(46%). The quality of life and socio demographic variables was significantly lower domains in the covid-19 period.

2. Literature related to the quality of life among covid-19 survivors with type-II diabetes mellitus.

E Naous (2022) assessed the prevalence of covid-19 with type-II diabetes mellitus and assessed the quality of life of patient and found the glycemic control with type-II diabetic patient among covid-19 survivors are hospitalized 461 patient with type-II diabetes mellitus. Prevalence of men is 52.6% and women prevalence is 47.4% between the median age group is 59 years and it is evidenced the highest among men compared to women. There was statistically significant association among covid-19 survivors with type-II diabetes mellitus.

Asaminew Habtamu Sane (2022) assessed the prevalence of covid-19 with type-II diabetes mellitus and the quality of life of the patient and found the confirmed cases are

244 samples. Studies finding given are prevalence of male is 153 (62.7%) and 63.2% for female prevalence. The median age is between 64 years and it is evidenced the highest among the men when compared to women with covid-19 patient with type-II diabetes mellitus.

Ariana M chao (2022) studied the prevalence of covid-19 with type-II diabetes mellitus. The quality of life of the patients among covid-19 with type-II diabetes mellitus and evaluates the glycemic control with type-II diabetes mellitus patients. The data found are 2829 adults were evidenced the illness and the prevalence among male is 36.8% and the prevalence among female is 63.2% the median age is 75 years and it was evidenced that female has more when compared to the male among covid-19 with type-II diabetes mellitus.

Narendren gopalan (2021) assessed the prevalence of covid-19 type-II diabetes mellitus in quality of life among covid-19 patients with type-II diabetes mellitus and found the association of glycemic control with covid-19 type-II diabetes mellitus in quality of life among [62.5%(466/746)] and 40 to 70 years age group [59.1%(441/746)] female [65.4%(68/1.4)] and it was higher among females than male and cystitis was a more common problems identified and there was a statistically significant association of covid19 with poorly(1.02-2.95).

Liang W et al (2021) retrospective study the prevalence of covid-19 with type-II diabetes mellitus. Found and studied the quality of life among covid-19 patients with typeII diabetes mellitus. Total number of patients are 1590 and prevalence of female is 42.7%. The quality of life and found the association of glycemic control with covid-19 with typeII diabetes mellitus at hospital in Mumbai revealed that the number of patients among covid-19 with type-II diabetes mellitus.

Juhi Mittal (2021) evaluated the incidence of covid-19 type-II diabetes mellitus in quality of life among patients with type-II diabetes mellitus in Indian status of Tamilnadu. Mumbai (Delhi). Total of 108 patients were including (cases 52 control 56).Prevalence of

males 32 (47.76) covid-19 patients, 35(52.24) non covid-19 patients value 0.010. Prevalence of females 20(48.78) covid-19 patients, 21(51.22) non covid-19. Each male and female were recruited some type-II diabetes mellitus in population.

CONCLUSION

The quality of life and socio demographic variables of the patient among covid-19 survivors with type-II diabetes mellitus are studied and evaluated in the literature. Risk factors are increased in the patients among covid-19 with type-II diabetes mellitus. Inflammation and influence violence can also increased blood sugar level and these are contribute to more and more severe complications and illness among covid-19 with typeII diabetes mellitus. These data were reviewed from the other literatures.

CHAPTER-III

RESEARCH METHODOLOGY

- | | |
|-------------------------|--|
| ➤ Research approach | Quantitative approach will be used |
| ➤ Research design | Descriptive design will be used |
| ➤ Study population | Study population will be in adult among covid-19 Survivors with type-II diabetes mellitus in Tamilnadu |
| ➤ Accessible population | Selected population will be covid-19 survivors with Type-II diabetes mellitus in Chennai |
| ➤ Setting of the study | Selected population will be in urban areas in Chennai |
| ➤ Sampling technique | Purposive sampling technique will be used |
| ➤ Sample size | Sample size will be 100 |

SAMPLE CRITERIA

INCLUSION CRITERIA

Patients who are diagnosed with type-II diabetes mellitus

Patients who are available during the time of the study

Patients who are willing to take part in the study

EXCLUSION CRITERIA

Patients who are having covid-19 disease

Patients who are willing to take part in the study

DATA COLLECTION

- Duration of the data collection will be one week

- Investigation will get the informed content after explaining the objectives ➤
- Investigator will administer structured question to elicit the data

DATA COLLECTION TOOLS

1. Socio demographic variables
2. Quality of life

DATA ANALYSIS

- Frequency and proportion will be used to describe the variables
- Chi square test will be used for finding association between socio demographic variables and quality of life

ETHICAL CLEARANCE

1. Ethical clearance will be obtained from Sathyabama institute of science and technology.
2. Informed consent will be obtained.
3. Confidentiality of the data will be maintained.
4. Privacy will be provided during data collection.
5. Anonymity will be maintained.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF THE DATA

This chapter deal with the analysis and interpretation of data, collected from hospital resources to assess the quality of life among covid-19 survivors with type-II diabetes mellitus.

Analysis of a data is a process by which quantitative information is summarized organized, evaluated, interpreted and communicated in a meaningful way. The analysis and interpretation of data of the study are based upon the data collected among covid-19 survivors with type-II diabetes mellitus. The results were computed by descriptive and inferential statistics based on the objectives of the study.

OBJECTIVES OF THE STUDY

1. To assess the quality of life among covid-19 survivors with type-II diabetes.
2. To assess the socio demographic variables among covid-19 survivors with type-II diabetes.
3. To find the association between the quality of life and socio demographic variables among covid-19 survivors with type-II diabetes.

HYPOTHESIS

There is a significant association between quality of life and socio demographic variables among covid-19 survivors with type-II diabetes.

ORGANIZATION AND PRESENTATION OF THE DATA

The data gathered and was tabulated, analyzed and interpreted using both descriptive and inferential statistics. Based on the objectives the collected data was presented under the following headings.

SECTION A: Descriptive analysis of demographic variables

SECTION B: Association between the quality of life and socio demographic variable among covid-19 survivors with type-II diabetes mellitus.

SECTION-A

Descriptive analysis of demographic variables

TABLE1: Frequency and percentage distribution of demographic variables among covid-19 survivors with type-II diabetes mellitus. (N-100)

TABLE 1

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1	AGE IN YEARS a)20-30years b)30-40years c)40-50years d)50-60years	11 27 42 20	11% 27% 42% 20%
2	GENDER a)male b)female c)transgender	36 66 0	36% 66% 0%
3	MARIETAL STATUS a)married b)unmarried	75 25	75% 25%
4	EDUCATION a)primary level b)higher secondary c)diploma d)undergraduate e)others	43 25 9 18 5	43% 25% 9% 18% 5%
5	OCCUPATION a)private b)government c)others	46 6 48	46% 6% 48%

6	RELIGIOUS a)Hindu b)Christian c)Muslim	75 17 8	75% 17% 8%
7	LANGUAGE a)Tamil b)English	95 5	95% 5%
8	WEIGHT IN KILOGRAM a) less than 40 kilogram b) 40-60 kilogram c)More than 60 kilogram	13 59 28	13% 59% 28%
9	BLOOD GLUCOSE LEVEL a)80-100mg/dl b)100-120mg/dl c)120-140mg/dl d)140-160mg/dl	9 36 33 22	9% 36% 33% 22%
10	HbA1c a)positive b)negative	0 100	0% 100%

Table1:1 Below tabulation shows Frequency and percentage distribution of the age, gender, marital status of covid-19 survivors with diabetes mellitus by graph, pie chart, diagram etc.,..

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1	AGE IN YEARS		
	a)20-30years	11	11%
	b)30-40years	27	27%
	c)40-50years	42	42%
	d)50-60years	20	20%
2	GENDER		
	a)male	36	34%
	b)female	66	66%
	c)transgender	0	0%
3	MARITAL STATUS		
	a)married	75	75%
	b)unmarried	25	25%

TABLE1:1 Shows that demographic variables among covid-19 survivors with type II diabetes mellitus. Most of the people in age group of 40-50% has highest percentage (42%), More people are female percentage (66%), Most people are married is 75%.

FIGURE 1:2

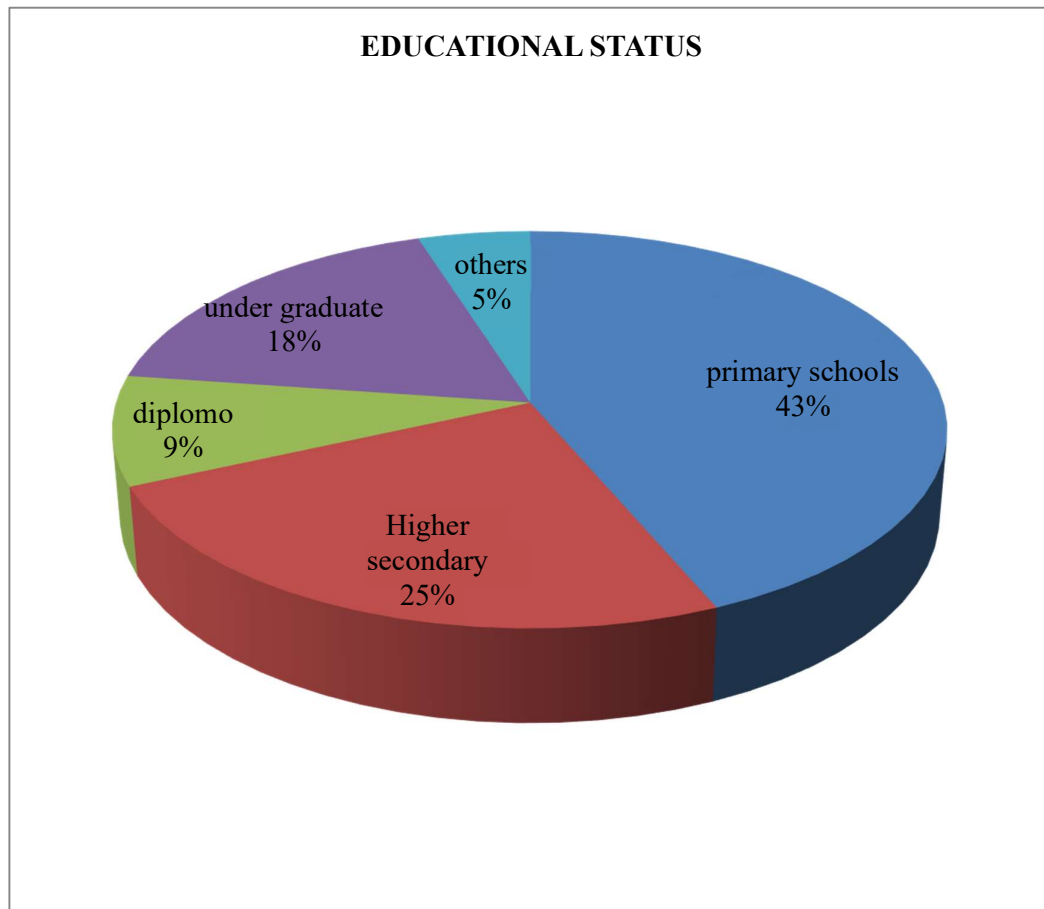


FIGURE1:2 This pie chart represents the educational level among covid-19 survivors with type II diabetes mellitus. Among these highest percentage is secured who has studied till primary schools (43%) and lowest is others (5%).

FIGURE 1:3

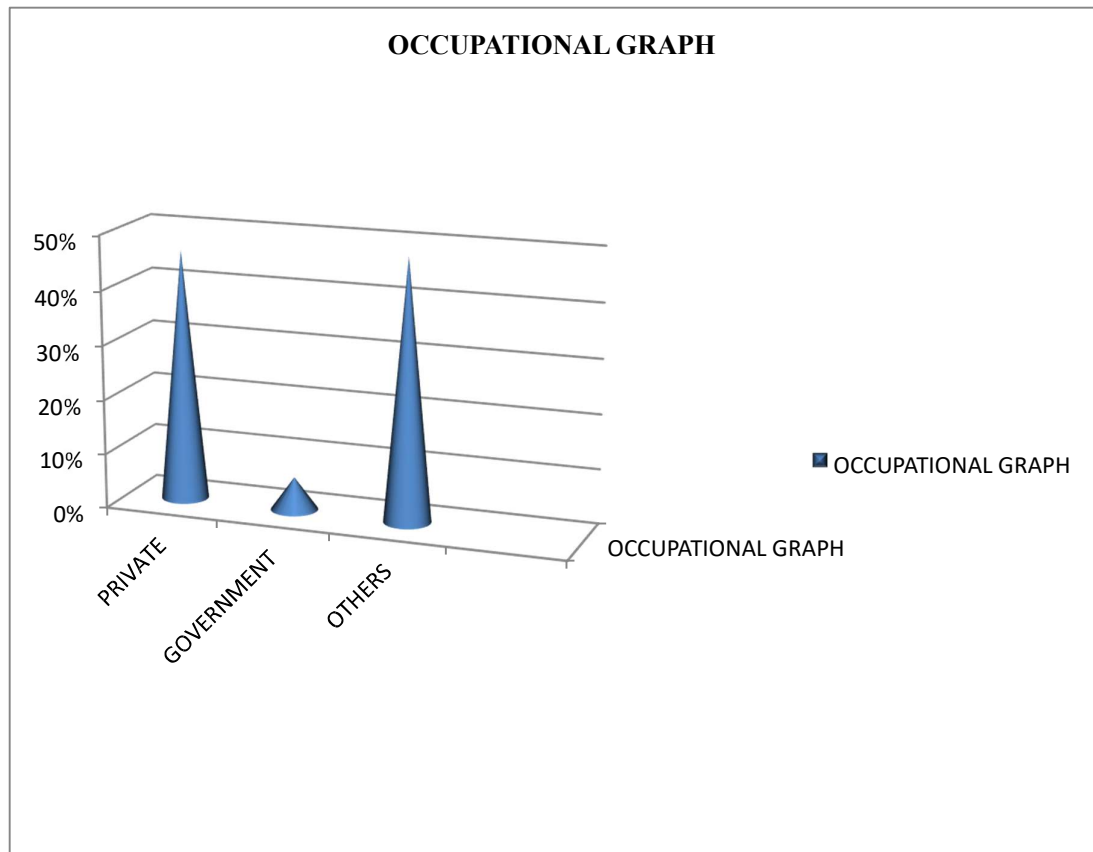


FIGURE1:3 Graph represents the occupational status among covid-19 survivors with type II diabetes mellitus .where private sector workers is 46%,government sector workers is 6% and others is 48%.Highest people are working under the other sectors(48%).

FIGURE 1:4

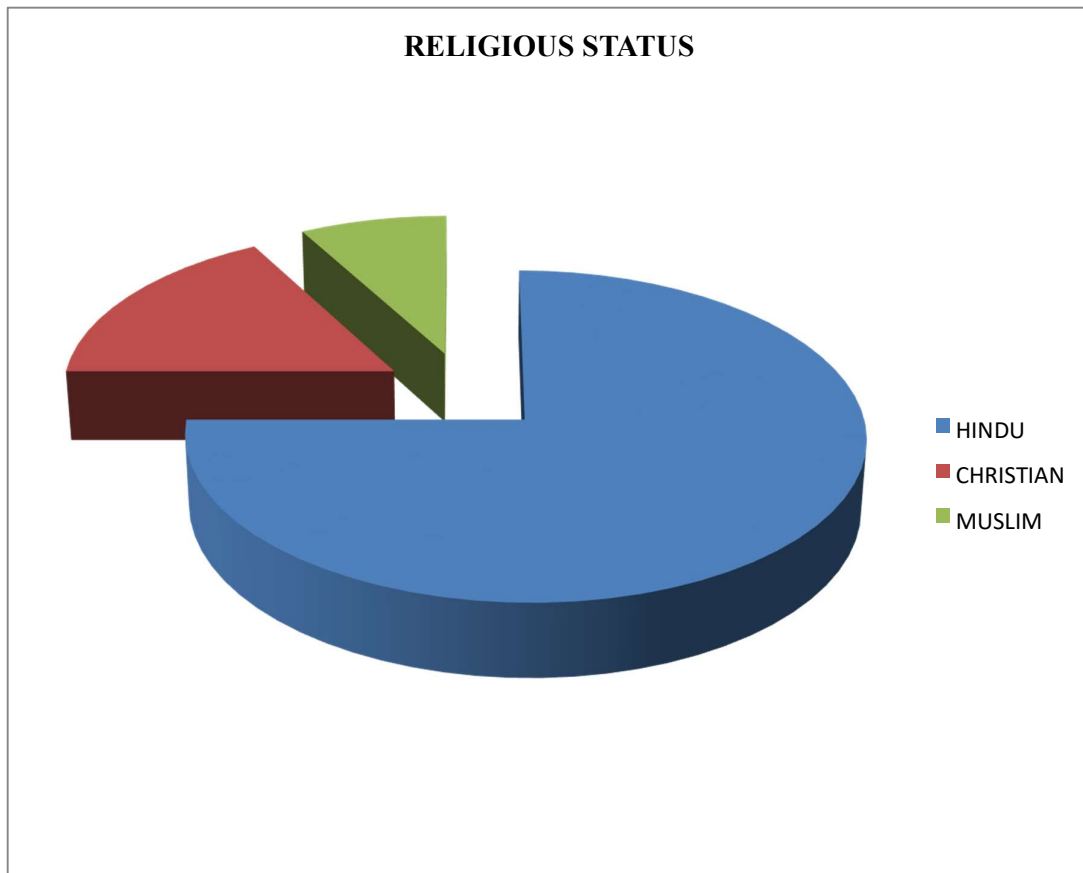


FIGURE1.3: This pie chart represents the religious status among covid-19 survivors with type II diabetes mellitus. Here Hindu people are the highest percentage (75%),Christian has (17%) of the people and Muslim is the lowest (8%).

TABLE1:5

TABLE1:5 Table explains the demographic variables of language and weight among the covid-19 survivors with type II diabetes mellitus.

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1	LANGUAGE		
	a)Tamil	95	95%
	b)English	5	5%
2	WEIGHT IN KILOGRAM		
	a) Less than 40 kilogram	13	13%
	b) 40-60 kilogram	59	59%
	c)More than 60 kilogram	28	28%

TABLE1:5 Above table shows the language and weight among covid-19 survivors with type II diabetes mellitus. Most of the people are familiar with Tamil language (95%) and most people between the kilograms of 40-60 kg of weight is (59%) is highest.

FIGURE 1:6

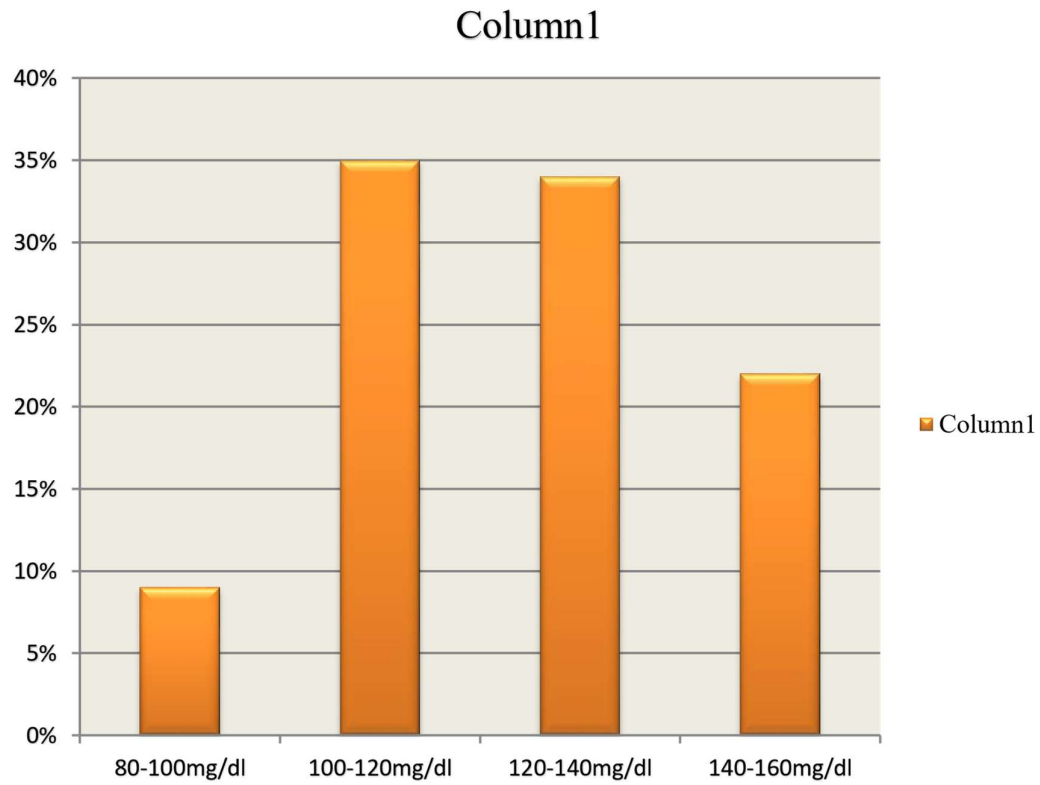


TABLE1:6 Above bar graph represents blood glucose level among covid-19 survivors with type II diabetes mellitus. Whereas highest 36% of the people having the blood glucose level of 100-120mg/dl and the lowest 9% of the people having 80-100mg/dl.

FIGURE 1:7

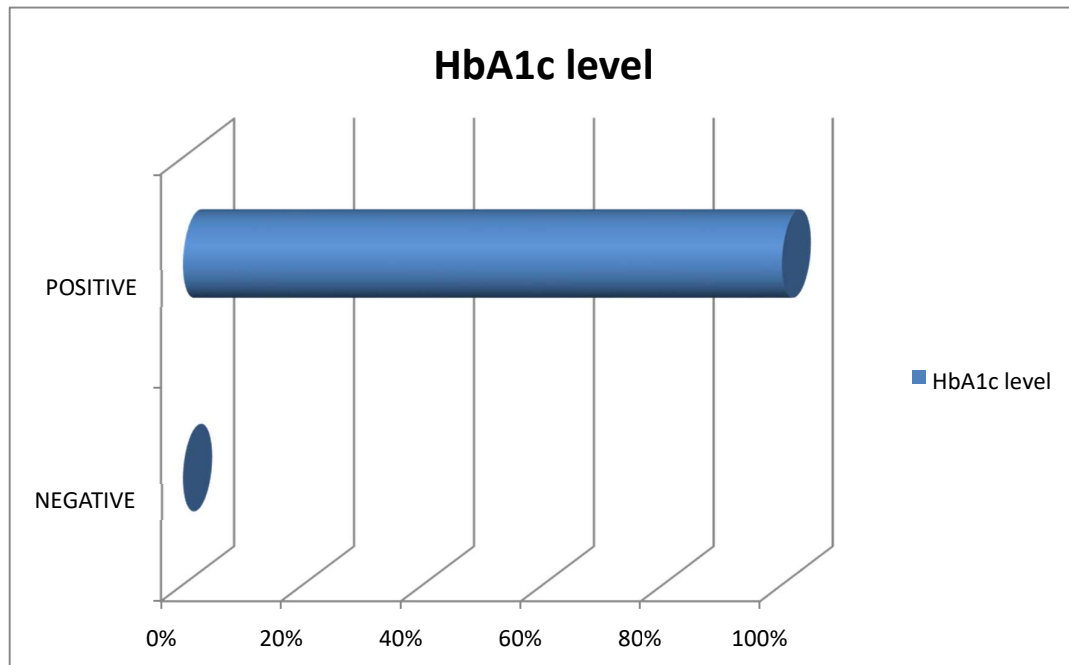


TABLE1:7 The bar graph shows level of HbA1c among the covid-19 survivors with type II diabetes mellitus. All the people have positive HbA1c the percentage is (100%).

SECTION-B

Association between the quality of life and socio demographic variable among covid-19 survivors with type-II diabetes mellitus.

TABLE 2 This table show significant and no significant association between quality of life and Socio demographic variables among covid-19 survivors with type-II diabetes mellitus.

TABLE 2

DEMOGRAPHIC VARIABLES	CATEGORY	NO.OF SAMPLES	NON E	MILD	MODERATE	HIGHLY	EXTREMELY	X2	P VALUE
AGE IN YEARS	a)20-30years	13	0	1	6	6	0	7.48	21.03
	b)30-40years	27	2	3	5	14	3		
	c)40-50years	39	1	4	13	19	2		
	d)50-60years	21	0	2	7	11	1		
GENDER	a)male	34	2	4	13	14	1	4.06	15.51
	b)female	66	1	6	18	36	5		
	c)transgender	0	0	0	0	0	0		

MARIETAL STATUS	a)married	75	3	9	27	31	5	9.35	9.49
	b)unmarried	25	0	1	4	19	1		

EDUCATION	a)primary level	44	0	4	17	21	2	26.47	5.29
	b)higher secondary	25	0	4	9	11	1		
	c)diploma	9	0	0	2	5	2		
	d)undergraduate	18	3	2	3	9	1		
	e)others	4	0	0	0	4	0		
OCCUPATION	a)private	74	3	8	25	33	5	6.398	15.51
	b)government	18	0	2	5	10	1		
	c)others	8	0	0	1	7	0		
RELIGIONS	a)hindu	48	0	7	14	23	4	9.68	15.51
	b)Christian	6	0	0	3	2	1		
	c)muslim	46	3	3	14	25	1		

LANGUAGE	a)tamil	95	5	47	30	10	3	2.71	9.49
	b)English	5	0	0	1	3	1		
WEIGHT IN KIL O GRAM	a)less than 40 kilogram	13	0	2	5	0	6		
	b)40-60 kilogram	58	2	7	21	24	4		
	c)more than 60 kilogram	29	1	1	5	20	2	8.712	15.51
BLOOD GLUCOSE LEVEL	a)80- 100mg/dl	9	0	1	5	3	0	10.62	21.03
	b)100- 120mg/dl	36	2	4	13	14	3		
	c)120- 140mg/dl	33	1	3	10	17	2		
	d)140- 160mg/dl	22	0	2	3	16	1		
HbA1c	a)positive	0	0	0	0	0	0	0	9.49
	b)negative	100	3	10	31	50	6		

TABLE 3

✓ This table show the there is no significant association between quality of life and Socio demographic variables. AgeX2(7.48), GenderX2(4.06), MarietalstatusX2(9.35),

EducationstatusX2(26.47), OccupationalX2(6.938), ReligiousX2(9.68), Language X2(2.71), Weight in kilogram X2(8.712),Blood glucose level X2(10.62) and HbA1c level(0).

- ✓ This table show the there is significant association between quality of life and Socio demographic variables EducationstatusX2 (26.47).

CHAPTER-V

DISCUSSION

This chapter discuss the findings of the study derived from statistical analysis and its objectives set for the study and related literature of the study.

Findings of the study are presented based on the objectives

- To assess the quality of life covid-19 survivors with type-II diabetes mellitus in selected hospital in Chennai.
- To assess the socio demographic variables among covid-19 survivors with type-II diabetes mellitus in selected hospital in Chennai.
- To find the association between quality of life and socio demographic variables among covid-19 survivors with type-II diabetes mellitus in selected hospital in Chennai.

Objective-1 Regarding demographic variables among covid-19 survivors with typeII diabetes mellitus

In assessing the demographic variables among covid-19 survivors with type-II diabetes mellitus with their demographic variables, In regarding to the age, (13%) are belongs to age group of 20-30 year, , (27%) are belongs to age group of 30-40 year, (39%) are belongs to age group of 40-50 year, , (21%) are belongs to age group of 50-60 year. In regarding to the gender, (66%) are belongs to male, (44%) are belongs to female and (0%) are belongs to transgender. In regarding to the marital status, (75%) are got married and (25%) are unmarried. In regarding to the educational level, (44%) are completed primary level, (25%) are completed higher secondary level ,(9%) are completed diploma ,(18%)

are completed undergraduate,(4%) are belongs to others. In regarding to the occupation, (74%) are working under private sector, (18%) are working under government sector and (8%) are working under other sectors. In regarding to the religious,(48%) are belongs to Hindu ,(6%) are belongs to Christian and (46%) are belongs to Muslim. In regarding to the language spoken, (95%) are spoken Tamil and, (5%) are spoken English. In regarding to the weight of the patient, (13%) are less than 40 kilogram, (58%) are between 40-60 kilogram and (29%) are more than 60 kilogram. In regarding to the level of HbA1c, (100%) are belongs to positive and (0%) belongs to negative

Objective-2 Regarding quality of life among covid-19 survivors with type-II diabetes mellitus:

In assessing the quality of life among covid-19 survivors with type-II diabetes mellitus, 31% of the survivors are having none quality of life, 10% of the survivors are having mild quality of life, 31% of the survivors are having moderate quality of life, 50% of the survivors are having high quality of life, 6% of the survivors are having extreme quality of life during covid-19 with type-II diabetes mellitus.

The major finding of the study was discussed under the objectives.

Objectives 1

In assessing the demographic variables among covid-19 survivors with type-II diabetes mellitus.

- This shows that there is no significant association between quality of life among covid-19 survivors with type-II diabetes mellitus with selected demographic variables.
- ❖ Age [$\chi^2=7.48$], gender [$\chi^2=4.06$], marital status [$\chi^2=9.35$], educational status [$\chi^2=26.47$], occupation [$\chi^2=6.398$], religious [$\chi^2=9.68$], language [$\chi^2=2.71$], weight in kilogram [$\chi^2=8.712$] , blood glucose level [$\chi^2=10.62$] and HbA1c [$\chi^2=0$].

- This shows that there is significant association between quality of life among covid-19 survivors with type-II diabetes mellitus with selected demographic variables.

❖ Educational status [$\chi^2=26.47$]

Objectives 2

In assessing the quality of life among covid-19 survivors with type-II diabetes mellitus

- 3% of the survivors have none quality of life.
- 10% of the survivors have mild quality of life.
- 31% of the survivors have moderate quality of life.
- 50% of the survivors have high quality of life.
- 6% of the survivors have extreme quality of life.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATION

SUMMARY OF THE STUDY

The primary aim of the study is to assess the quality of life among covid-19 survivors with type II diabetes mellitus.

THE CURRENT STUDY WAS AIMED TO ACHEIVE FOLLOWING OBJECTIVES

- To assess the quality of life among covid-19 survivors with type-II diabetes mellitus.
- To assess the socio demographic variables among covid-19 survivors with type-II diabetes mellitus.
- To find the association between the quality of life and socio demographic variables among covid-19 survivors with type-2 diabetes mellitus.

THE CURRENT STUDY TO EXAMINE THE FOLLOWING HYPOTHESIS

- There is a significant association between quality of life and socio demographic variables among covid-19 survivors with type-II diabetes mellitus.

REVIEW OF LITERATURE

- Researcher reviewed the related studies and helped the investigator to collect the appropriate information and relevant information to support the study, design the

methodology, conceptual framework and developmental of the tool and also helped to plan the analysis of data.

THE STUDY DESIGN

- It is a Non experimental descriptive design was adopted among the covid-19 survivors with type-II diabetes mellitus patients regarding the quality of life among people. The sample size consists of 100 samples among covid-19 survivors with type-II diabetes mellitus.

TOOLS

QUALITY OF LIFE WITH DEMOGRAPHIC VARIABLES: The main study was conducted in the month of April in selected Primary health centre hospital in Chennai district, Tamil Nadu. where 100 Samples were selected by using purposive sampling technique. Collected information of demographic variables of covid-19 survivors with type-II diabetes patients and assess the quality of life among covid-19 survivors with typeII diabetes mellitus.

The data is collected on the above sections were analysed using descriptive and inferential statistics and further interpreted in terms of the objectives formulated for the studies.

The finding revealed that the level of quality of life among covid-19 survivors with type-II diabetes mellitus as statistically is not significant of the desired variables.

MAJOR FINDING OF THE STUDY

In assessing level of the demographic variables among covid-19 survivors with type-II diabetes mellitus. According to the age, (13%) are belongs to age group of 20-30 year ,

(27%) are belongs to age group of 30-40 year, (39%) are belongs to age group of 40-50 year, , (21%) are belongs to age group of 50-60 year. gender, (66%) are belongs to male, (44%) are belongs to female and (0%) are belongs to transgender. Marital status, (75%) are got married and (25%) are unmarried. Educational level, (44%) are completed primary level, (25%) are completed higher secondary level,(9%) are completed diploma ,(18%) are completed undergraduate,(4%) are belongs to others. Occupation, (74%) are working under private sector, (18%) are working under government sector and (8%) are working under other sectors. religious,(48%) are belongs to Hindu ,(6%) are belongs to Christian and (46%) are belongs to Muslim. language spoken, (95%) are spoken Tamil and, (5%) are spoken English. In regarding to the weight of the patient, (13%) are less than 40 kilogram, (58%) are between 40-60 kilogram and (29%) are more than 60 kilogram. level of HbA1c, (100%) are belongs to positive and (0%) belongs to negative.

In assessing the quality of life among covid-19 survivors with type-II diabetes mellitus, 31% of the survivors are having none quality of life, 10% of the survivors are having mild quality of life, 31% of the survivors are having moderate quality of life, 50% of the survivors are having high quality of life, 6% of the survivors are having extreme quality of life during covid-19 with type-II diabetes mellitus.

Thus the student researcher found the level of quality of life and demographic variables that was experienced by covid-19 survivors with type-II diabetes mellitus. Further recommendation has been stated expecting for the improved study with wider generation.

NURSING IMPLICATION AND RECOMMENDATIONS

THE FINDING OF STUDY HAVE IMPLICATIONS IN THE FOLLOWING AREAS

1. Implication of nursing practices
2. Implication of nursing education
3. Implication of nursing administration
4. Implication of nursing research

NURSING PRACTICE

Nurses working under hospitals have a vital role in assessing the quality of life among covid-19 survivor with type-II diabetes mellitus.

Nurses able to estimate and reveal the patients values, beliefs and preferences in relation to care outcome while assessing the covid-19 survivors with type-II diabetes mellitus .

NURSING EDUCATION

The strategies in the nursing education can able to improve the quality of life among covid-19 survivors with type-II diabetes mellitus. Experience of the student in the nursing education can help the students to provide health education on the basis of improving the quality of life. Student can also acknowledge by improving their knowledge in quality of life among covid-19 survivors with type-II diabetes mellitus. Increase the health behaviour of covid-19 survivors with type-II diabetes mellitus to improve their lifestyle.

NURSING ADMINISTRATION

The nursing administer has the responsibility and rights to increase the knowledge of nurses and other health care team members .This helps the nurses to encourage the covid-19 survivors with type-II diabetes mellitus in all aspects to improve their lifestyle and healthy habits. By these ways nurses can make them aware by latest research findings. And then implement program based on new data in day to day practice.

NURSING RESEARCH

- The essence of researcher is build-up of knowledge in nursing as an evolving profession more and more study can be done to assess the quality of life among covid-19 survivors with type-II diabetes mellitus in hospital setting and effects of structured teaching program can be assessed by researcher..

- The findings can be generalized with large sample and used to increase body of knowledge in nursing. The research finding should be utilized in practice and the result can be calculated.

LIMITATIONS

- This study size is limited to type-II diabetes mellitus patients.
- Patients diagnosed to have type-II diabetes mellitus.
- Patients of both sex aged.

RECOMMENDATIONS

Based on the finding of the study, the following recommendations are taken forward for the further research.

- A similar study can be undertaken with the large sample to generalize finding.
- The similar study can be conducted in the different setup like hospitals and suburban areas.
- The experimental study can be conducted with different teaching method to know the level social support and self-care behaviour.
- The similar study can be conducted to using true experimental research design.
- The study can be undertaken to determine the knowledge as well as effects of level of social support and self-care behaviour.
- The study on identifying the cause of ineffective self-care behaviour can be conducted.

CONCLUSION

- On the basis of conducted research it can be concluded the assessment of quality of life among covid-19 survivors with type-II diabetes mellitus as an importance in determination of early detection and treatment.

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APPENDIX

-1 LETTER SEEKING PERMISSION TO CONDUCT THE RESEARCH PROJECT

From

Ms. Deepika S

III-year B.Sc. Nursing,

Sathyabama College of Nursing,

Chennai-600119.

To

Ms. Nancy Pricilla G

Senior Tutor,

Sathyabama College of Nursing,

Chennai-600119

Respected Sir / Madam,

I am **Ms. Deepika S** III-year B.Sc. Nursing students, studying in Sathyabama College of Nursing, Jeppiar Nagar, Chennai. As a part of the requirement in B.Sc. Nursing Programme as per Sathyabama University specification, we have to complete a research project. The topic I have selected is **“To assess the quality of life among covid-19 survivors with type-II diabetes mellitus”**. I am interested in conducting the study in your esteemed institution.

The period of data collection is one month. I assure you that my study will not interfere with the routine functioning of the institution.

Thanking you,

Date:

Yours faithfully

APPENDIX -

Place: Chennai

(DEEPIKA S)

II

CONTENT VALIDITY CERTIFICATE

I hereby certify that we have validated the tool of Ms. DEEPIKA S, Third Year B.sc nursing student who is undertaking, **“To assess the quality of life among covid-19 survivors with type-II diabetes mellitus”**.

SIGNATURE AND SEAL OF THE EXPERT

Name:

Designation:

APPENDIX -

III

**SATHYABAMA COLLEGE OF NURSING
CERTIFICATE FOR ETHICAL CLEARANCE**

APPENDIX -



Accredited "A" Grade by NAAC | 12B Status by UGC | Approved by AICTE
www.sathyabama.ac.in

EC/NEW/INST/2020/1397

10th February 2023

INSTITUTIONAL HUMAN ETHICAL COMMITTEE

A **physical mode** of meeting for the Sathyabama Institutional Review Board/ Institutional Biosafety & Ethical Committee will be scheduled on 01/03/2023 (Wednesday) from 10 am onwards.

Kindly send your Research Project Proposals on or before 25th February, 2023 through email (given below). The proposal should be submitted with a filled application form along with the respective Scientific Research Committee (SRC) Approval letter and other necessary documents given in the checklist. The investigator is requested to explain in a gist of the Research project (5 minutes presentation), during the meeting.

Thank you.

Last date to submit the proposal: 25th February, 2023

Please send your Proposals and queries to: rcacsist@sathyabama.ac.in

Venue: Vice Chancellor's Office, First floor, Centre for Advanced Studies

Time: 10.00 am

Regards

Dr. Y. Swarnalatha
Secretary & Convener
IBEC, Sathyabama

Dr. T. Sasipraba
Co Chair Person
IBEC, Sathyabama

-

APPENDIX IV

Respected Sir / Madam,

I am **Ms. Deepika S**, I am doing my Third year B.Sc., (N) in Sathyabama College of Nursing. I am conducting a Research on “**A Study to assess the quality of life among Covid-19 survivors with type-II Diabetes mellitus at a selected hospital in Chennai.** I am request your cooperation to complete my research. I assure you that you won’t get any harm due to this intervention.

I am **Ms. Deepika** I explained about the quality of life among Covid-19 survivors with type-II diabetes mellitus at selected hospital in Chennai. I explained the quality of life among Covid-19 survivors with type-II diabetes mellitus .I agree this intervention project whole heartedly.

Thank you

Date:

Your faithfully

Time:

(DEEPIKA S)

APPENDIX – V

SECTION A

DEMOGRAPHIC VARIABLES AMONG COVID-19 SURVIVORS WITH TYPEII DIABETES MELLITUS

- Name: _____

● Mail id: _____

● Mobile number _____

1. Age in years

- a) 20-30years
- b) 30-40years
- c) 40-50years
- d) 50-60years

2. Gender

- a) Male
- b) Female
- c) Transgender

3. Marital status

- a) Married
- b) Unmarried
- c) Transgender

4. Educational status

- a) Primary level
- b) Higher secondary
- c) Diploma
- d) Undergraduate

5. Occupation

- a) Private
- b) Government
- c) Others

6. Religious

- a) Hindu
- b) Christian
- c) Muslim

7. Language

- a) Tamil
- b) English

8. Weight in kilogram

- a) Less than 40 kilogram
- b) 40-60 kilogram
- c) More than 60 kilogram

9. Blood glucose level

- a) 80-100mg/ dl
- b) 100-120mg/ dl
- c) 120-140mg/dl
- d) 140-160mg/ dl

10. HbA1c level

- a) Positive
- b) Negative

SECTION - B

Quality of life and among covid-19 survivors with type-II diabetes mellitus

1. How would you rate your quality of life among covid-19 survivors with type-II diabetes?

0) Inadequate

1) Mild

2) Moderate

3) Highly

4) Extremely

2. Are you satisfied with your health?

0) Inadequate

1) Mild

2) Moderate

3) Highly

4) Extremely

3. Did you get more complication due to type-II diabetes?

0) Inadequate

1) Mild

2) Moderate

3) Highly

4) Extremely

4. Did the medical treatment helps you to improve your health?
- 0) Inadequate
 - 1) Mild
 - 2) Moderate
 - 3) Highly
 - 4) Extremely
5. Have you went through foot care every day?
- 0) Inadequate
 - 1) Mild
 - 2) Moderate
 - 3) Highly
 - 4) Extremely
6. How often do you get shortness of breath?
- 0) Inadequate
 - 1) Mild
 - 2) Moderate
 - 3) Highly
 - 4) Extremely
7. Are you get panic during pandemic?
- 0) Inadequate
 - 1) Mild
 - 2) Moderate

- 3) Highly
- 4) Extremely

8. How well are you able to concentrate?

- 0) Inadequate
- 1) Mild
- 2) Moderate
- 3) Highly
- 4) Extremely

9. Did you feel healthy in your physical environment?

- 0) Inadequate
- 1) Mild
- 2) Moderate
- 3) Highly
- 4) Extremely

10. Do you frequently pass the urination in a day?

- 0) Inadequate
- 1) Mild
- 2) Moderate
- 3) Highly
- 4) Extremely

11. Did you satisfied with your bodily appearance?

0) Inadequate

1) Mild

2) Moderate

3) Highly

4) Extremely

12. Is enough money is there to meet your daily needs?

0) Inadequate

1) Mild

2) Moderate

3) Highly

4) Extremely

13. Have you learned the information about the health condition?

0) Inadequate

1) Mild

2) Moderate

3) Highly

4) Extremely

0) Inadequate

1) Mild

2) Moderate

- 3) Highly
- 4) Extremely

14. What extent your activities are decreased by the health condition?

15. How come are you satisfied with your sleep?

- 0) Inadequate
- 1) Mild
- 2) Moderate
- 3) Highly
- 4) Extremely

16. Is the diet pattern is satisfied you during explosion of covid-19?

- 0) Inadequate
- 1) Mild
- 2) Moderate
- 3) Highly
- 4) Extremely

17. Did the blood glucose level decreased after taking medicines?

- 0) Inadequate
- 1) Mild
- 2) Moderate
- 4) Extremely

3) Highly

18. Have you experienced stressful in your day to day shift?

0) Inadequate

1) Mild

2) Moderate

3) Highly

4) Extremely

19. Are you able to express your internal feelings to others?

0) Inadequate

1) Mild

2) Moderate

3) Highly

4) Extremely

20. Did your isolation Increases your emotional level?

0) Inadequate

1) Mild

2) Moderate

3) Highly

4) Extremely

0) Inadequate

1) Mild

2) Moderate

- 3) Highly
- 4) Extremely

21. How did your social life affected your health?

22. Do you have habits like alcohol or smoking?

- 0) Inadequate
- 1) Mild
- 2) Moderate
- 3) Highly
- 4) Extremely

23. Do you feel ignored by others in your could time?

- 0) Inadequate
- 1) Mild
- 2) Moderate
- 3) Highly
- 4) Extremely

24. How you followed the social distancing with others?

- 0) Inadequate
- 1) Mild
- 2) Moderate
- 4) Extremely

25. Did your medication are expensive to treat the type-II diabetes?

0) Inadequate

1) Mild

2) Moderate

3) Highly

4) Extremely

26. How much do you followed the preventive measures during pandemic?

0) Inadequate

1) Mild

2) Moderate

3) Highly

4) Extremely

SECTION A

1. வயது வரம்பு

அ) 20-30 ஆண் டுகள்

ஆ) 30-40 ஆண் டுகள்

இ) 40-50 ஆண் டுகள்

ஈ) 50-60 ஆண் டுகள்

2. பாலினம்

அ)ஆண்

ஆ)பபண்

3. திருமண நிலை

அ) திருமணமானவர்

ஆ) திருமணமாகாதவர்

4. கைவி

அ) முதன்லம நிலை

ஆ) உயரந் ிலை

இ) டிப்ளமமா

ஈ) இளங்கலை

ஈ) இளங்கலை

5. பதாழிண்

அ) தனியார்

ஆ) அரசு

இ) மற்றலவ

6. மதம்

அ) இந்து

ஆ) கிறிஸ் தவர்

இ) முஸ் லிம்

7. பமாழி

அ) தமிழ்

ஆ) ஆங்கிண்ம்

8. கிமைகிராமிண் எலை

அ) 40 கிமைகிராமிண் எலை

ஆ) 40-60 கிமைகிராமிண் எலை

இ) 60 கிமைகிராமிண் எலை வலர

9. ரத்தத்தின் சரக் ஂகலர அளவு

அ) 80-100 மிகி /டெலி

ஆ) 100-120 மிகி /டெலி

இ) 120-140 மிகி /டெலி

ஈ) 140-160 மிகி /டெலி

10. HbA1c

அ) மநரம்லற ஆ) எதிரம்லற

SECTION B

1. பகாமரானா வலக நீரிழிவு மநாயுண் உங்கள் வாழ்க்கைத் தரத்தத எவ்வாறு மதிப்பிடுவீரக் ள்?
0) இல்லை
1) பகாஞ்சம்
2) மிதமான அளவு
3) மிகவும்
4) மிகவும் அதிகம்
2. பகாமரானா பபாது உங்கள் நீரிழிவு மநாயினாண் அதிகபச் விலளவுகள் இருந்ததா?
0) இல்லை
1) பகாஞ்சம்
2) மிதமான அளவு
3) மிகவும்
4) மிகவும் அதிகம்
3. வலக -2 நீரிழிவு மநாயிண் உங்களுக்கு அதிக சிக்கை இருந்ததா மகாவிடின் மபாது? 0) இல்லை
1) பகாஞ்சம்
2) மிதமான அளவு
3) மிகவும்
4) மிகவும் அதிகம்

4. மருத்துவ சிகிச்சல் உங்கள் ஆமராக்கியதலத மமம்படுத்த உதவியதா?

0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

5. நீங்கள் தினமும் காண் பராமரிப்புக்கு பசன்றீரக் ளா?

0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

6. உங்களுக்கு எத்தலன முலற மூசுத் திணறை ஏற்பைது?

0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

7. பகாமரானா பதாற்றுமநாய் பரவலின் மபாது பதைம்

ஏற்பைதா? 0) இல்லை

1) பகாஞ்சம்

- 2) மிதமான அளவு
- 3) மிகவும்
- 4) மிகவும் அதிகம்
8. பகாமரானாவின் மபாது உங்களாண் எவ்வளவு நன்றாக கவனம் பசலுத்த முடிந்தது?
- 0) இல்லை
- 1) பகாஞ்சம்
- 2) மிதமான அளவு
- 3) மிகவும்
- 4) மிகவும் அதிகம்
9. பகாமரானாவின் மபாது உங்கள் உண் குழலிண் நீங்கள் ஆமராக்கியமாக உணரந் தீரக் ளா?
- 0) இல்லை
- 1) பகாஞ்சம்
- 2) மிதமான அளவு
- 3) மிகவும்
- 4) மிகவும் அதிகம்
10. நீங்கள் ஒரு நாளிண் எத்தலன முலற சிறுநீர் கழித்தீரக் ள்?
- 0) இல்லை
- 1) பகாஞ்சம்
- 2) மிதமான அளவு
- 3) மிகவும்

4) மிகவும் அதிகம்

11. உங்கள் உடை மதாற்றதலத ஏற்றுபகாள்ள முடிந்ததா ?

0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

12. உங்கள் அன்றாடம் மதலவகலள பூரத் தி பசய்ய மபாதுமான

பணம் இருந்ததா? 0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

13. உடைநிலை பற்றிய தகவைகலள அறிந்து பகாண் டரக் ளா?

0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

14. உடைநிலை பசய்பாடுகள் எந்த அளவிற்கு தற்மபாது
குலறந்துவிண்ன?

0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

15. உங்கள் தூக்கத்தினை நீங்கள் எப்படி திருப்தி அடைந்தீர்கள்?

0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

16. பகாமரானாவின் பவடிப்பின் மபாது உணவு முலற உங்களுக்கு திருப்தியாக இருந்ததா?

0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

17. மருந்து உபகாண் பிறகு இரத்த குளுக்கமகாஸ் அளவு குலறந்ததா? 0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

18. உங்கள் தினசரி வாழ்க்கை மாற்றத்தினை நீங்கள் மன அழுத்தத்தால் அனுபவித்திருக்கிறீர்களா?

0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

19. உங்கள் உள் உணர்வுகளை மற்றவர்களுக்கு பவளிப்படுத்த முடிந்ததா? 0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

20. உங்கள் தனிலம் உங்கள் உணர்ச்சியை அதிகரித்ததா?

0) இல்லை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

21. பகாமரானா உங்கள் சமூக வாழ்க்கையும் உங்கள் ஆமராக்கியத்தையும் எவ்வாறு பாதித்தது?

- 0) இல்லை
- 1) பகாஞ்சம்
- 2) மிதமான அளவு
- 3) மிகவும்
- 4) மிகவும் அதிகம்

22. உங்களுக்கு மது, புலக பிடிக்கும் பழக்கம் உள்ளதா?

- 0) இல்லை
- 1) பகாஞ்சம்
- 2) மிதமான அளவு
- 3) மிகவும்
- 4) மிகவும் அதிகம்

23. உங்கள் பகாமரானாவின் மநரத்திண் மற்றவர்க ளாண் புறக்கணிக்கப்பைத்தாக உணரகிறீர்க ளா?

- 0) இல்லை
- 1) பகாஞ்சம்
- 2) மிதமான அளவு
- 3) மிகவும்
- 4) மிகவும் அதிகம்

24. மற்றவர்க ளாண் சமூக இலைபவளிலய நீங்கள் எவ்வாறு

பின் பற்றினீரக் ள்?

0) இலை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

25. வலக -2 நீரிழிவு மநாய்க்கு சிகிச்சையளிக்க உங்கள் மருந்து
வினை உயரந் துதிருந்ததா?

0) இலை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

26. பதாற்றுமநாய்களின் மபாது நீங்கள் எவ்வளவு தடுப்பு
நைவடிக்ககலளப் பின் பற்றினீரக் ள்?

0) இலை

1) பகாஞ்சம்

2) மிதமான அளவு

3) மிகவும்

4) மிகவும் அதிகம்

ANNEXURE – C
LESSON PLAN ON
COVID-19 SURVIVORS WITH TYPE-II DIABETES MELLITUS

NAME OF THE TOPIC	:	COVID-19 SURVIVORS WITH TYPE-II DIABETES MELLITUS
DURATION	:	30 MINUTES
SETTING	:	PRIMARY HEALTH CENTRE, KANNAGI NAGAR
PARTICIPANTS	:	COVID-19 SURVIVORS WITH TYPE-II DIABETES MELLITUS
LANGUAGE	:	ENGLISH AND TAMIL
NAME OF TEACHER	:	MS. DEEPIKA S
METHOD OF TEACHING :		STRUCTURED TEACHING PROGRAMME
AUDIO VISUAL AIDS	:	FLASHCARDS, CHARTS, PPT, ROLER BOARD AND LEAF LET

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER ACTIVITY	LEARNER ACTIVITY	AV AIDS	EVALUATION
1	5minutes	Introduction about the covid-19 survivors with type-II diabetes mellitus	Introduction to covid-19 survivors with type-II diabetes mellitus Diabetes represents one of the most prevalent chronic conditions worldwide and significantly increases the risk of hospitalization and death in COVID-19 patients. In general, people with diabetes mellitus are at higher risk of developing complications because of infection, particularly viral one. The differences in response are likely the result of the degree of viral load, host immune response, age of the patient, and presence of comorbidities.				

2	10 minutes	Definition of covid-19 and type-II diabetes mellitus	Definition of covid-19 and type-II diabetes mellitus. Covid-19: Corona virus disease is an infectious disease caused by the SAR-COV-2virus. Most people infected with the virus will experience mild – moderate respiratory illness and recover without requiring special treatment. TYPE-II DIABETES MELLITUS Type-II diabetes mellitus is considered as risk factor for a poor prognosis. It is chronic condition that affects the way the body processes blood sugar in which the body cannot produce enough insulin.	Teaching	Listening	PPT	Define the covid-19 and type-II diabetes mellitus
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3	5minutes	List out the signs and symptoms covid-19 survivors with type-II diabetes mellitus	Signs and symptoms of covid-19 survivors with typeII diabetes mellitus. Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches Headache, urinating more often than usual, particularly at night. feeling very thirsty. feeling very tired. unexplained weight loss	Teaching	Listening	Chart	List out any 4 signs and symptoms covid-19 survivors with type-II diabetes mellitus
4	5minutes	List out the complication of covid-19 survivors with type-II diabetes mellitus	Complications of covid-19 survivors with type-II diabetes mellitus Hypertension Cardiovascular disease Chronic kidney disease Obesity Pro inflammatory state Hyper-coagulatory state	Teaching	Listening	Leaflet	Enlist any 4 complication of covid-19 survivors with type-II diabetes mellitus

5	10minutes	Explain the treatment of covid-19 survivors with type-II diabetes mellitus	Treatment of covid-19 survivors with type-II diabetes mellitus Healthy diet Personal hygiene Regular exercise Weight loss Type-II diabetes medication Insulin therapy Antiviral drugs to kill virus Anti -Inflammatory drugs to calm immune response	Teaching	Listening	Flashcard	Explain the treatment of covid-19 survivors with type-II diabetes mellitus
---	-----------	--	---	----------	-----------	-----------	--

SUMMARY

- People with diabetes are more likely to have serious complications from COVID-19. In general, people with diabetes are more likely to have more severe symptoms and complications when infected with any virus. Your risk of getting very sick from COVID-19 is likely to be lower if your diabetes is well-managed.

CONCLUSION

- In a study of COVID-19 patients with type 2 diabetes, diabetes led to a higher all-cause mortality. People with diabetes are more likely to have serious complications from COVID-19. In general, people with diabetes are more likely to have more severe symptoms and complications when infected with any virus. Self-management support, diabetes education and psychological support were rated by diabetes nurse respondents as having declined extremely or quite severely during the COVID-19 pandemic

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ANNEXURE – D

PHOTOGRAPH TAKEN DURING STRUCTURED TEACHING PROGRAMME



STRUCTURED TEACHING PROGRAMME IN CONDUCTED AT
PRIMARY HEALTH CENTRE



STRUCTURED TEACHING PROGRAMME IS GIVEN



**TEST IS CONDUCTED AMONG COVID-19 SURVIVORS WITH TYPE-II
DIABETES MELLITUS**

**ASSESSMENT OF PERCEIVED STRESS AND ITS EFFECT ON
WORK-LIFE BALANCE AMONG FULL TIME WORKING
MOTHERS OF UNDER FIVE CHILDREN IN SELECTED
SOFTWARE COMPANIES IN CHENNAI**



**A PROJECTWORK SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE AND
TECHNOLOGY CHENNAI -600119.**

**IN PARTIAL FULFILMENT OF DEGREE
OF BACHELOR OF SCIENCE IN NURSING**

2020-2024



**ASSESSMENT OF PERCEIVED STRESS AND ITS EFFECT
ON WORK-LIFE BALANCE AMONG FULL TIME WORKING
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By

Ms. JOHANNA PAUL.S

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Ms. KARTHIKA V

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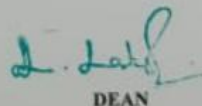
SATHYABAMA COLLEGE OF NURSING
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO UNIVERSITY), CHENNAI

SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
BACHELOR OF SCIENCE IN NURSING
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO UNIVERSITY), CHENNAI

2020-2024



RESEARCH GUIDE



DEAN

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BONAFIDE CERTIFICATE

This is a bonafide work done by **Ms. Johanna Paul. S, Ms. Keerthana K, Ms. Karthika V, Ms. Lincy Renisha. M, and Mr. Abhishek Kumar B.Sc. (N) III Year** students from Sathyabama College of Nursing, Sathyabama Institute of Science and Technology, Chennai, submitted in partial fulfillment for the Degree of Bachelor of Science in Nursing under the Sathyabama Institute of Science and Technology (Deemed to be University) , Chennai.

College Seal



Signature of the dean

A handwritten signature in green ink, appearing to be "J. Sathya".

DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

ENDORESEMENT BY THE RESEARCH GUIDE

This is to certify that the project work entitled "Assessment of perceived stress and its effect on work-life balance among full time working mothers of under five children in selected software companies in Chennai " is a bonafide research work done by Johanna Paul.S, Keerthana.K, Lincy Renisha.M, Karthika.V and Abhishek Kumar of Sathyabama College of Nursing, submitted for the partial requirement of Degree Bachelor of Science in Nursing.



SEAL AND SIGNATURE OF THE RESEARCH GUIDE

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ABSTRACT

Assessment of perceived stress and its effect on work-life balance among full time working mothers of under five children in selected software companies in Chennai, was undertaken by Johanna Paul.S,Karthika.V,Keerthana.K,Lincy Renish.M and Abhishek Kumar during the Academic year, 2022-2023 in partial fulfilment of their requirement for the degree of Bachelor of Science in nursing at Sathyabama College of Nursing. **Objectives:** To assess the level of perceived stress among full time working mothers of under five children in selected software companies in Chennai, To assess the level of work-life balance among full time working mothers of under five children in selected software companies in Chennai, To find out the association level of perceived stress among full time working mothers of under five children in selected software companies in Chennai, To find out the association level of work-life balance among full time working mothers of under five children in selected software companies in Chennai, To assess the socio-demographic variables of the full time working mothers of under five children in selected software companies in Chennai. To create awareness among the full time working mothers of under five children in selected software companies in Chennai. **Conceptual framework:** The study framework was based on practice health promotion model (1987) to find the level of perceived stress and work life balance among full time working mothers of under five children in selected software companies in Chennai. **Approach:** Quantitative approach was adopted. **Design:** Descriptive Design was adopted. **Setting:** Working mothers of under five children in selected software companies in Chennai.. **Sample size:** The sample size was 100 samples of working mothers of under five children in selected software companies in Chennai. **Sampling technique:** The probability random

sampling technique was used. **Methods of data collection procedure:** Interview method using a structured questionnaire. **Results:** The result showed that 37% Of samples had low stress, 57% of samples had moderate stress, 6% of samples had high perceived stress and 0% of samples were well balanced, 73% of samples were moderately balanced and 27% of samples were difficult to balance. **Conclusion:** The present study to assess the level of perceived stress and work life balance among full time working mothers of under five children in selected software companies in Chennai. Thus, the investigation was done to assess the overall level of perceived stress and work life balance of each sample and appropriate measures were taken to ensure that the nurses receive adequate information and education regarding stress adaptive behavior.

CHAPTER	TITLE	PAGE NO
I	INTRODUCTION AND NEED FOR THE STUDY	
	Statement of the problem	
	Objectives of the study	
	Hypothesis	
	Operational Definition	
	Assumption	
	Limitation	
	Projected Outcome	
	Conceptual Framework	
II	REVIEW OF LITERATURE	
III	RESEARCH METHODOLOGY	
	Research approach	
	Research design	
	Setting of the study	
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CHAPTER-1

INTRODUCTIONS

“Works end at sun set working mothers work is never done”

Stress has become one of the most widely used words today by the people usually people use it when stuck in traffic work stress having problem with a co-worker having some serious health issues there has been increase in the reported stress cases among the employees in the recent years these figures kept climbing 75%. American workers that were survived in 2007 showed symptoms of due to work stress is not necessarily it is normal reaction to certain life events perceived stress mean how individual feel about the general stressfulness of their life and they ability to handle such stress it reflex the interaction between individual and their environment which they appraise as threatening and overwhelm their resources in a way which will affect their wellbeing.

Women are the forerunner of society and plays an important role in society. In all fields of life without their contribution no society can nurture properly as stated by Muhammad Ali Jinnah in 1944 that no nation can rise to the height of glory unless our roles of women in India have led to their greater contribution in the employment sector and changes in many aspects .

Indian life working women spend less time maintaining the home then they did it last decade for working women balance the work and life is a stress. To balance the work and family the women have to plan their career effectively. Women as mother social development implies improvement in the conditions and quality of people. The cost of living is very huge and is very tough to manage family with single earning so, the women will play a role as a mother and well as a working women major spending of their income would on housing, transportation, personnel insurance, food at time, education and entertainment. In modern days' marriage system has change. In modern days' marriage system has change in such a new way that new couples as soon get as get married they form their own

family this can be called as nuclear family. There comes one more turn in the life of working women to take up the role of mother women who gives birth to the child and takes up the responsibility for nurturing it . being a mother is a blissful feeling but being mother who is working is stressful they have to care the childlike feeding, bathing, protecting, and securing the child at the same time the working mother has to concentrate and spend her time working too. So, this will become stress and it may cause physical and mental illness

According to the survey in the UK, more than 80% Of working women were found to be suffering from at least one stress related health issues. This may tend to have illness like stress, lack of sleep, absence of physical activity, sitting for long and poor eating habits leads to serious illness working women. They are more prone to anxiety, depression, heart disease, insomnia etc.. further due to this work load their most primary responsibility their kid was get neglected thus becoming victims of frustration, guilt and depression.

NEED OF THE STUDY

Women are explaining their lives to include a career they must also maintain their traditional roles at home. This combination of housework and career work is the reason why the working mothers today have more stress than working fathers. Mothers may work in an office from nine to five but their work does not end at the office. After working an eight hours day a mother will come home to take care of children, husband and house. Women remain the primary caretaker and housekeeper.

Work-life balance is an issue that has become an area of interest because women are pursuing jobs and careers while having families. Working mothers face many challenges each day such as caring for a sick child, getting involved with their children's school lives, helping them with their homework while meeting job demands and making sure of their wellbeing at all times. They need to attain adequate balance with

their work and their family life is essential to effectively function in each of these areas. When there is a good relationship between work and family, then we can say work-life balance has been achieved. If it has not been achieved then the family may face consequences. This study is to help the mother to fulfill the dual responsibilities of career and motherhood. what strategies women use to manage internal and external stressors as well as future working mothers can understand how to balance work and family life. .

According to study a international level there were about 35million working mothers in the US .At the end of 2019 and roughly 9.8 million working mothers in the US are suffering from work place stress according to a new analysis great place to work and healthcare startup maven conducted based on its survey of 440,000 working parents including 226,000 mothers just by being a working mother women are 28% more likely to experience stress than means in the US .There are 2.35 million additional cases stress due to the unequal demands of home and work that are placed on working mothers .And cases of stress or higher among black Asian Latino mothers compared to their white counter parts

According to study conducting we (2009) examined 1 Chinese professional women on work family conflict and their stressors. That result showed that professional women's self role perceived and social role perceived have conflicts, education, incoming ratio . professional experience can influence stress, domesticity, family activity, spouse stress work devotions and work load are stressors of professional women's work family conflict.

According to study created by Abdulla at (2008) assessed occupational stress , social and family difficulties and job contentment of working women is Bangladesh . The study contained the information and situation on working women the hazards and occupational strains they face at work and in family life in many developed and developing countries including Bangladesh. Besides this study has also tried to illustrate where there the difficulties are and how for these for working women can be solved by giving them emotional sustenance, voicing

against the longstanding harassment of women and advocating equality for them

According to the study conducted in Rajkot city of Gujarat as reviewed among the mothers having children under the age of 5 years 22% of them have experienced moderate level of stress, while 68% of them had mild stress and 10% of them as no stress as similar to the study done in West Bengal. Another study done in Bhubaneswar has shown 32.9% of the women had poor mental health. Working mothers of under 5 children have to face the lot of problem more physically and psychologically. Working mothers cope up with these changes and balance their work life. So there is a need of promoting and improving the coping strategies and to reduce the level of perceived stress among full time working mothers of under 5 children in selected software companies

RESEARCH QUESTION

What is the level of perceived stress among full time working mothers of under five children in selected software companies in Chennai

RESEARCH OBJECTIVES

- To assess the level of perceived stress among full time working mothers of under five children in selected software companies in Chennai
- To assess the work-life balance among full time working mothers of under five children in selected software companies in Chennai
- To find out the association of level of perceived stress among full time working mothers of under five children in selected software companies with selected demographic values
- To find out the association work-life balance among full time working mothers of under five children in selected software companies with selected in Chennai

- To assess the socio-demographic variables of full time working mothers of under five children in selected software companies with selected in Chennai
- To create awareness among full time working mothers of under five children in selected software companies with selected in Chennai

HYOPOTHESIS

There will be significant association in the level of perceived stress and work life balance among full time working mothers of under five children

OPERATIONAL DEFINITION

ASSESS

To evaluate the nature or quality of stress among full time working mothers of under five children

PERCEIVED STRESS

It is the feelings or thoughts that an individual has about how much stress they are under at given in the time or over a given time

WORK-LIFE BALANCE

It is the balance between the profession /work and life in a individual coping pattern

FULL TIME WORKING MOTHERS

A woman who have full time job and as well as look after their children

UNDER FIVE CHILDREN

Children the age group of five years

ASSUMPTION

We assume that

- Working mothers might have stress due to work pressure in their companies.
- Working mothers might have physical tiredness due to household activities.

LIMITATIONS

- The study is limited to selected software companies
- The study is limited to working mothers of under five children.

CONCEPTUAL FRAME WORK

A conceptual framework includes one or more formal theories as well as other concepts and empirical findings from the literature. It is used to show relationship among these ideas and how they relate to the research study. Conceptual framework are commonly seen in qualitative research in the social and behavioral sciences, for example, because often one theory cannot fully address the phenomena being studied. The conceptual framework adopted for the study was based on, “Pender’s Health Promotion Model (1987)” Health promotion model is directed towards increasing level of wellbeing and self-actualization in a given individual group. The model focuses on the aspects of modified factors, cognitive perceptual factors, participating in health promotion behavior.

Modifying Factors

In this study the modifying factors are demographic variables of full time working mothers of under five children in selected software companies in Chennai. This includes age, religion, family income, residency of place, number of children, marital status, type of family, age of the children and duration of sleep pattern.

Cognitive perceptual factors

It refers to the health education program on stress. This includes information about stress, types of stress, causes of stress, effects of stress, stress management, types of stress management and ethics and responsibilities.

Participating in health promotion behavior

According to this model, health promotion behavior should result in improvement of mental health and better quality of life at all stages of development.

The individual’s participation in this study is considered as one of the health promoting behaviors, as this will help full time working mothers to identify their stress and adopt measures for promoting stress.

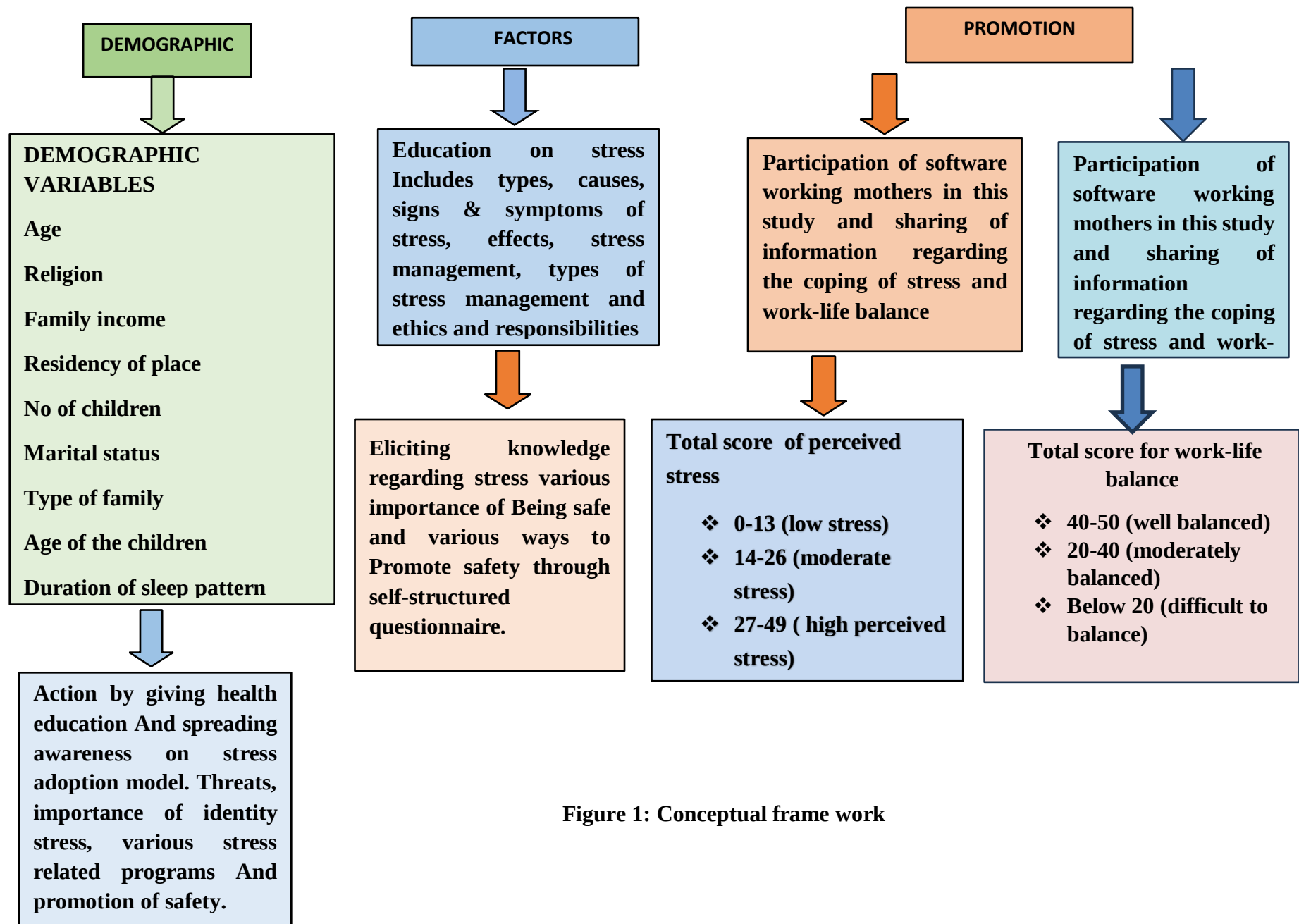


Figure 1: Conceptual frame work

CHAPTER II

REVIEW OF LITERATURE

REVIEW OF LITERATURE

According to , BT., BA Savanthappa (1998) review of literature was a key step in the research. It refers to an extensive and systematic examination of publications relevant to a research project. The extensive review was made to strengthen the present study in order to lay down the foundation which helps us to reveal the prevailing situation of similar studies in different areas. The related literature of the study was presented in the following sections.

Literature related to perceived stress among working mothers of under five in selected software companies.

A.Nazir., et al., (2021), have conducted a descriptive study on the level of stress among working mothers in Srinagar . Non probability purposive sampling technique was used. The sample comprises fifty working mothers. The tools found from systematic reviews from examining perceived stress and work-life balance among working mothers of under five children. Self structured questionnaire was used to assess the level of stress in this study. Tool of section A and B. Section A consists of demographic profile and section B consists of sixty open-ended questions to assess the level of stress among women. As a result there was a significant association of level of stress with the demographic variables ' occupation for working mothers which was statistically significant at $P < 0.001$. The study concluded that the level of stress among working mothers depends upon the demographic variable.

SEYLE 2018, has conducted a descriptive study to assess the level of stress and its coping strategies among working mothers of under five children in selected software companies in Ludhiana. The sample consisted of fifty working mothers of under five children, selected by purposive random sampling method. . The tools found from systematic

review from examining perceived stress among working mothers of under five children. stress levels were assessed using parental stressor scale. The findings showed that 27(54%) of working mothers of under five children were having moderate stress and 18(36%) of them mild stress and 5(10%) of them were having severe stress . The study concluded that most of the working mothers were having severe stress. A high level of working mothers' stress was associated with altered methods of coping and perception of infant health.

V.Kumar., et al (2017) have conducted a descriptive study on the level of stress among working mothers in the United states. For this study 150 women were selected age group ranging from 30-45 years. Purposive sampling technique was used for this study. The Perceived Scale (Pss),Friedman well-being scale and Leddy Healthiness Scale (Leddy) were used to measure the above variables. As a result clearly shows that there significant difference in stress healthiness, well-being among working mothers. They that overall prevalence of stress was still high.so it is necessary to initiate and implement the health policy towards family and workplace counseling, services to overcome stress and to improve their healthiness and well-being among working mothers

II Literature related to work life balances among working mothers of under five children selected software companies.

Maiya, S., et al (2017) have conducted a descriptive study on work-life balance among working mothers of under five children in software companies in the private sector at Bangalore, Karnataka, India. A sample size of 110 responses were collected for this study. As many as 55 responses from each public sector were considered. The random sampling technique was used in this study.

A. The results reveal the picture of difficulties faced in balancing the work demand and life(family) responsibility. There was high correlation between the difficulties faced and the balancing act to be performed. The significant result reflected in the areas of career advancement factors, organizational support and psychological factors. They concluded that

software professionals' concern for a better workplace is to address the work- life balance issues and create a great place to work.

NK.Reddy.., (2018) has conducted a descriptive study on work-life balance of working mothers, conducted in Itanagar, Andhra Pradesh. This study has consisted of 90 working mothers(aged between 20 and 50 years) as a sample. The data analysis researcher utilized Karl Pearson's Correlation method to find the various associations and correlation between variables utilized in this study. The results of the study indicated that the management needed to design and formulate some practices and procedures to properly manage the work family conflict at the organizational level . The management of work-family conflict had a significant relationship between performance of the working mothers and job satisfaction. They concluded that the family-work conflict harmed the family life and it negatively affected life satisfaction and it led to work-life imbalances.

D.Panneerselvam.., (2020) has conducted a descriptive study on work-life balance of Indian working mothers in software. The working mothers of software in the sector of India, Chennai city. The labor participation of working mothers in 2017 to 2018 reported to be 60.7% for working mothers. Purposive sampling technique. A total of 22 questions were a mix of multiple choice and Finally, questions regarding level of awareness taken by them for work-life balance and the 'Yes' and 'No' format questions

. As a result the descriptive analysis of working mothers for analyzing the response using univariate measures and charts for obtaining visual insights which provides a better understanding of the result They concluded that the most of Indian working mothers of software sector are working under stress and pressure. More the imbalance, more difficult it is for the women employees and for the organization

G.Delina.., has conducted a descriptive study on the work-life balance of working mothers of under five children software company was conducted in Pondicherry in India. A sample of 180 working mothers

was selected using a convenient sampling technique. They were from software companies sector 60 mothers from each sector were chosen for this study. A good level of consistency for the scale with the specific sample used for the study. As a result the study was able to measure the work-life balance of working mothers who find it very hard to balance their work and personal life irrespective of the software companies. This study concluded that work-life balance and the stress associated with work were important determinants of working mothers work-life balance.

M.Tasnim., et al (2017) have conducted a descriptive study on the work-life balance in working mothers of under five children conducted in Bangladesh . For this study sample size consists of forty working mothers in the software sector. This study focuses on the age between 24 to 37 years. Purposive sampling technique has been used in order to select respondents for this study 8 working mothers have been interviewed for this study. all. . As a result this study points out several psychological and physical problems that working mothers are suffering due to imbalance in work-life. They concluded that maintaining a balance between work-life has become relatively difficult because of the unsupportive attitude of long working mothers overload.

G.Prajakta., et al (2018) have conducted cross sectional study on work-life balance of working mothers was conducted in Pune, Maharashtra, India. The sample was conducted in 156 working mothers in software company. Non probability purposive sampling technique was used. I data was collected using a structured questionnaire and perceived stress scale for assessing stress. As a result moderate to severe stress was perceived by 63.04% women. Severity of stress increased with shift duties($p=0.05$), lack of family support($p=0.08$) , inability to exclusively breastfeed children for six months($p=0.09$). They concluded that in spite of family support for child rearing most of the software working mothers are experiencing perceived work environment flexibility and efficient social support to reduce stress is recommended.

III Literature related to perceived stress and its effect on work life balance among full time working mothers of under five children.

A.Ajayan.,(2021) has conducted a descriptive study on the effect of perceived stress on work -life balance among full time working mothers of under five children.was conducted in Thrissur, Kerala, India. This study was conducted on 60 working mothers with age groups of 18 to 40. Sampling technique used was non- random purposive sampling. The tools used for assessment were Cohen's Perceived Stress Scale (PSS) and Pareek and Purohit's Work-life Balance Scale (WLB). The inferential statistics utilized to analyze the data was an Independent Sample Test and

Pearson's Product Moment Correlation with Simple Regression to explore the influence. As a result the study finds out that predictor variable perceived stress contributes 8% of variants in criterion variable work-life balance and shows that the extent women perceive in her life, has an influence on her ability to balance work and life. They concluded that working mothers will be able to recognize the factors which increase their level of perceived stress inherent in their workplace and can learn to develop the preventive methods for mitigation of these stressors, this in turn helps to arrest the decline in job performance burnout and family related problems.

CHAPTER – III
RESEARCH METHODOLOGY
METHODOLOGY

Research methodology is a systematic procedure. This process used collect data and information for the purpose making decisions. The role of methodology consists of procedure and technique conducting a study

This chapter deals with the description of research and methodology adapted from the study. It is the process to obtain the evidence for the study and to answer the research questions. It is discussed under the following headings: research approach, research design, variable, setting population, sample and sampling technique. Data collection and the plan for data analysis and interpretation of the data is the study was undertaken to assess the perceived stress and work-life balances of the full time working mothers of under five children in selected IT companies in Chennai

RESEARCH APPROACH

A research approach enables the researcher to analysis from whom the idea is to be collected and what to be collected and how to collect and analyze them the research approach study .Quantitative approaches used

It is aim to assess the perceived stress among and work-life balance among the full time working mothers of under five children in selected IT companies in Chennai

RESEARCH DESIGN

This study is designed as a descriptive study aiming to understand the level of perceived stress among the full time working mothers of under five children in selected IT companies in Chennai

STUDY POPULATION

The population is the complete set of groups of individuals or objects having some common characteristics in this study. The population is comprised of full time working mothers of under five children in selected IT companies in Chennai

SETTING OF THE STUDY

It is the physical location and condition in which data collected takes place in a study. The study will be conducted in INFOSYS, in Sholinganallur in Chennai

SAMPLE

It is the group of people selected to participate in research study. In this study the sample consists of 100 mothers of under five children from Infosys, Sholinganallur Chennai, Based on those who made the inclusion criteria

SAMPLING TECHNIQUE

Sampling is the process of selecting a subset from a large population for the study. In this study Purposive sampling technique was used to select the sample

SAMPLE SIZE

The number of population members that are included in the sample for the purpose of assessing the level of stress among full time working mothers of under five children 100 mothers were considered from the selected IT companies in Chennai

CRITERIA FOR SELECTION OF SAMPLE

INCLUSION CRITERIA

Mothers of under five children

- * Who are available at the time of data collection
- * Who is confident to speak
- * Who is mentally strong

EXCLUSION CRITERIA

- * Who are not willing to take part in the study
- *Who are busy with work loads
- *Who are mentally and physically ill

PROJECTED OUTCOME

The study will reveal the effect of stress and its effect on work-life balance among full time working mothers of under five children

DATA COLLECTION

Data collection tools are the instrument used by the investigator to observe or measure key variables in the research problem Based on the objective baseline Proforma and rating scale were prepared in order to assist the level of perceived stress and its effect on work-life balance among full time working mothers of under five children

- *Demographic variable
- *Perceived stress assessment scale
- *Work-life balance assessment scales

SCORE INTERPRETATION

TOTAL SCORE = 40

- * 0-13 (low stress)
- * 14-26 (moderate stress)
- * 27-49 (high perceived stress)

TOTAL SCORE = 50

- * 40-50 (well balanced)
- * 20-40 (moderately balanced)
- * below 20 (difficult to balance)

DATA ANALYSIS AND INTERPRETATION

Collected data were analyzed by using descriptive statistics and inferential statistics to assist the level of perceived stress and its effect on work-life balance among full time working mothers of under five children. The data were presented in the form of tables and figures

ETHICAL CLEARANCE

- Ethical clearance will be obtained from Satyabhama Institute of science and Technology
- Informed concern will be obtained
- Confidentially of the data will be maintained
- Privacy will be provided during data collection procedure
- Anonymity maintenance will be obtained from Sathyabama Institute of science and technology

\CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

The data deals with the description of the sample, analysis and interpretation of data collected and the achievement of the objectives of the study, analysis of the data is a process by which quantitative information is summarized, organized, evaluated, interpreted and communicated in meaning full way. Analysis is the categorizing, ordering, manipulating and summarizing the data to obtain answer to research question. The purpose of analyzing is to reduce data to intelligible and interpretable form so that the relation of research problem can be studied and tested. This chapter deals with the analysis and interpretation of the data collected from 100 sample of level of perceived and work-life balance among full time working mothers of under five children in selected software companies in Chennai.

SECTION – I:

Frequency and percentage distribution of the samples based on their demographic variables.

SECTION – II:

Frequency and percentage distribution of the perceived stress among full time working mothers of under five children

SECTION – III:

Frequency and percentage distribution of the work-life balance among full time working mothers of under five children

SECTION – IV:

Overall frequency and percentage distribution of the samples based on the level of perceived stress among full time working mothers of under five children

SECTION -V

Association between the level of perceived stress among the full time working mothers of under five children in selected software companies with their selected demographic variables.

SECTION -VI

Association between the level of work-life balance among the full time working mothers of under five children in selected software companies with their selected demographic variables

SECTION-I

TABLE-1: FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE SAMPLES BASED ON THEIR DEMOGRAPHIC VARIABLES

Table-1.1: Frequency and percentage distribution of the samples based on the demographic variables such as age, religion and family income.

S. No	Demographic variables	Frequency [f]	Percentage [%]
1.	Age [in years]		
	a) 25-30 years	82	82%
	b) 30-35 years	14	14%
	c) 35-40 years	5	5%
2.	Religion		
	a) Hindu	73	73%
	b) Christian	23	23%
	c) Muslim	4	4%
3.	Family Income		
	a) 30,000-40,000	51	51%
	b) 40,000-50,000	13	13%
	c) 50,000-60,000	13	13%
	d) More than 60,000	23	23%

Table 1.1.1 Shows that majority (82%) were belongs to the age between 25-30 years, (14%) of them between 30-35 years, (5%) of them are between 35-40 years.

Table 1.1.2: Shows that majority of (73%) belongs to the Hindu religion, (23%) of them Christian religion, (4%) of them are Muslims.

Table 1.1.3: Shows that majority of (51%) have 30,000-40,000 income, (13%) have 40,000-50,000 income, (13%) have 50,000-60,000 income, (23%) have more than 60000

Table-1.2: Frequency and percentage distribution of the samples based on the demographic variables such as residency of place, number of children and marital status.

4	Residency of place		
	a) Own house	59%	59%
	b) Rented house	39%	39%
5	Number of children		
	a) One	57	57%
	b) Two	28	28%
	c) Three	15	15%
6	Marital Status		
	a) Married	86	86%
	b) Unmarried	14	14%

Table 1.2.4: Shows that majority (59%) were belongs to the own house, (39%) of them rented house.

Table 1.2.5: Shows that majority (57%) were having one children, (28%) of them having two children, (15%) of them having three children.

Table 1.2.6: Shows that majority (86%) were married women, (14%) were unmarried

Table-1.3: Frequency and percentage distribution of the samples based on the demographic variables such as type of family, age of the children and duration of sleep pattern.

7	Type of Family		
	a) Nuclear family	62	62%
	b) Joint family	38	38%
8	Age of the Children		
	a) 0-1 years	41	41%
	b) 1-3 years	37	37%
	c) 3-5 years	21	21%
9	Duration of Sleep Pattern		
	a) 6-7 hours	46	46%
	b) 7-8 hours	40	40%
	c) 8-9 hours	11	11%
	d) 9-10 hours	3	3%

Table 1.3.7: Shows that majority (62%) were living in nuclear family, (38%) of them were living in joint family

Table 1.3.8: Shows that majority (41%) of the mothers having children in 0-1 years, (37%) of them having children in 1-3 years, (21%) of them having children in 3-5 years.

Table 1.3.9: Shows that majority (46%) of them are sleeping for 6-7 hours, (40%) of them are sleeping for 7-8 hours , (11%) of them are sleeping for 8-9 hours and (3%) of them are sleeping for 9-10 hours.

DISTRIBUTION OF AGE

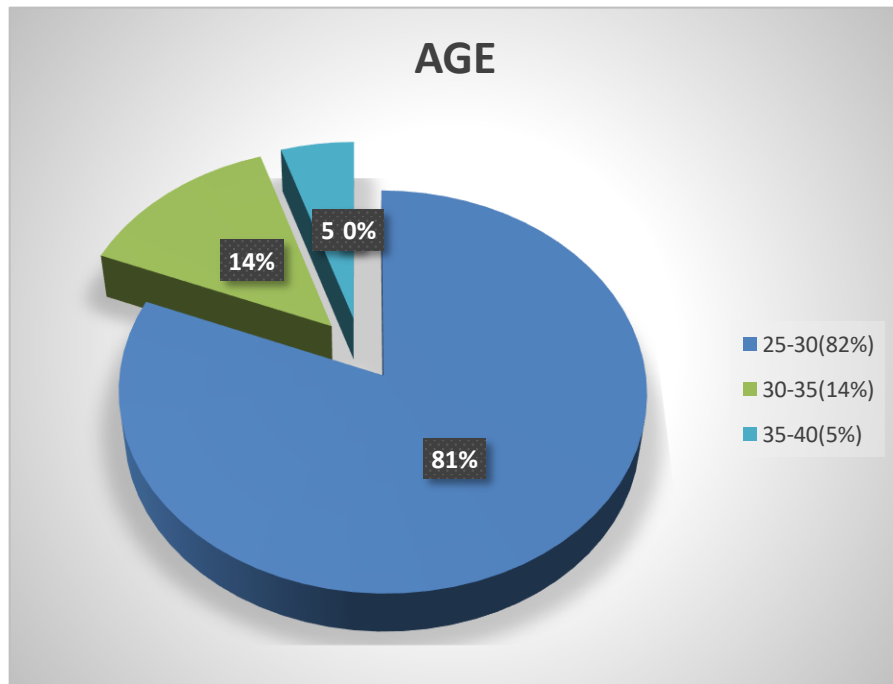


Figure 2: Shows that majority (82%) were belongs to the age between 25-30 years, (14%) of them between 30-35 years, (5%) of them are between 35-40 Shows that majority of (73%) belongs to the Hindu religion, (23%) of

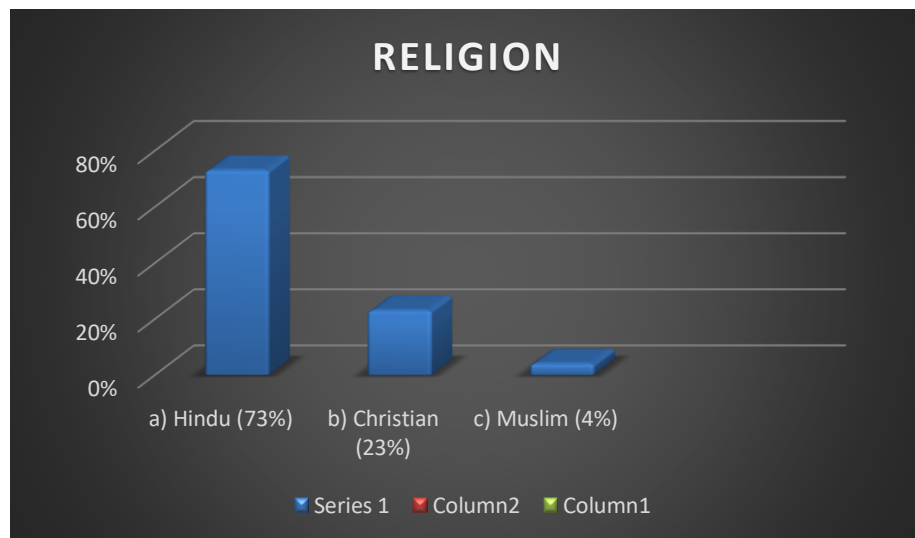


Figure 3: Shows majority of (51%) were Hindu (73%) , (23%) of them were Christian and (4%) of them were Muslim

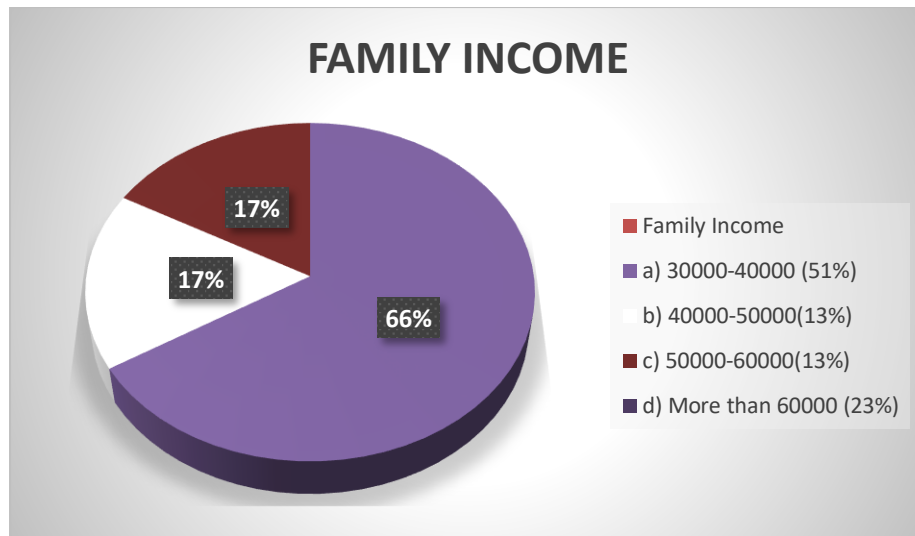


Figure 4: Shows majority of (51%) were earning between 30,000-40,000, (13%) were earning between 40,000-50,000, (13%) were earning between 50,000-60,000 and (23%) of them were more than 60000

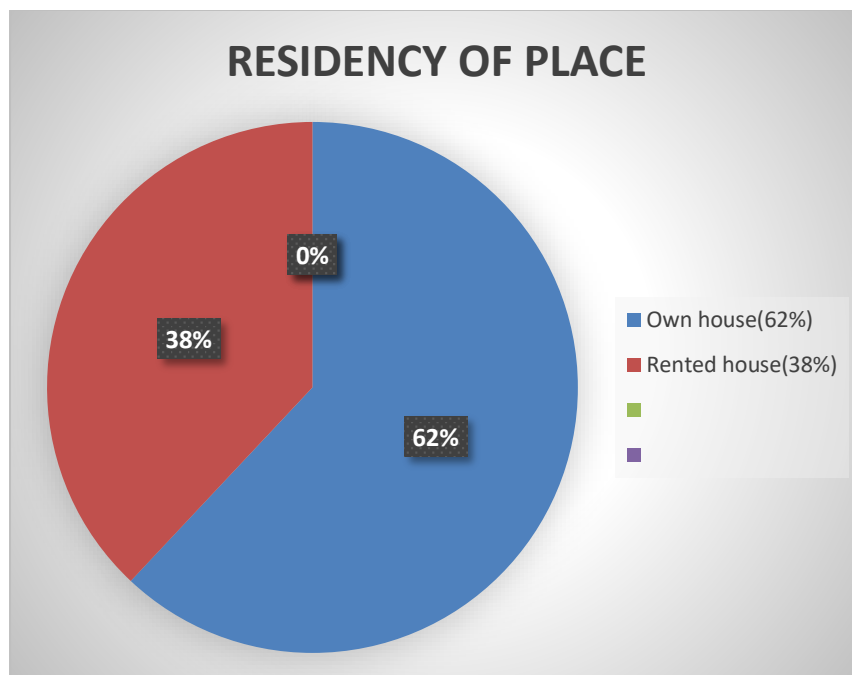


Figure 5: Shows that majority (59%) were belongs to the own house, (39%) of them rented house

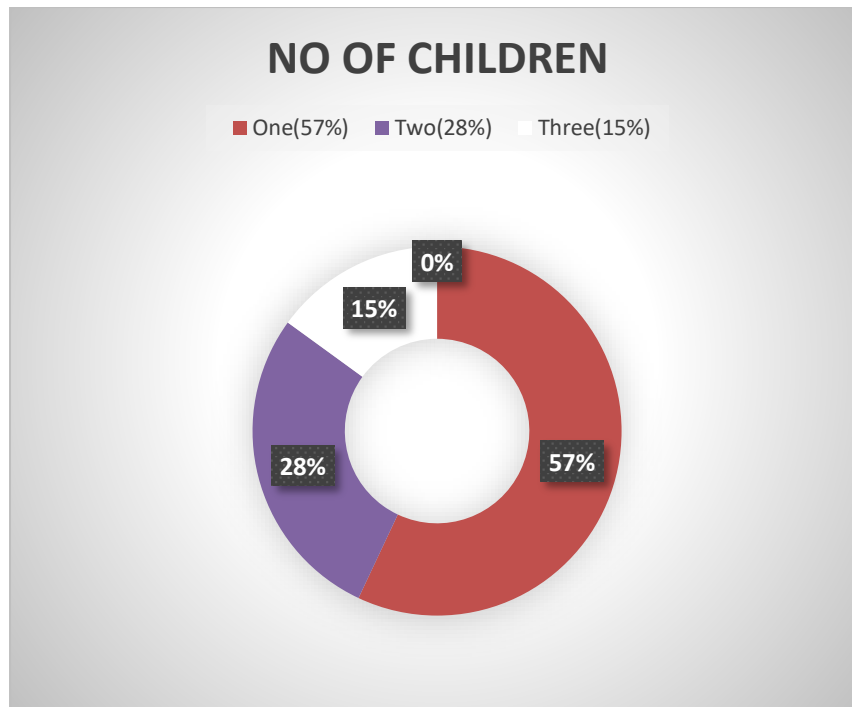


Figure 6: Shows that majority (57%) were having one children, (28%) of them having two children, (15%) of them having three children.

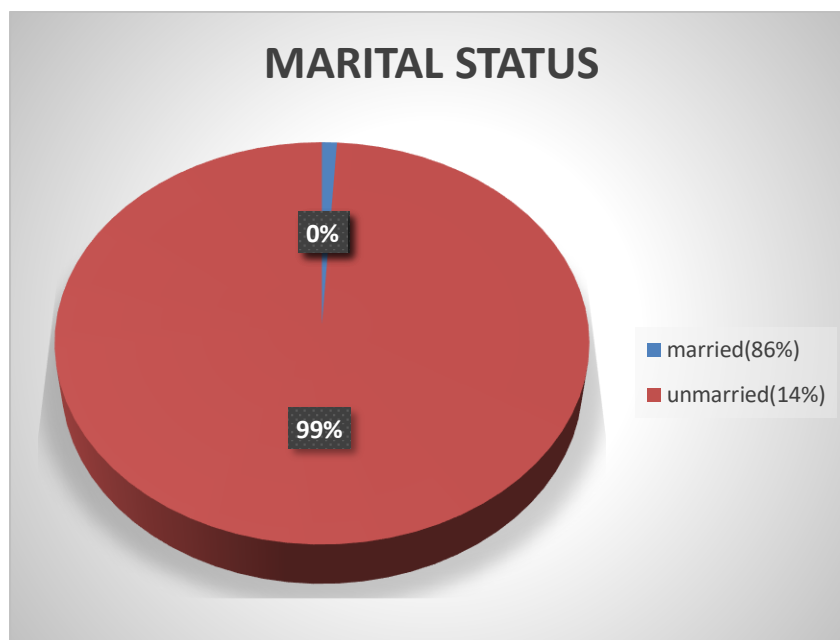


Figure 7: Shows that majority (86%) were married women, (14%) of them were unmarried.

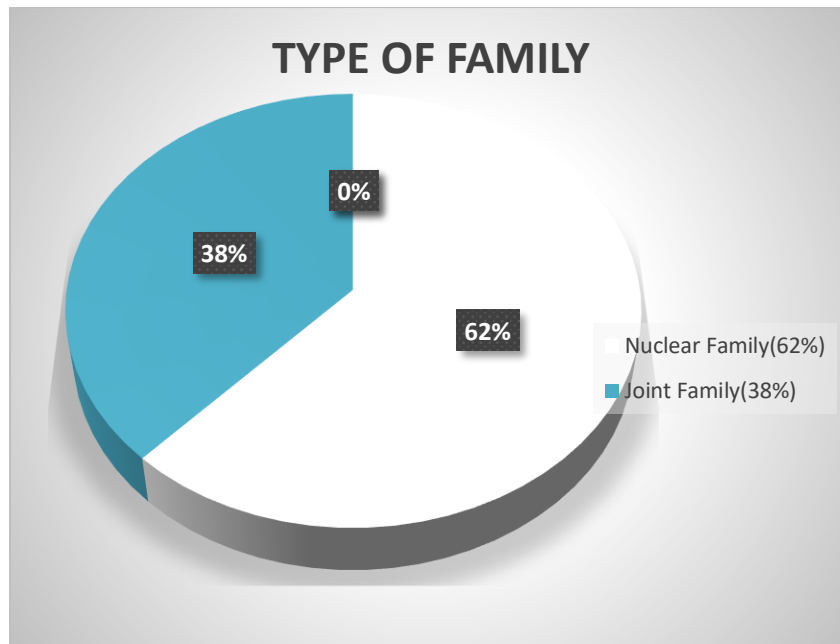


Figure 8: Shows that majority (62%) were living in nuclear family, (38%) of them were living in joint family

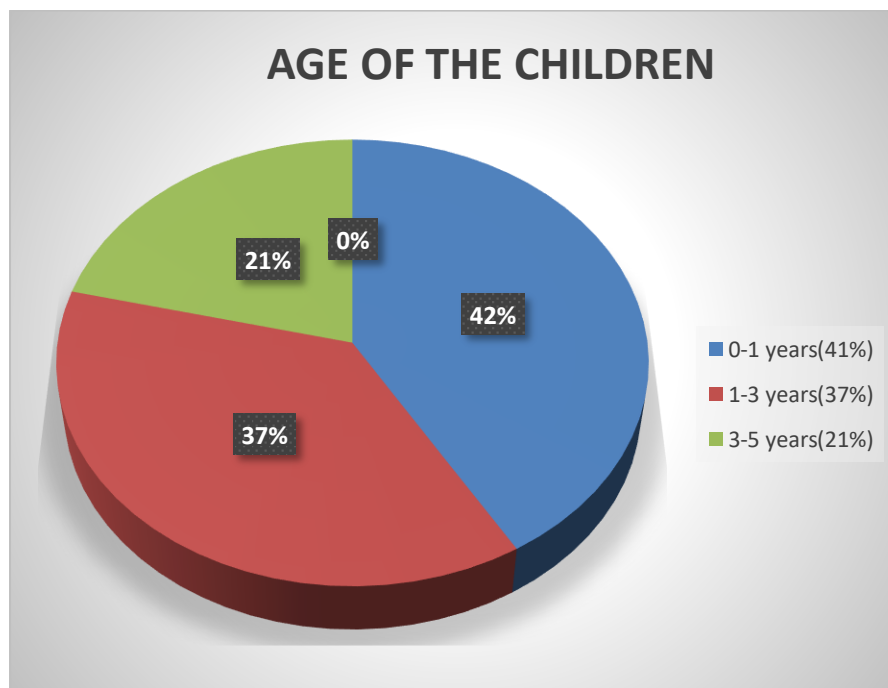


Figure 9: Shows that majority (41%) of the mothers having children in 0-1 years, (37%) of them having children in 1-3 years, (21%) of them having children in 3-5 years.

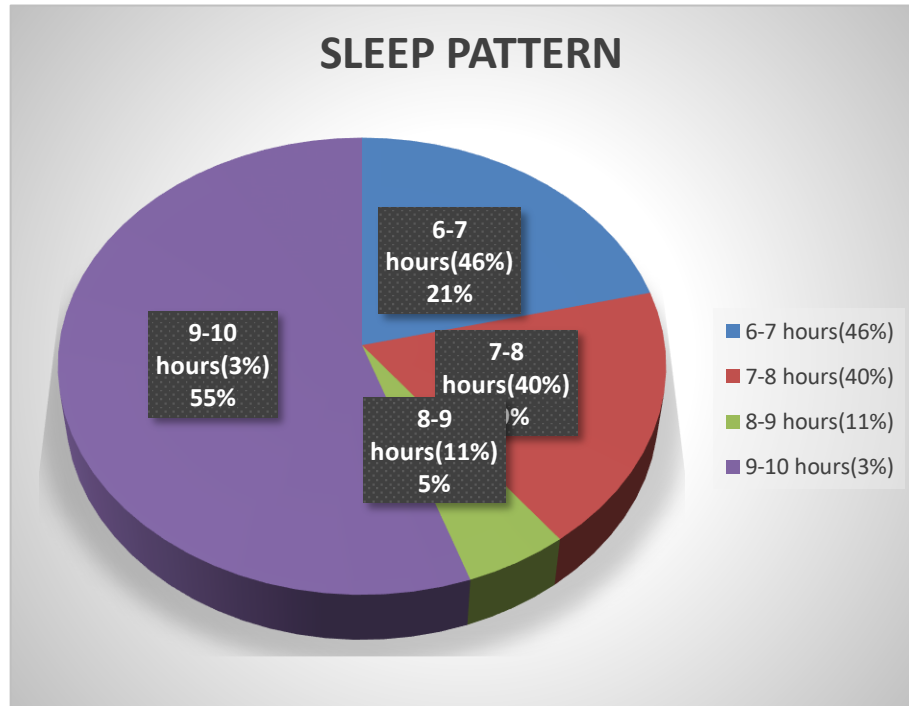


Figure 10: Shows that majority (46%) of them are sleeping for 6-7 hours, (40%) of them are sleeping for 7-8 hours , (11%) of them are sleeping for 8-9 hours and (3%) of them are sleeping for 9-10 hours.

SECTION -2

TABLE 2: Frequency and percentage distribution of perceived stress among full time working mothers of under-five children in selected software companies based on stress faced by the full time working mothers

Table 2.1: Frequency and percentage distribution of perceived stress among full time working mothers of under-five children in selected software companies regarding being upset, nervous and stressed and unable to control important things in their life

S. No	Did you experience any of the following	Frequency [f]	Percentage [%]
1.	In the last month, how often have you been upset because of something that happened unexpectedly?		
	a) Never	32	32
	b) Almost never	12	12
	c) Sometimes	42	42
	d) Fairly often	7	7
	e) Very often	7	7
2.	In the last month, how often have you been felt nervous and 'stressed' ?		
	a) Never	20	20
	b) Almost never	20	20
	c) Sometimes	40	40
	d) Fairly often	15	15
	e) Very often	5	5
3.	In the last month ,how often have you felt that you were unable to control the important things in your life ?		
	a) Never	36	36
	b) Almost never	18	18
	c) Sometimes	27	27

d)	Fairly often	12	12
e)	Very often	6	6

Table 2.1.1: Shows that majority of (42%) of them have been upset sometimes because of something that happened unexpectedly, (32%) of them were never experienced, (12%) of them were almost never experienced, (7%) of them were fairly often experienced and remaining (7%) of them were very oftenly experienced.

Table 2.1.2: Shows that majority of (40%) of them have been felt nervous and stressed sometimes, (20%) of them were never experienced, (20%) of them were almost never experienced, (15%) of them were fairly often experienced and remaining (5%) of them were very oftenly experienced.

Table 2.1.3: Shows that majority of (36%) of them were never felt that were unable to control the important things in their life, (27%) of them were experienced sometimes, (18%) of them were almost never experienced, (12%) of them were fairly often experienced, and (6%) of them were very oftenly experienced.

Table 2.2: Frequency and percentage distribution of perceived stress among full time working mothers of under-five children in selected software companies regarding feeling confident, feeling that things were going on their way and feeling unable to cope with things that they had to do

S. No	Did you experience any of the following	Frequency(f)	Percentage (%)
4	In the last month, how often have you felt confident about your ability to handle your personal problems ?		
	a) Never	26	26%
	b) Almost never	13	13%
	c) Sometimes	30	30.5
	d) Fairly often	20	20.5
	e) Very often	11	11%
5	In the last month, how often have you felt that things were going your way ?		
	a) Never	21	21%
	b) Almost never	26	26%
	c) Sometimes	30	30%
	d) Fairly often	12	12%
	e) Very often	9	9 %
6	In the last month, how often have you found that you could not cope with all the things that you had to do ?		
	a) Never	26	26%
	b) Almost never	21	21%

	c)	Sometimes	33	33%
	d)	Fairly often	11	11%
	e)	Very often	6	6%

Table 2.2.4: Shows that majority of (30%) of them were felt confident sometimes about their ability to handle their personal problems, (26%) of them were never experienced, (20%) of them were fairly often experienced, (13%) of them were almost never experienced and remaining (11%) of them were very oftenly experienced.

Table 2.2.5: Shows that majority of (30%) of them were felt sometimes that things were going their way, (26%) of them were almost never experienced, (21%) of them were never experienced, (12%) of them were fairly often experienced and (9%) of them were very oftenly experienced.

Table 2.2.6: Shows that majority of (33%) of them were found sometimes that they could not cope with all the things that they had to do, (26%) of them were never experienced, (21%) of them were almost never experienced, (11%) of them were fairly often experienced and (6%) of them were very oftenly experienced.

Table 2.3: Frequency and percentage distribution of perceived stress among full time working mothers of under-five children in selected software companies regarding feeling confident, feeling that things were going on their way and feeling unable to cope with things that they had to do

S.No	Did You Experience Any Of The Following	Frequency (F)	Percentage (%)
7	In the last month, how often have you been able to control irritations in your life?		
	a) Never	27	27%
	b) Almost never	34	34%
	c) Sometimes	17	17%
	d) Fairly often	17	17%
	e) Very often	8	8%
8	In the last month, how often have you felt that you were on top of things ?		
	a) Never	26	26%
	b) Almost never	20	20%
	c) Sometimes	35	35%
	d) Fairly often	13	13%
	e) Very often	30	30%
9	In the last month, how often have you been angered because of things that happened that were outside of your control ?		
	a) Never	23	23%
	b) Almost never	20	20%
	c) Sometimes	33	33%
	d) Fairly often	13	13%

	e) Very often	7	7%
10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them ?		
	a) Never	32	32%
	b) Almost never	27	27%
	c) Sometimes	25	25%
	d) Fairly often	11	11%
	e) Very often	5	5%

Table 2.3.7: Shows that majority of (34%) of them have almost never been able to control irritations in their life, (27%) of them were never experienced, (17%) of them were sometimes experienced, (17%) of them were fairly often experienced and (8%) of them were very oftenly experienced.

Table 2.3.8: Shows that majority of (35%) of them were sometimes felt that they were on top of things, (26%) of them were never experienced, (20%) of them were almost never experienced, (30%) of them were very oftenly experienced and (13%) of them were fairly often experienced.

Table 2.3.9: Shows that majority of (33%) of them have been angered because of things that happened that were outside of your control, (23%) of them were never experienced, (20%) of them were almost never experienced, (13%) of them fairly often experienced and (7%) of them were very oftenly experienced.

Table 2.3.10: Shows that majority of (32%) of them were never felt difficulties were piling up so high that you could not overcome them, (27%) of them were almost never experienced, (25%) of them were sometimes experienced, (11%) of them were fairly often experienced and (5%) of them were very oftenly experienced.

TABLE 3: FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE WORK-LIFE BALANCE AMONG FULL TIME WORKING MOTHERS OF UNDER FIVE CHILDREN

Table 3.1: Frequency and percentage distribution of work-life balance among full time working mothers of under five children regarding carrying work to their home, unable to spend time with children and expecting their in-laws to help in their household activities.

S.No	Assessing the Level of work-life balance	Frequency(F)	Percentage (%)
1.	I do carry my work to my home		
	a) Never	31	31%
	b) Rarely	23	23%
	c) Sometimes	20	20%
	d) Often	5	5%
	e) Always	8	8%
2.	I do not spend time with my children		
	a) Never	32	32%
	b) Rarely	20	20%
	c) Sometimes	24	24%
	d) Often	8	8%
	e) Always	12	12%
3.	I expect my in-laws to help in my household activities		
	a) Never	26	26%
	b) Rarely	20	20%
	c) Sometimes	27	27%
	d) Often	10	10%
	e) Always	16	16%

Table 3.1.1: Shows that majority of (31%) of them never carry works to their home, (23%) of them carry work to home, (20%) of them were sometimes do carry work to home, (8%) of them always do and (5%) of them often carry works to home.

Table 3.1.2: Shows that majority of (32%) of them spend time with their children, (24%) of them sometimes do, (20%) of them rarely do, (12%) of them always do and (8%) of them oftenly do.

Table 3.1.3: Shows that majority of (27%) of them sometimes expect their in-laws to help in their household activities, (26%) of them never do, (20%) of them rarely do, (16%) of them always do and (10%) of them oftenly do

Table 3.2: Frequency and percentage distribution of work-life balance among full time working mothers of under five children regarding unable to concentrate their work at office, difficulty in falling asleep and unable to perform their daily activities.

S. No	Assessing The Level Of Work-life Balance	Frequency(F)	Percentage(%)
4	I am not able to concentrate my work at office		
	a) Never	24	24%
	b) Rarely	35	35%
	c) Sometimes	25	25%
	d) Often	6	6%
	e) Always	10	10%
5	I have a difficulty in falling asleep		
	a) Never	24	24%
	b) Rarely	23	23%
	c) Sometimes	30	30%
	d) Often	13	13%
	e) Always	6	6%
6	I am unable to perform my daily activities		
	a) Never	32	32%
	b) Rarely	28	28%
	c) Sometimes	29	29%
	d) Often	10	10%
	e) Always	8	8%

Table 3.2.4: Shows that majority of (35%) of them rarely not able to concentrate their work at their office, (25%) of them sometimes

experience, (24%) of them never experience, and (10%) of them always experience, (6%) of them often experience.

Table 3.2.5: Shows that majority of (30%) of them sometimes have difficulty in falling asleep, (24%) of them never experience, (23%) of them rarely experience, (13%) of them often experience and (6%) of them always experience.

Table 3.2.6: Shows that majority of (32%) of them never unable to perform their daily activities, (29%) of them sometimes experience, (28%) of them rarely experience, (10%) of them often experience and (8%) of them always experience.

Table 3.3: Frequency and percentage distribution of work-life balance among full time working mothers of under five children regarding believing caregivers will take care of their children, getting angry in taking care of their children.

S.no	Assessing The Level Of Work-life Balance	Frequency (F)	Percentage(%)
7	I do believe my caregivers will take care of my children		
	a) Never	32	32%
	b) Rarely	22	22%
	c) Sometimes	22	22%
	d) Often	11	11%
	e) Always	12	12%
8	I get angry in taking care of my kids after works		
	a) Never	30	30%
	b) Rarely	28	28%
	c) Sometimes	27	27%
	d) Often	8	8%
	e) Always	5	5%
9	I seek emotional support from others		
	a) Never	31	31%
	b) Rarely	16	16%
	c) Sometimes	34	34%
	d) Often	8	8%
	e) Always	12	12%
10	My husband involved in taking care of my children.		
	a) Never	24	24%
	b) Rarely	18	18%
	c) Sometimes	20	20%

	d) Often	13	13%
	e) Always	25	25%

Table 3.3.7: Shows that majority of (32%) of them believe their caregivers would take care of their children,(22%) of them sometimes believe, (22%) of them rarely believe, (12%) of them always believe and (11%) of them often believe.

Table 3.3.8: Shows that majority of (30%) of them never get angry in taking care of their kids after works, (28%) of them rarely get angry, (27%) of them sometimes get angry, (8%) of them often get angry and (5%) of them always get angry.

Table 3.3.9: Shows that majority of (34%) of them sometimes seek emotional support from others, (31%) of them never seek emotional support from others, (16%) rarely seek emotional support from others, (12%) always seek emotional support from others and (8%) of them often seek emotional support from others.

Table 3.3.10: Shows that majority of (25%) of their husband always involved in taking care of their children, (24%) of them never involved in taking care of their children, (20%) of them sometimes involved in taking care of their children, (18%) of them involved in taking care of their children, and (13%) of them oftenly involved in taking care of their children

SECTION III

TABLE 3:OVERALL FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE SAMPLES BASED ON THE LEVEL OF PERCEIVED STRESS AMONG FULL TIME WORKING MOTHERS OF UNDER FIVE CHILDREN

S.No	Level Of Perceived Stress	Frequency (F)	Percentage(%)
1	LOW STRESS	37	37%
2	MODERATE STRESS	57	57%
3	HIGH PERCEIVED STRESS	6	6%

Table 3 : Shows that majority (57%) of them having low stress, (37%) were having moderate stress and (6%) were having high perceived stress among full time working mothers of under five children.

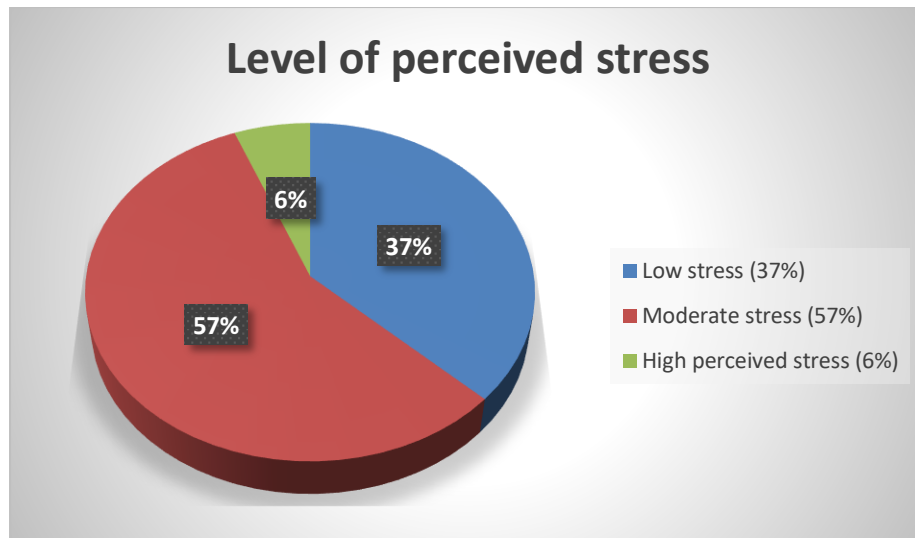


Figure 11: Shows that majority (57%) of them having low stress, (37%) were having moderate stress and (6%) were having high perceived stress

SECTION IV

TABLE 4 OVERALL FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE SAMPLES BASED ON THE EFFECT OF WORK-LIFE BALANCE AMONG FULL TIME WORKING MOTHERS OF UNDER FIVE CHILDREN.

S. No	Effect Of Work-life Balanced	Frequency(F)	Percentage (%)
1	WELL BALANCED	0	0%
2	MODERATELY BALANCED	73	73%
3	DIFFICULT TO BALANCE	27	27%

Table 4: Shows that majority (73%) of them were able to moderately balance, (27%) were difficult to balance and no one is well balanced among full time working mothers of under five children.

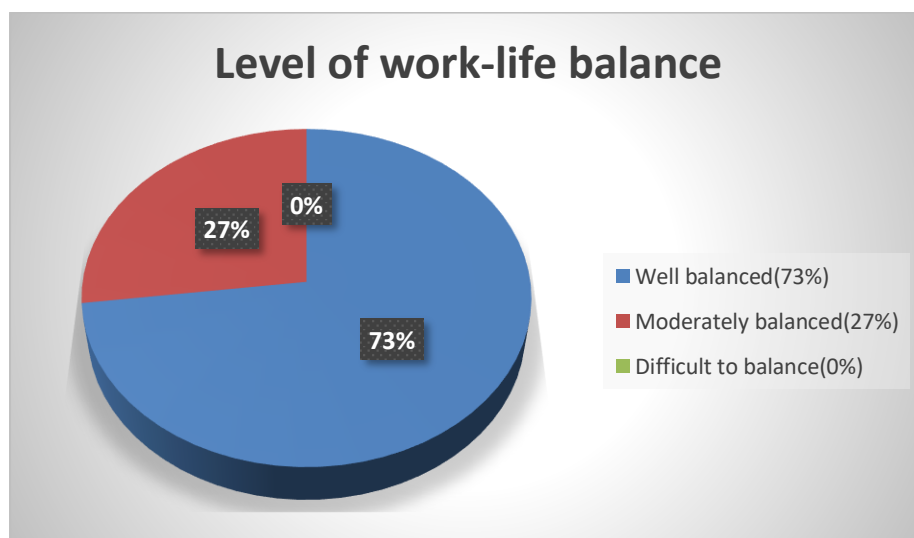


Figure 12: Shows that majority (73%) of them were able to moderately balance, (27%) were difficult to balance and no one is well balanced

SECTION V

TABLE 5 : ASSOCIATION BETWEEN THE LEVEL OF PERCEIVED STRESS AMONG FULL TIME WORKING MOTHERS OF UNDER FIVE CHILDREN WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

S. No	Demographic Variable	Level of Perceived Stress			χ^2	Table Value	Level of Significance
		Low Stress	Moderate Stress	High Perceived Stress			
1	Age				9.48	9.49	NS
	a) 25-30 years	32	46	5			
	b)30-35 years	4	7	1			
	c)35-40 years	1	4	0			
2	Religion				6.70	9.49	NS
	a) Hindu	30	38	5			
	b)Christian	6	17	0			
	c)Muslim	1	2	1			
3	Family Income				8.47	12.59	NS
	a)30,000-40,000	20	29	4			
	b)40,000-50,000	8	5	0			
	c)50,000-60,000	2	10	0			
	d) more than 60,000	7	13	2			
4	Residency of Place				2.87	5.99	NS
	a)Own House	19	39	4			
	b)Rented House	18	18	2			
5	No of Children				5.17	9.49	NS
	a) One	23	24	2			
	b)Two	9	17	1			
	c)Three	5	6	3			

6	Marital Status				1.35	5.99	NS
	a)Married	34	47	5			
	b)Unmarried	3	10	1			
7	Types of Family				1.88	5.99	NS
	a)Nuclear Family	21	39	3			
	b)Joint Family	16	18	3			
8	Age of the Children				1.82	9.49	NS
	a)0-1 years	17	22	2			
	b)1-3 years	12	24	2			
	c)3-5 years	8	11	2			
9	Duration of Sleep Pattern				9.25	12.59	NS
	a)6-7 hours	16	27	2			
	b)7-8 hours	15	25	1			
	c)8-9 hours	5	4	2			
	d)9-10 hours	1	1	1			

Table 5.1: Shows that there is no-significant association of level of stress among staff nurses with demographic variables such as age, religion, family income, residency of place, number of children, marital status, type of family, age of the children and duration of sleep pattern. But there is no significant association between level of perceived stress among the full time working mothers of under five children in selected software companies

SECTION VI

TABLE 6 : ASSOCIATION BETWEEN THE LEVEL OF WORK-LIFE BALANCE AMONG FULL TIME WORKING MOTHERS OF UNDER FIVE CHILDREN WITH THEIR SELECTED DEMOGRAPHIC VARIABLES

S.No.	Demographic Variables	Level of Work-life balance			X	Table Value	Level of Significance
		Well Balanced	Moderately balanced	Difficult to Balance			
1	Age				2.91	9.49	NS
	a)25-30 years	0	58	25			
	b)30-35 years	0	12	1			
	c)35-40 years	0	3	1			
2	Religion				0.71	9.49	NS
	a)Hindu	0	53	18			
	b)Christian	0	16	8			
	c)Muslim	0	4	1			
3	Family Income				9.61	12.59	NS
	a)30,000-40,0000	0	37	14			
	b)40,000-50,000	0	13	0			
	c)50,000-60,000	0	6	7			
	d)more than 60,000	0	17	6			
4	Residency of place				1.45	5.99	NS
	a)Own house	0	30	15			
	b)Rented house	0	43	12			
5	No Children				2.24	9.49	NS
	a)One	0	44	14			
	b)Two	0	21	7			
	c)Three	0	8	6			
6	Marital Status						

	a)Married	0	60	26			
	b)Unmarried	0	13	14			
7	Type of Family						
	a)Nuclear Family	0	47	15	0.66	5.99	
	b)Joint Family	0	26	12			
8	Age of the Children						
	a)0-1 years	0	33	9			
	b)1-3 years	0	25	12			
	c)3-5 years	0	15	6	1.26	9.49	
9	Duration of Sleep Pattern						
	a)6-7 hours	0	40	12			
	b)7-8 hours	0	27	10			
	c)8-9 hours	0	6	5	7.02	12.59	
	d)9-10 hours	0	0	0			

Table 6.1: Shows that there is no-significant association of level of work-life balance among full time working mothers of under five children with demographic variables such as age, religion, family income, residency of place, number of children, marital status, type of family, age of the children and duration of sleep pattern. But there is no significant association between level of work-life balance among the full time working mothers of under five children in selected software companies

CHAPTER- V

DISCUSSION

This chapter discusses the findings of the study derived from statistical analysis and its pertinence to the objectives set for the study and related literature of the study.

OBJECTIVES OF THE STUDY:

- To assess the socio-demographic variables of the full time working mothers of under five children in selected software companies in Chennai.
- To assess the level of perceived stress among full time working mothers of under five children in selected software companies in Chennai.
- To assess the work-life balance among full time working mothers of under five children in selected software companies in Chennai.
- To find out the association level of perceived stress among full time working mothers of under five children in selected software companies in Chennai.
- To find out the association level of work-life balance among full time working mothers of under five children in selected software companies in Chennai.

Distribution of demographic variables of perceived stress among full time working mothers of under five children in selected software companies in Chennai.

Study finding revealed that the

- **Age** : Shows: that majority (82%) were belongs to the age between 25-30 years, (14%)of them between 30-35 years, (5%) of them are between 35-40 years.

- **Religion:** Shows that majority of (73%) belongs to the Hindu religion, (23%) of them Christian religion, (4%) of them are Muslims.
- **Family Income:** Shows majority of (51%) were earning between 30,000-40,000, (13%) were earning between 40,000-50,000, (13%) were earning between 50,000-60,000
- **Residency of place:** Shows that majority (59%) were belongs to the own house, (39%) of them rented house.
- **No of Children:** Shows that majority (57%) were having one children, (28%) of them having two children, (15%) of them having three children.
- **Marital Status:** Shows that majority (86%) were married women, (14%) of them were unmarried
- **Type of Family:** Shows that majority (62%) were living in nuclear family, (38%) of them were living in joint family.
- **Age of the children:** Shows that majority (41%) of the mothers having children in 0-1 years, (37%) of them having children in 1-3 years, (21%) of them having children in 3-5 years
- **Duration of sleep pattern:** Shows that majority (46%) of them are sleeping for 6-7 hours, (40%) of them are sleeping for 7-8 hours, (11%) of them are sleeping for 8-9 hours and (3%) of them are sleeping for 9-10 hours

Distribution of association of level of stress

- The frequency distribution in the study shows that majority (57%) of them having low stress, (37%) were having moderate stress and (6%) were having high perceived stress among full time working mothers of under five children.
- The frequency distribution in the study shows that there is non-significant association of level of perceived stress among full time working mothers of under five children with demographic variables such as age, religion, family income, residency of place, number of children, marital status, type of family, age of

the children and duration of sleep pattern. But there is no significant association between level of perceived stress among the full time working mothers of under five children in selected software companies

- The frequency distribution in the study shows that majority (73%) of them were able to moderately balance, (27%) were difficult to balance and no one is well balanced
- The frequency distribution in the study shows that there is non-significant association of level of work-life balance among full time working mothers of under five children with demographic variables such as age, religion, family income, residency of place, number of children, marital status, type of family, age of the children and duration of sleep pattern. But there is no significant association between level of work-life balance among the full time working mothers of under five children in selected software companies

THE DISCUSSION BASED ON THE OBJECTIVES SPECIFIED IN THE STUDY

➤Objective 1: To assess the socio-demographic of full time working mothers of under five children in selected software companies in Chennai.

The result was supported by a study conducted by R.Ridhi , C.M.Smitha, V.B.Kirthana, M.R.Narayana Moorthy et.al., (2020), conducted a study on Parenting stress and coping strategies .The research has done a cross sectional study was used with descriptive design. Sample selected were working mothers in software companies. They used Likert scale for collecting data. Analysis of the data showed that 13% of working women experienced high stress apart from working status of the mother, there was no significant statistical difference seen between the parenting stress scores with respect to any other socio-demographic variables under consideration. Significant difference was seen with respect to the scores of religious coping ($p = 0.020$), behavioral disengagement ($p =$

0.003) and acceptance ($p = 0.05$) has coping strategies between the working mothers. The study shows that significant proportion of working mothers had parenting stress, necessitating interventions in the form of promotion of mental health and provision of creche facility at work place.

➤ **Objective :2 To assess the level of perceived stress among full time working mothers of under five children in selected software companies in Chennai.** The result shows that (37%) of them having low stress, (57%) of them having moderate stress and (6%) of them having severe stress.

The findings of this study were supported by the following study by R. Batule , A.D. Mohammad, A. Ulfat, et al.,(2022), conducted a study to Assess the level of stress and coping level among married working women in Kashmir. The research has done a cross sectional online survey method. Sampling technique used was random sampling technique. Data collection was done for a period of three months from 21 September 2021 to 21 December 2021. Data analysis was analyzed in terms of frequency and percentage. Chi- Square test was used. Perceived stress scale and active coping scale was used . Finding revealed that 72% of married working women had high stress level, 22% had moderate stress level and only 6% had low stress level

➤ **Objective 3: To Assess the work life balance among full time working mothers of under five children in selected software companies in Chennai.**

The result shows that 73% of them are moderately balanced, 27% of them are difficult to balanced .

The findings of the study were supported by a study conducted by Usha.T ,Dr.K.Tamil.A study to assess the work life balance among women executives in Indian IT companies. Qualitative study was used. The researchers used descriptive design in this study. Purposive sampling technique. The data collection was done on 19 April 2019 to 19 June 2019. A questionnaire has been design to collect the data among 530 women executives in Indian IT companies. The results shows that

44.2% of women facing harder work life balance, 58.4% shows positive relationship between impact on performance and quality of work life balance and significant at 1% level, 61.9% were able to maintain work life balance.

➤ **Objective 4: To find the association level of perceived stress among full time working mothers of under five children in selected software companies in Chennai.**

There is no significance association between age, religion, family income, residency of place, number of children, marital status, type of family, age of the children, duration of sleep pattern.

The findings of this study is supported by the following study conducted by

CHAPTER VI

SUMMARY, CONCLUSION, IMPLEMENTATION AND RECOMMENDATIONS

OBJECTIVES OF THE STUDY WERE TO

- To assess the socio-demographic variables of the full time working mothers of under five children in selected software companies in Chennai.
- To assess the level of perceived stress among full time working mothers of under five children in selected software companies in Chennai.
- To assess the work-life balance among full time working mothers of under five children in selected software companies in Chennai.
- To find out the association level of perceived stress among full time working mothers of under five children in selected software companies in Chennai.
- To find out the association level of work-life balance among full time working mothers of under five children in selected software companies in Chennai.

RESEARCH DESIGN:

- ✓ Descriptive study design was used to conduct the study on data obtained on level of perceived stress and its effect on work-life balance among full time working mothers of under five children in selected software companies in Chennai.
- ✓ Sample of 100 full time working mothers of under five children in selected software companies in Chennai district, who met the Inclusion criteria were selected for the study by using purposive sampling method Instruments used for data collection were self-structured interview to determine level of perceived stress and its effect on work-life balance among full time working mothers of under five children in selected software companies in

Chennai. The investigator planned to collect the data for the period of one week. Prior written permission and consent were obtained from the H.O.D.

- ✓ Chi-square test was used to find out the association of level of stress among staff nurses with selected demographic variables.

TO ASSESS THE LEVEL OF PERCEIVED STRESS AMONG FULL TIME WORKING MOTHERS OF UNDER FIVE CHILDREN IN SELECTED SOFTWARE COMPANIES.

The frequency distribution in the study shows that majority (57%) of them having low stress, (37%) were having moderate stress and (6%) were having high perceived stress among full time working mothers of under five children

TO ASSOCIATE THE LEVEL OF PERCEIVED STRESS AMONG FULL TIME WORKING MOTHERS OF UNDER FIVE CHILDREN IN SELECTED SOFTWARE COMPANIES.

The frequency distribution in the study shows that there is non-significant association of level of perceived stress among full time working mothers of under five children with demographic variables such as age, religion, family income, residency of place, number of children, marital status, type of family, age of the children and duration of sleep pattern. But there is no significant association between level of perceived stress among the full time working mothers of under five children in selected software companies

TO ASSESS THE LEVEL OF WORK-LIFE BALANCE AMONG FULL TIME WORKING MOTHERS OF UNDER FIVE CHILDREN IN SELECTED SOFTWARE COMPANIES

The frequency distribution in the study shows that majority (73%) of them were able to moderately balance, (27%) were difficult to balance and no one is well balanced

TO ASSOCIATE THE LEVEL OF WORK-LIFE BALANCE AMONG FULL TIME WORKING MOTHERS OF UNDER FIVE CHILDREN IN SELECTED SOFTWARE COMPANIES.

The frequency distribution in the study shows that there is non-significant association of level of work-life balance among full time working mothers of under five children with demographic variables such as age, religion, family income, residency of place, number of children, marital status, type of family, age of the children and duration of sleep pattern. But there is no significant association between level of work-life balance among the full time working mothers of under five children in selected software companies

SUMMARY

The research project was done to assess the level of perceived stress and its effect on work-life balance among full time working mothers of under five children in selected software companies in Chennai. The objective of the study was to assess the level of perceived stress and its effect on work-life balance among full time working mothers of under five children in selected software companies in Chennai and samples were selected by using a purposive sampling technique. The tool used was a self structured questionnaire. The time duration for the period of collection was 1 week. The collected data was analyzed and interpretation was done using statistical tabulation with appropriate percentages.

By taking this project, the investigator was able to do the data collection analysis and interpretation for the study and assess the overall level of perceived stress and its effect on work-life balance among full time working mothers of under five children in selected software companies in Chennai. Women are explaining their lives to include a career they must also maintain their traditional roles at home. This combination of house work and career work is there as on why the working mothers today have more stress than working fathers. Mothers may work in an office from nine to five but their work does not end at the office. After working an eight hours day a mother will come home to take care of children, husband and

house. Women remain the primary care taker and housekeeper. Work-life balance is an issue that has become an area of interest because women are pursuing jobs and careers while having families

CONCLUSION

Women are explaining their lives to include a career they must also maintain their traditional roles at home. This combination of house work and career work is the reason why the working mothers today have more stress than working fathers. Mothers may work in an office from nine to five but their work does not end at the office. After working an eight hours day a mother will come home to take care of children, husband and house. Women remain the primary care taker and house keeper. Work-life balance is an issue that has become an area of interest because women are pursuing jobs and careers while having families.

The study was conducted to assess the level of perceived stress and its effect on work-life balance among full time working mothers of under five children in selected software companies in Chennai.

The findings of the research project revealed that

- **Age Shows:** that majority (82%) were belongs to the age between 25-30 years, (14%) of them between 30-35 years, (5%) of them are between 35-40 years.
- **Religion:** Shows that majority of (73%) belongs to the Hindu religion, (23%) of them Christian religion, (4%) of them are Muslims.
- **Family Income:** Shows majority of (51%) were earning between 30,000-40,000, (13%) were earning between 40,000-50,000, (13%) were earning between 50,000-60,000
- **Residency of place:** Shows that majority (59%) were belongs to the own house, (39%) of them rented house.
- **No of Children:** Shows that majority (57%) were having one children, (28%) of them having two children, (15%) of them having three children.

- **Marital Status:** Shows that majority (86%) were married women, (14%) of them were unmarried.
- **Type of Family:** Shows that majority (62%) were living in nuclear family, (38%) of them were living in joint family.
- **Age of the children:** Shows that majority (41%) of the mothers having children in 0-1 years, (37%) of them having children in 1-3 years, (21%) of them having children in 3-5 years
- **Duration of sleep pattern:** Shows that majority (46%) of them are sleeping for 6-7 hours, (40%) of them are sleeping for 7-8 hours, (11%) of them are sleeping for 8-9 hours and (3%) of them are sleeping for 9-10 hours

NURSING IMPLICATIONS

- Implications was done and drawn for nursing practice, nursing administration, nursing education and nursing research.

NURSING PRACTICE

- The nurse should apply her knowledge on psychiatry to prevent mental illness and to help promote and maintain mental health.
- This includes providing health education on the types of stress, causes of stress, signs and symptoms of stress and stress adaptive behavior. Stress is considered important, because such can affect the mental health.

NURSING ADMINISTRATION

- Nursing administration can plan and organize stress related programs among the nurses in hospitals.
- Nursing administration can frame a policy on the importance of stress adaptive behavior among staff nurses and their mental health at all healthcare setting levels.

NURSING EDUCATOR

- The nursing educator can motivate and educate the nurses about the importance of stress adaptive behavior.

- The nursing educator should motivate the nurses and prepare informative health education models in relation to stress adaptive behavior.

NURSING RESEARCH

- The study will motivate new researcher to conduct the same study with the different variable on large scale.
- The nurse researcher can help in developing new strategies and import Knowledge among staff nurses regarding stress adaptive behavior.
- The findings of the study can be disseminated through a conference, seminar or be published in a journal.

LIMITATIONS:

- The study is limited to selected software companies in Chennai.
- The study is limited to full-time working mothers of under five children.
- Sample size will be 100.

RECOMMENDATIONS

- Based on the present study in view, the following recommendations were made:
- The research study can be conducted among a larger sampling group to help Validate and generalize the findings.
- The research study can be conducted to assess the level of perceived stress and its effect on work-life balance among full time working mothers of under five children in selected software companies in Chennai.

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ORTHODOX UNION PARENTING.

APPENDIX – I

PARTICIPANT INFORMATION SHEET (PIS)

The title of the research project is **Assess the stress among Assessment of perceived of stress and its effect on work -life balance among full time working mothers of under five children in selected software companies in Chennai** .The objectives are to assess the stress among full time working mothers of under five children in software companies , to associate the level of perceived stress among full time working mothers with demographic variables, to create awareness on stress adaptive behavior among full time working mothers . Non probability quantity approach with a descriptive design will be used .The information from the participant will be collected through self structured

interview schedule on demographic variables perform and level of stress among full time working mothers. Data will have collected from the participant is approximately 30 minutes. The study benefits are this research provide the baseline data, which enables the future researcher to conduct evidence based research and help to create awareness stress adaptive behavior.

APPENDIX-II

LETTER SEEKING EXPERT OPINION AND CONTENT VALIDITY

From
Ms. Johanna Paul. S,
B.Sc. Nursing, III year,
Sathyabama College of Nursing,
Chennai -119.
To
The director,
Infosys Software Company,
Sholinganallur,
Chennai.

Respected Madam / Sir,

Sub: Requisition for expert opinion and content validity regarding.

We are B.Sc.(Nursing) III year student of Sathyabama College of Nursing, Chennai ,under Sathyabama Institute of Science and Technology (deemed to be university) . As a partial fulfillment of our B.Sc. (Nursing) degree program, We are conducting a research study on “Assessment of perceived stress and it’s effect on work-life balance among full time working mothers of under five children in selected software companies in Chennai”. I am sending the tool for content validity and for your expert & valuable opinion. I will be very thankful if you return it at the earliest. Here with I have enclosed the necessary documents.

Thanking You

Place:

Yours Faithfully,

Johanna Paul. S.

Date:

APPENDIX- III

ETHICAL CLEARANCE

CERTIFICATE TO ETHICAL CLEARANCE

This is to certify that Johanna Paul. S, Keerthana. K, Karthika. V, Lincy Renisha. R and Abishek Kumar , B.sc nursing III year students, submitted the protocol on 25th February, 2023.

The study as, “ Assessment of perceived stress and its effect on work-life balance among full time working mothers of under-five children in selected software companies in Chennai”

The above protocol was received by ethical committee approved and mentioned that the study is feasible to carry out under the guidance of an eligible guide.

SIGNATURE OF THE CHAIRMAN

APPENDIX-IV

CERTIFICATE OF CONTENT VALIDITY

To Whom So Ever It May Concern

This is to certify that the tool prepared by Ms. Johanna Paul . S Ms. Karthika .V Ms. Lincy Renisha . Ms. Keerthana K and Mr. Abhisek Kumar , B.Sc. (N) III year students of Sathyabama College of Nursing, Sathyabama Institute of Science and Technology (deemed to be university) for the conduction of the research study on assessment of perceived stress and its effect on work-life balance among full time

working mothers of under five children in selected software companies in Chennai They can proceed in conducting data collection.

APPENDIX-V

RESEARCH CONSENT FORM

Dear Participants,

We are Ms. Johanna Paul. S, Ms. Keerthana. K, Ms. Karthika. V, Ms. Lincy Renisha. M and Mr. Abhishek Kumar B.Sc. Nursing III year student of Sathyabama College of Nursing, Sathyabama Institute of Science and Technology, Chennai. As a part of our study, a research on” Assessment of perceived stress and its effect on work-life balance among full time working mothers of under five children in selected

software companies in Chennai is to be conducted. The study will be helpful in reducing stress.

I hereby seek your consent and co- operation to participate in the study. Please be frank and honest in your responses. The information collection will be kept confidential and anonymity will be maintained.

Thank You

I _____ here by consent to participate and undergo the study.

Date:
of the researcher
Place:

Signature

Signature of the participant

APPENDIX-VI

RESEARCH TOOL

SECTION-A

SOCIO DEMOGRAPHIC DATA

1. AGE

- a) 25-30 ()
- b) 30-35 ()
- c) 35-40 ()

2. RELIGION

- a) Hindu ()
- b) Christian ()
- c) Muslim ()

3. FAMILY INCOME

- a) 30,000-40,000 ()

- b) 40,000-50,000 ()
- c) 50,000-60,000 ()
- d) More than 60,000 ()

4. RESIDENCY OF PLACE

- a) Own house ()
- b) Rented house ()

5. NUMBER OF CHILDREN

- a) one ()
- b) Two ()
- c) Three ()

6. ECONOMIC STATUS:

- a) High level ()
- b) Middle level ()
- c) Low level ()

7. TYPE OF FAMILY

- a) Nuclear family ()
- b) Joint family ()

8. AGE OF THE CHILDREN

- a) 0-1 years ()
- b) 1-3 years ()
- c) 3-5 years ()

9. DURATION OF SLEEP PATTERN

- a) 6 - 7 hours ()
- b) 7 - 8 hours ()
- c) 8 - 9 hours ()
- d) 9 - 10 hours ()

SECTION -B

STANDARDIZED TOOL

**RATING SCALE TO ASSESS THE LEVEL Of PERCEIVED
STRESS AMONG MOTHERS OF UNDER FIVE CHILDREN**

	Never 0	Almost never 1	Sometim es 2	Fairly Often 3	Very often 4
In the last month, how often have you been upset because of something that happened unexpectedly?					

In the last month,how often have you been nervous and stressed?					
In the last month,how often have you felt that you were unable to control the important thing in your life?					
In the last month, how often have you felt confident about your ability to handle your personal problems?					
In the last month,how often have you felt that things were going your Way?					
In the last month,how often have you found that you cannot cope with all the things that you had to do?					
In the last month,how often have you been able to control irritations in your life?					
In the last month,how often have you felt that you were on top of things?					
In the last month, how often have you been angered because of things that happened that were outside of your control?					

In the last month , how often have you felt difficulties were piling up so high that you could not overcome them?					
---	--	--	--	--	--

**STRUCTURED QUESTIONNAIRE ON WORK-LIFE
BALANCE**

**RATING SCALE TO ASSESS THE LEVEL OF WORK-LIFE
BALANCE AMONG FULL TIME WORKING MOTHERS OF
UNDER FIVE CHILDREN**

	Never 0	Almost never 1	Sometim es 2	Fairly Often 3	Very often 4
In the last month, how often have you been upset because of something that happened unexpectedly?					

In the last month, how often have you been nervous and stressed?					
In the last month, how often have you felt that you were unable to control the important thing in your life?					
In the last month, how often have you felt confident about your ability to handle your personal problems?					
In the last month,how often have you felt that things were going your Way?					
In the last month, how often have you found that you cannot cope with all the things that you had to do?					
In the last month, how often have you been able to control irritations in your life?					
In the last month, how often have you felt that you were on top of things?					
In the last month, how often have you been angered because of things that happened that were outside of your control?					

In the last month , how often have you felt difficulties were piling up so high that you could not overcome them?					
---	--	--	--	--	--

LESSON PLAN

ON

STRESS

PSYCHIATRIC

NURSING

BSc (N) III YEAR

LESSON PLAN

Subject	:	Mental health nursing
Unit	:	IV
Topic	:	Therapeutic communication
Method of teaching	:	Lecture cum discussion
Time	:	1 hr
AV Aids	:	PPT
Batch	:	BSc (N) III year
Previous Knowledge	:	Students have knowledge on communication

CENTRAL OBJECTIVES:

The students will be able to gain in depth knowledge about stress.

SPECIFIC OBJECTIVES:

At the end of the class, students will be able to:

- ☞ Introduce the topic Stress
- ☞ Define stress
- ☞ List the causes of stress
- ☞ Explain the types of stress
- ☞ Explain the effects of stress
- ☞ List the signs of stress
- ☞ Explain the types of stress management
- ☞ Able to describe the coping strategies
- ☞ Able to describe the non-pharmacological management

s.no	Time	Specific object	Content	Teacher's activity	Student's activity	A.V Aids	Evaluation
	2mts	Students will be able to introduce the topic	INTRODUCTION Stress is often termed as a twentieth century syndrome, born out of mans race towards modern progress and its ensuring complexities. -BENJAMIN FRANKLINI				
1	3mts	Meaning of stress manageme nt	MEANING OF STRESS: Stress can have a big impact on your body, in a ways that are felt by just you, and in a way that the world can see. One of the more visible potential by-products of stress is weight gain –many people find themselves to be ‘emotional eaters’ who react to stress by reaching for something often the wrong thing –to eat. Stress can also create a loss of appetite ,which can be problem as well.	Explain ing	Listening	PPT	What is stress?
2	2mts	Definition of stress	DEFINITION Stress is the mental, emotional, and physiological responses caused by a stimulus rather is either real or imaginary	Explain ing	Listening	PPT	Define stress?
3	3mts	List the causes of stress	CAUSES OF STRESS: High performance demand ☞ Bad boss ☞ Workplace culture ☞ Personal or Family problems Technology	Explain ing	Listening	PPT	What are the causes of stress?

4	5mts	Explain the types of stress	TYPES OF STRESS EUSTRESS: ☞ Eustress or Positive stress, has the following characteristics: ☞ Motivates, focuses energy ☞ Its short-term ☞ Its perceived as within our coping abilities ☞ Feels exciting ☞ Improves performance	Explaining	Listening	Ppt	What are the types of stress ?
5	10mts	Effects of stress	EFFECTS OF STRESS: ☞ Work related stress can be results in the high levels of employee turnover ☞ Employees experiencing stress are more likely to make poor decisions and casual errors ☞ Workplace relations and customer service may deteriorate.			PPT	What is the effects of stress?

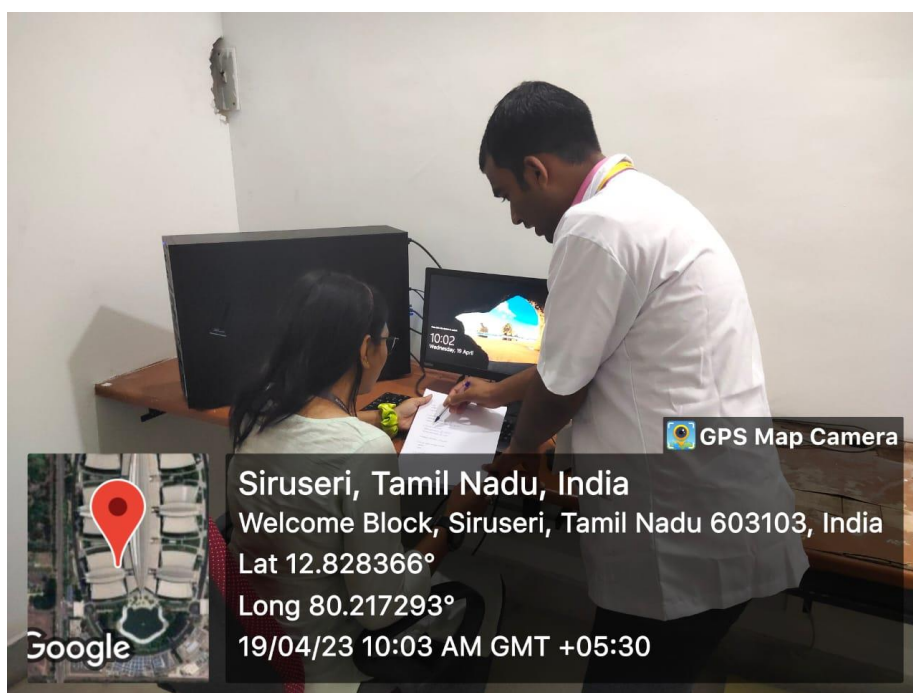
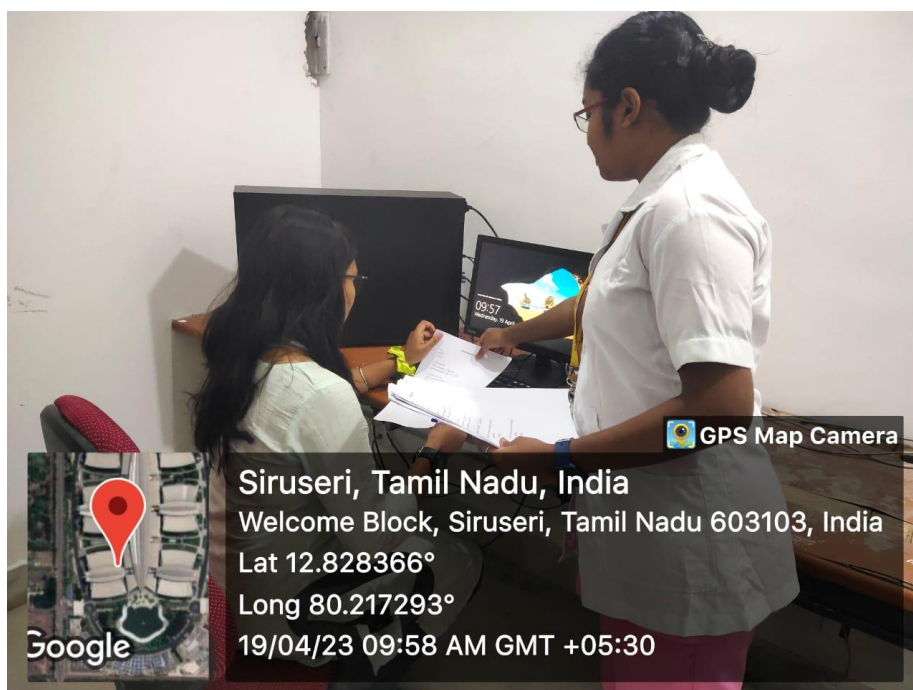
6		List the signs of stress	SIGNS OF STRESS: ☞ Insomnia ☞ Loss of mental concentration ☞ Absenteeism ☞ Depression ☞ Extreme anger and frustration Family conflict	Explaining	Listening	PPT	What are the signs of stress?
7	10 mts	Explain types of stress management	TYPES OF STRESS MANAGEMENT: 1. Social relationships. 2. Intimate relationships. 3. Therapeutic relationships 1. <u>SOCIAL RELATIONSHIP</u> A social relationship can be defined as a relationship that is primarily initiated with the purpose of friendship, socialization, enjoyment or accomplishing a task. Mutual needs are met during social interaction. For example, participants share ideas, feelings and experiences	Explaining	Listening	PPT	What are the types of stress management?

			<u>2.INTIMATE RELATIONSHIP</u> An intimate relationship occurs between two individuals who have an emotional commitment to each other. Those in an intimate relationship usually react naturally with each other. Often the relationship is a partnership wherein each member cares about the other's need for growth and satisfaction. <u>3.THERAPEUTIC RELATIONSHIP:</u> The therapeutic relationship between nurse and client differs from both a social and an intimate relationship in that the nurse maximizes inner communication skills, understanding of human behavior and personal strengths, in order to enhance the client's growth. The focus of the relationship is on the client's ideas, experiences and feelings.				
8	10 mts	Mention pharmacolo gical manageme nt of stress	PHARMACOLOGICAL MANAGEMENT ❖ Benzodiazepines(diazepam) ❖ Barbiturates ❖ Anti psychotics	Explain ing	Listening	ppt	What are pharmacolo gical managemen t of stress?

			❖ Anti depressants				
9		Mention non pharmacological management of stress	NON PHARMACOLOGICAL MANAGEMENT ❖ Daily relaxation ❖ Regular exercise ❖ Assertiveness technique ❖ Behavioral therapy ❖ Yoga ❖ Seeking counselling ❖ Learn to accept failure	Explaining	Listening	PPT	What are non pharmacological management?
			SUMMARY It is important to find yourself how to handle stress for yourself and also to help those you lead. Stress is the harmful physical and emotional response that occurs when the requirements of the job do not match the capabilities, resources, or need of the workers.				
			CONCLUSION				

			Stress is unavoidable part of life, whether it is a positive or negative stress , everyone has to face it. It is important to learn coping techniques ad keep stress under control				
			REFERENCES ☐ Sreevani, R. (2008). <i>A guide to mental health and psychiatric nursing (4th ed)</i> . New Delhi: Jaypee brothers medical publishers, page no: 60-61				

APPENDIX- VII
PHOTOGRAPHICAL EVIDENCE



**A STUDY TO ASSESS THE LEVEL OF QUALITY OF LIFE
AMONG CLIENTS WITH HYPERTENSION IN A
SELECTED SUBURBAN AREA, CHENNAI.**



**A PROJECT WORK SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF NURSING**

2020-2024



**A STUDY TO ASSESS THE LEVEL OF QUALITY OF LIFE
AMONG CLIENTS WITH HYPERTENSION IN A
SELECTED SUBURBAN AREA, CHENNAI.**



BY

Mr. SANJAY THOMSON.K

Mr. SARATHI.K

Ms. SNEKA.G

Ms. SNEHA.J

Mr.MD ISHTEYAQUE

**A PROJECT WORK SUBMITTED TO
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**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF SCIENCE IN NURSING**

2020-2024

CERTIFIED WORK DONE BY

Mr.SANJAY THOMSON.K

Mr.SARATHI.K

Ms.SNEKA.G

Ms.SNEHA.J

Mr.MD ISHTEYAQUE

**SATHYABAMA COLLEGE OF NURSING
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI**

**SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF SCIENCE IN NURSING
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI**

2020-2024

RESEARCH GUIDE



DEAN



DEAN

SATHYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Rajiv Gandhi Sarai,
Chennai - 600 119.

BONAFIDE CERTIFICATE

This is a bonafide work done by **Mr.SanjayThomson.K, Mr.Sarathi.K, Ms.Sneka.G, Ms.Sneha.J** and **Mr.Ishteyaque.MD, B.sc (N)** IIIrd year students from Sathyabama college of Nursing. Sathyabama Institute of Science and Technology, Chennai, submitted in partial fulfillment for the degree of Bachelor of science in Nursing under the Sathyabama Institute of Science and Technology (Deemed to be University), Chennai.

COLLEGE SEAL



SIGNATURE OF THE DEAN

DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

ENDORESEMENT BY THE RESEARCH GUIDE

This is to certified the project work “A Study to Assess the Level of Quality of Life Among Clients With Hypertension in a Selected Suburban Area, Chennai. is a bonafide research work done by Mr.Sanjay Thomson.k, Mr.Sarathi.K, Ms.Sneka.G, Ms.Sneha.J and Mr.MD Ishteyaque in partial fulfillment of the requirement for the degree of the bachelor of science in nursing.

SEAL AND SIGNATURE OF THE RESEARCH GUIDE

DEAN
SATYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Jijiy Gandhi Salai,
Chennai - 600 119.

ACKNOWLEDGEMENT

“He makes all things beautiful in his time”

My great indebted thanks to the **lord all mighty** for his abandoned blessing, endless grace and love showered on me in providing the strength to overcome all the difficulties and made me to complete my study successfully, without which it would not have been possible. There are several hands behind in giving a shape to this research study, which would be impossible to mention all by name. There are some whom the investigator would particularly like to thank.

With the blessings of our Founder chancellor **Col. Dr. Jeppiaar** which encouraged to complete this project, We are substantially thankful to our chancellor **Dr. Mariazeena Johnson** and express our deep gratitude and heartfelt thanks to our President **Dr. Marie Johnson** for their encouragement and dedication towards the academic excellence and for providing us an opportunity to finish our project successfully.

It is my bounden duty to express my heartiest gratitude to **Dr. L Lakshmi [RN, RM, M.Sc(Nursing), Ph.D(Nursing)]**, Dean, Sathyabama College of Nursing, for her constant enthusiastic support, warmth inspiration and gave innovative ideas to incorporate in this study.

Excellent teacher is a complex matrix of builder, moulder, artist, leader and harvest. I would like to express my immense gratitude and whole hearted thanks to my clinical guide **Mr. Dinesh.M, M.Sc(Nursing), Assistant professor, Department of Medical Surgical Nursing, Sathyabama College of Nursing**, for diligent effort the best quality, peaceful, his reassuring plan and a very approachable and inspiring quote, that can never be forgotten. I consider it as a great honor and privilege to have completed under his supervision.

I wish to communicate my extraordinary credit to **Ms. Ponnambly Chandy** for providing guidance in research work and **Dr. Kamaraj**, for his well-timed and opportune aid and backing in statistical analysis and presentation of data.

I extend my whole hearted thanks to all Faculty Members of Sathyabama College of Nursing for their continuous encouragement, guidance and valuable suggestions for this study.

I profusely thank all Medical and Nursing Experts who validated the content and tool, which helped to incorporate their views in this study.

I am thankful to **Mr. Johnson M (Librarian)** and **Mr Nirmal Paul T S (System Admin)** of Sathyabama College of Nursing for helping me with literature work and for extending library facilities throughout the study

Our heartfelt thanks **to Medical Officer** of Government Hospital, Thiruporur, who grand us permission to conduct study and supported us throughout our experiment. Finally the soul of our study who allowed us to handle their health for a while, I convey our gratitude to every participants who was included in the study.

A special note of gratitude to our classmates for their co-operation and help they rendered throughout the study.

Last but not least life has blessed me with an understanding, lovable and value oriented our beloved Parents who persuaded us to pursue under Graduate study, we are ever grateful to this supportive presence all along.

This study drew upon the knowledge and help, experience and expertise of many persons of good will, though too numerous to name, each one of them is remembered for their individual contributions without which the realization and presentation of this research would not have been. So I shower my great deal of thanks to those who helped directly and indirectly in this study

ABSTRACT

Introduction

One of the most important risk factors for chronic diseases like cardiovascular disease, stroke, arrhythmias, heart failure, and kidney disorders is hypertension, a condition that is a global public health emergency. Patients' quality of life is impacted by hypertension, however, there is little research on the factors that influence patients' health-related quality of life. As a result, the goal of this study is to investigate the variables that influence adult hypertension patients' health-related quality of life.

Methods

This study was carried out at Thiruporur, a suburb of Chennai. The information was gathered in April 2023 over the course of one week. The authorities were contacted in advance for approval. On the basis of sample selection criteria, 100 individuals in total were chosen for the study using the convenience sampling technique. The WHOQL-BREF scale was used to evaluate the patients with hypertension's quality of life.

Results

The overall quality of life among hypertensive patients reveals that 3 (3%), 83 (83%), and 14 (14%) of the hypertensive patients had excellent quality of life, medium quality of life, and bad quality of life, respectively. The mean quality of life score for the study group's hypertensive consumers was 48.85, with a standard deviation of 11.48. At the 0.05 level, there was a significant connection between the demographic variable like economic status.

Conclusion and recommendations

Patients with hypertension had poor health-related quality of life across all domains. The results show that the general treatment approach needs to change and that healthcare professionals, the government, non-governmental organizations, and the community need to pay greater attention to patients' quality of life.

LIST OF ABBREVIATIONS

ADL	-	Activities of daily living
AHA	-	American Heart Association
HRQoL	-	Health-Related Quality of Life
JNC	-	Joint National Committee
NCD	-	Non-Communicable Disease
F	-	Frequency
CI	-	Class Interval
PCS	-	Physical Component Summary scale
MCS	-	Mental Components Summary Scale
H	-	Hypothesis
NS	-	Non-Significant
RCT	-	Randomized Control Trial
QOL	-	Quality of life
SD	-	Standard Deviation
S	-	Significant
SPSS	-	Statistical Package for Social Science
WHO	-	World Health Organization
WHOQOL-Bref,-		World Health Organization Quality Of Life

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CHAPTER – 1

"People with high blood pressure, diabetes - those are conditions brought about by lifestyle. If you change the lifestyle, those conditions will leave." - Dick Gregory

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Human lives very busy life and has little time for physical and mental rest in this modern mechanical competitive period. The mental stress brought on by sedentary behaviours has decreased vitality and has been linked to the development of numerous ailments, including hypertension. Globally, hypertension is now the third leading cause of disability-adjusted life years and a substantial contributor to morbidity and mortality. Because its victims frequently experience no symptoms, it is known as a "silent killer."

Hypertension, commonly referred to as high or rising blood pressure, is a disorder where the blood vessels experience chronically elevated pressure, which puts them under more stress. Every time the heart beats, blood is pumped into the arteries, which transport it throughout the body. The danger of heart and blood vessel damage to important organs including the kidneys and brain increases with blood pressure. The most significant worldwide avoidable factor in heart disease and stroke is hypertension.

Hypertension (high blood pressure) is when the pressure in your blood vessels is too high (140/90 mmHg or higher). It is common but can be serious if not treated.

Hypertension is diagnosed if, when it is measured on two different days, the systolic blood pressure readings on both days are ≥ 140 mmHg and/or the diastolic blood pressure readings on both days is ≥ 90 mmHg

High blood pressure cannot be ignored in the fight against cardiovascular disease because it is one of the most prevalent and serious risk factors for heart disease and stroke. **(AHA).**

Systolic blood pressure (the first number) shows how much force the heart's contractions cause blood to exert against artery walls. The second number, or diastolic blood pressure, describes how much force blood is applied to artery walls when the heart muscle rests in between contractions. **AHA**

Healthy arteries are flexible, strong, and elastic. Their inner lining is smooth so that blood flows freely, supplying vital organs and tissues with nutrients and oxygen. High blood pressure (hypertension) gradually increases the pressure of blood flowing through the arteries. **(Sandhya Pruthi, M.D. 2022)**

Worldwide, 1.28 billion persons between the ages of 30 and 79 are believed to have hypertension, with two-thirds of them residing in low- and middle-income nations. Adults with hypertension are reportedly 46% less likely to be aware of their condition. Adults with hypertension are only diagnosed and treated in 42% of cases. 21 percent of persons who have hypertension have it under control. Around the world, hypertension is a key factor in premature death. The reduction of hypertension prevalence by 33% between 2010 and 2030 is one of the global goals for non-communicable diseases. **(WHO-2023)**

In contemporary societies, hypertension and its consequences constitute a major cause of death. The only method of managing hypertension that has been proven to be effective is antihypertensive medication therapy. The offered regimens are by no means ideal. These medications put a lot of people at risk for serious side effects, disastrous outcomes, and shorter lifespans. It has many factors to cause hypertension but most of the factors are modifiable.

Older age, genetics, being overweight or obese, not being physically active, eating a diet high in salt, and drinking too much alcohol all raise the chance of having high blood pressure. **(WHO-2023)** Higher blood pressure levels have more risk for other health problems, which will affect overall health and quality of life.

Health is a state characterized by anatomic, physiologic, and psychological integrity; ability to perform personally valued family, work, and community roles; ability to deal with physical, biological, psychological, and social stress"

High blood pressure (hypertension) can quietly damage the body for years before symptoms develop. Uncontrolled high blood pressure can lead to disability, poor quality of life, or even a deadly heart attack or stroke.

Quality of life (QoL) is a concept that aims to capture the well-being, whether of a population or individual, regarding both positive and negative elements within the entirety of their existence at a specific point in time.

WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns.

“Suburban” is often used to describe informal settlements within cities that have inadequate housing and squalid, miserable living conditions. They are often overcrowded, with many people crammed into very small living spaces.

Basic municipal amenities like water, sewage, waste collection, storm drainage, street lighting, and paved walkways and roads for emergency access are absent from these villages. Most also don't have simple access to public facilities like schools, hospitals, or gathering spaces in the neighbourhoods. For many years more than 20 years in some cities many slums went without services and were ignored.

UN-HABITAT defines a suburban household as a group of individuals living under the same roof in an urban area who lack one or more of the following:

1. Durable housing of a permanent nature that protects against extreme climate conditions.
2. Sufficient living space means no more than three people sharing the same room.
3. Easy access to safe water in sufficient amounts at an affordable price.
4. Access to adequate sanitation in the form of a private or public toilet shared by a reasonable number of people.
5. Security of tenure that prevents forced evictions.

1.2 NEED FOR THE STUDY

The construction, character, and culture of slum neighborhoods can vary greatly; the regions included in our study also varied in a number of other dimensions, such as parcel size, availability of power, flood risk, and crime. However, slum dwellers do acknowledge that their conditions are extremely challenging. Hypertension could exacerbate other health issues that are common in slum environments, such as psychological distress, poor food, a sedentary lifestyle, and cardiovascular disease, highlighting its crucial role in chronic sickness and health. Slum residents' quality of life, daily schedules, and habits haven't yet been studied in the scientific literature.

The most prevalent non-communicable illness and the main factor in cardiovascular disease worldwide is hypertension. Inadequate and infrequent care is given to patients who have hypertension, many of whom are ignorant of their disease.

Managing hypertension among slum residents can be quite challenging due to various factors. Slums are characterized by overcrowded living conditions, poor sanitation, limited access to healthcare facilities, and economic disparities, all of which can significantly impact the management of hypertension. The challenges faced in managing

hypertension among slum residents such as Limited access to healthcare, financial constraints, Lack of awareness, Unhealthy lifestyle, Stress and mental health, and Non-compliance with medication.

Those with hypertension have a higher risk of coronary artery disease, heart failure, and stroke. Hypertension accounts for 57% of all deaths from stroke and 24% of all deaths from coronary heart disease in India. Although the prevalence of hypertension has remained stable or has decreased in economically developed countries, it has increased in developing countries including India.

Quality of life is a collective term that encompasses multiple components of a person's social and mental status. Simply stated, it is the ability of a person to function normally in society, as perceived by the person. However, most hypertension patients have a poor quality of life due to a lack of awareness in slum areas.

Fidelis Atibila et al. (2021) highlight a wide range of challenges that people with chronic conditions experience. These include physical (i.e., functional activities, signs, and symptoms, psychological (anxiety, fear, and depression), social (appearance, financial burden, relationship, and affection/sexual function), and spiritual (hope, despair, religiosity, and inner strengths) aspects of the human beings.

Numerous psychological, emotional, and social difficulties are experienced by individuals with HPT, according to studies done in the United States of America and Australia. Stress, depressive signs, and anxiety are notable ones.

WHOQOL-BREF is a reliable instrument to measure QOL among hypertensive patients. Their results revealed low QOL in the psychological domain and inequality QOL across socio - demography characteristics. Given the results, encouraging physical activities and strengthening treatment adherence should be considered to improve the QOL of Hypertensive people, especially for psychological aspects. Actions to improve QOL

among hypertensive patients targeted toward women, lower educated, and unmarried patients are needed in the slum areas.

Assessing the quality of life for hypertension patients is a holistic approach to understanding the impact of the condition beyond just physical health. It helps healthcare providers provide personalized care, address emotional well-being, and enhance overall patient satisfaction and treatment outcomes.

Research has shown that a patient's quality of life is associated with health outcomes. A better quality of life often correlates with better health outcomes, including lower rates of complications and hospitalizations. By regularly assessing the quality of life, healthcare providers can gain insights into the potential progression of the condition and identify patients who may need additional support or intervention.

This study was conducted on Quality of life among people living with hypertension in a rural community in Vietnam located 60 km from Ho Chi Minh City. Face-to-face interviews were conducted among 275 hypertensive people aged 50 years and above using the WHOQOL-BREF questionnaire. Both overall WHOQOL-BREF and each domain had a good internal consistency, ranging from 0.65 to 0.88. The QOL among hypertensive patients was found moderate in all domains, except for the psychological domain which was fairly low (mean = 49.4). Backward multiple linear regressions revealed that being men, married, attainment of higher education, having physical activities at a moderate level, and adherence to treatment were positively associated with QOL. However, older age and the presence of co-morbidity were negatively associated with QOL.

Sulaiman A Alshammari et.al., (2021) a cross-sectional study was conducted to assess the Quality of Life and Awareness of Hypertension Among Hypertensive Patients in Saudi Arabia. A total of 437 participants were included in this study, with 55.4% being males (n=242). The majority (85.1%) were aware of the normal values of blood pressure. Many participants had no problems with mobility, personal care, usual activities, pain or discomfort, and anxiety or depression. Age groups showed a significant association with

mobility and usual activities. The knowledge of hypertension was significantly associated with HRQoL. This study found that most hypertensive patients were aware of the standard blood pressure values. HRQoL concerning physical functioning and general health is found to be good based on the EuroQol visual analog scale (EQ VAS) in the hypertensive population who are aware of their condition. This study reported a weak yet significant association between hypertension-related knowledge and HRQoL scores. Several factors can affect the HRQoL of the hypertensive population including gender, education, occupation, and income status.

Nursing education and practice both need extensive use of research. It gives nursing students the abilities, information, and proof required to deliver high-quality care and make significant contributions to the nursing profession. Nursing students can advance healthcare practices and regulations and have a positive impact on patient care through research. During our clinical postings, we observed numerous hypertension patients who were not taking their medication as prescribed, which results in poor hypertension control and lowers their quality of life, especially for those living in urban slum regions. The most important component is ignorance of disease conditions and the course of treatment, which is connected to literacy level and living situation. Therefore, we had a research project planned on the quality of life of hypertension patients living in suburban areas.

1.3 STATEMENT OF THE PROBLEM

A study to assess the level of quality of life among clients with hypertension in a selected suburban area, Chennai.

1.4 RESEARCH OBJECTIVES

1. To assess sociodemographic variables among Hypertensive clients.
2. To assess the quality of life among clients with Hypertension.
3. To find the association between quality of life and sociodemographic variables among hypertensive clients.

1.5 RESEARCH HYPOTHESIS

H1: There is a significant association between quality of life and Sociodemographic variables among hypertensive patients $p < 0.05$ level.

1.6 OPERATIONAL DEFINITION

ASSESS

In this study, it refers to the evaluation of the level of quality of life among Hypertensive patients which is measured by using the WHOQL-BERF scale

Quality of Life:

It is the individual perception and experience of the state of well-being based on physical, social relationship, psychological, and environmental domains and it will be measured by using the WHOQL-BERF scale.

Hypertension:

Refers to consistent systolic blood pressure > 140 mm of Hg and diastolic blood pressure > 90 mm of Hg.

Clients:

People who are diagnosed as hypertensive and getting the treatment of Hypertension.

Suburban Area:

It is a residential area lower density areas that separate residential and commercial areas from one another.

1.7 ASSUMPTIONS

- The quality of life for hypertensive patients will be negatively impacted by a number of factors, including age, sex, stress, family history, dietary habits, inactivity, obesity, and treatment discontinuity.
- Patients with hypertension would have a limited grasp of their condition and the importance of treatment due to the low literacy rate in slum communities.
- Education about hypertension and its treatment for hypertensive individuals will increase knowledge and change lifestyle choices related to the management of hypertension. The patient's quality of life who have high blood pressure would be improved.

1.8 DELIMITATIONS

- The study is conducted in a selected suburban area only.
- The study was delimited to a period of one week.

1.9 CONCEPTUAL FRAME WORK

A Conceptual framework includes one or more formal theories as well as other concepts and empirical findings from the literature .It is used to show relationship among these ideas and how they relate to the research study .Conceptual framework are commonly seen in qualitative research in the social and behavioural sciences ,for example ,because often one theory cannot fully address the phenomena being studied .The conceptual framework adopted for the study was based on “Pender’s Health Promotion Model(1987)” .Health promotion model is directed towards increasing level of wellbeing and self-actualization in a given individual group .The model focuses on the aspects of modified factors ,cognitive perceptual factors ,participating in health promotion behaviour.

Modifying Factors

In this study the modifying factors are demographic variables of clients with hypertension in selected suburban areas in Chennai .This includes age ,sex ,religion ,marital status ,education status ,residency of place ,economic status ,type of family ,duration of sleep pattern ,duration of hypertension and number of antihypertensive drug .

Cognitive Perceptual Factors

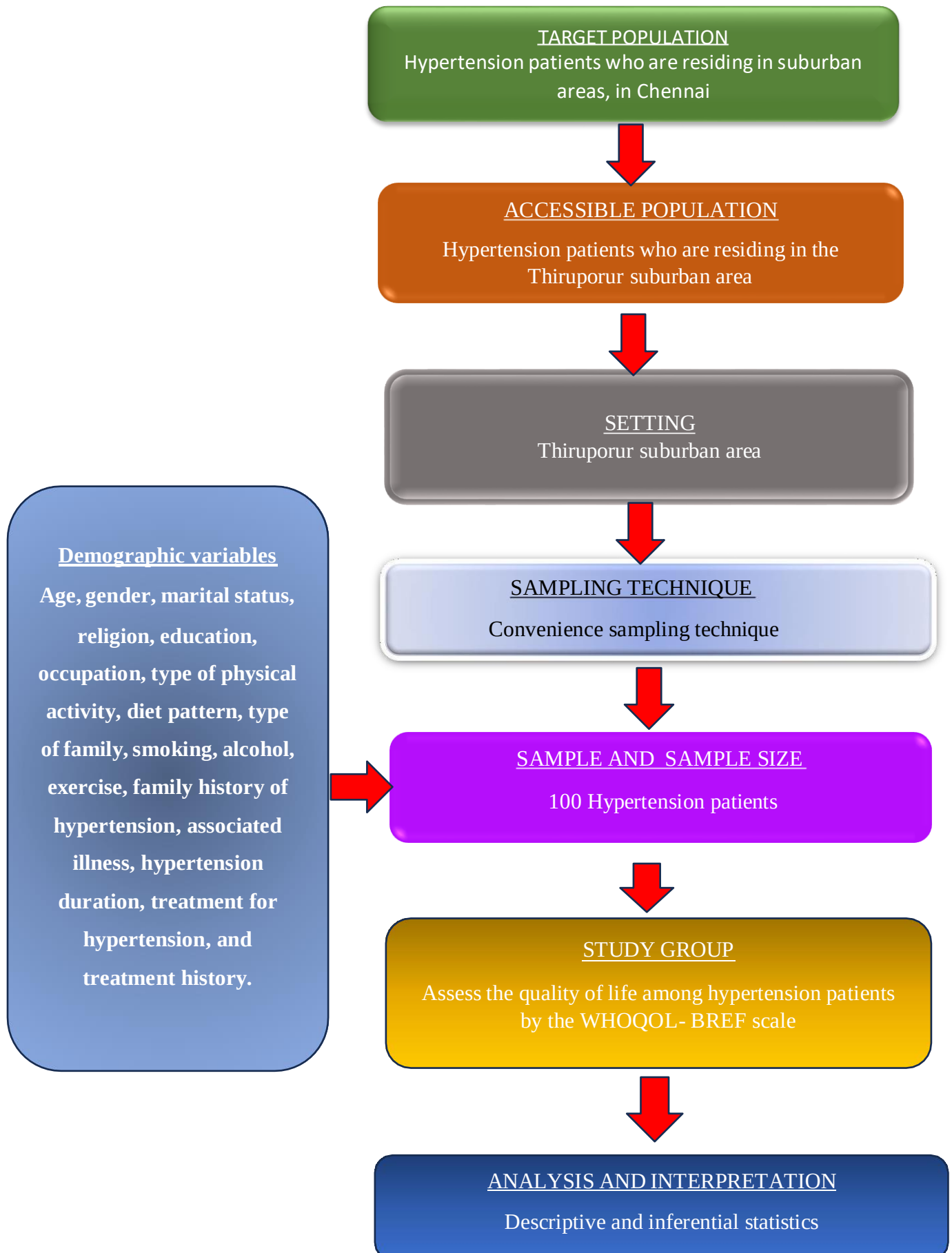
It refers to the health education program on Hypertension .This includes information about hypertension ,types of hypertension ,causes ,risk factors ,symptoms ,types of hypertensive management and prevention of hypertension .

Participating In Health Promotion Behaviour :

According to this model ,health promotion behaviour should result in improvement of health and better quality of life at all stages of development.

The individual's participation in this study is considered as one of the health promoting behaviours ,as this will help hypertensive clients to identify their level of quality of life and adopt measures for promoting health.

SCHEMATIC REPRESENTATION OF RESEARCH DESIGN



CHAPTER- 2

REVIEW OF LITERATURE

A review of literature is an essential component, of a worldwide study in any field of knowledge. It helps investigators to gain information on what has been done previously and to gain deeper insight into the research problems. It also helps to plan and conduct the study in a systematic and scientific manner. Links between new research topics and existing knowledge are generally developed by a thorough review of prior research on a topic and then by developing a framework for the topic on the basis of what is studied.

The review of literature for the study has been from published articles, textbooks, reports, and MEDLINE search and it is organized as follows:

1. Prevalence of hypertension among people in suburban areas
2. Studies related to quality of life among hypertensive patients

1.1.1 PREVALENCE OF HYPERTENSION AMONG PEOPLE IN SUBURBAN AREAS

P.S. Rakesh, et al. (2023) a randomized controlled trial study conducted to assess Hypertension in urban slums of southern India: Burden, awareness, health-seeking, control and risk factor profile in the urban slums of Kochi, Kerala, India. Totally 5980 adults from 20 randomly selected slums were measured by the door-to-door survey by trained nurses as a part of baseline assessment for a cluster. The prevalence of hypertension was found to be 34.8% (95% CI 33.5–34.9). Among those with hypertension, 66.9% were aware of their hypertensive status, of which 75.8% were initiated on treatment for hypertension. The proportion of hypertensive in the population who had their blood pressure under control was 24.5%. Among hypertensive, 53% were obese, 25.1% had diabetes mellitus, and 14% had a history of hospitalization for high blood pressure. Of them, 60.3% had a per capita salt consumption above 8 g/day and 47.5% of them reported sitting for more than 8 h on a usual day. The mean monthly out-of-pocket expenditure for the treatment of

hypertension was \$9 (Median \$8, IQR \$16). The study results reveal one in three adults in the urban slums of Kochi had hypertension. High rates of obesity, salt intake, and physical inactivity prevail among people with hypertension. Awareness, treatment initiation, and control rate of hypertension are lower in urban slums as compared to non-slum urban areas. Slums require additional attention to ensure equitable and universal access to hypertension control.

Nidhi Srivastava et al. (2017), A cross-sectional study was conducted Prevalence of hypertension among the adult population in the slums of West Delhi. Blood pressure was measured using a digital machine (OMRON). The data obtained were analyzed for percent prevalence, mean, standard deviation, and median. Joint National Committee (JNC) on Prevention, detection, evaluation, and Treatment of high blood pressure (JNC) VI and JNC VII criteria were used to classify hypertension. The study results reveal that the overall prevalence of hypertension was 25.3%. The prevalence was higher (27.9%) in males than females (22.8%) and also in the age group 46-59 years (43.0%) as compared to 18-45 years (19.8%). The overall prevalence of prehypertension, Stage I, and Stage II hypertension, respectively, was 35.2%, 16.1%, and 9.2%. One-fourth of the adult population is hypertensive. Early diagnosis and treatment are advisable, besides awareness about dietary and lifestyle modification.

Sabuj Kanti Mistry, et al, (2016) A study to assess the Prevalence and determinants of hypertension among urban slum dwellers in Bangladesh. A total of 1155 urban slum dwellers aged 35 years or above were selected for this study by convenience sampling technique. The prevalence of hypertension was 28.3% among urban slum dwellers aged 35 years and above. In adjusted analysis, urban slum dwellers aged 45–54 years (AOR: 1.64, 95% CI: 1.17–2.28), 55–64 years (AOR: 2.47, 95% CI: 1.73–3.53), and ≥ 65 years (AOR: 2.34, 95% CI: 1.47–3.72), from wealthier households (AOR: 1.94, 95% CI: 1.18–3.20), sleeping < 7 h per day (AOR: 1.87, 95% CI: 1.39–2.51), who were overweight (AOR: 1.53, 95% CI: 1.09–2.14) or obese (AOR: 2.34, 95% CI: 1.71–3.20), and having self-reported diabetes (AOR: 3.08, 95% CI: 1.88–5.04) had an increased risk of hypertension. Moreover, 51.0% of the participants were taking anti-hypertensive medications and 26.4% of them had their hypertension in control. The findings highlight a high burden of hypertension and poor management of it among the slum dwellers in

Bangladesh requiring a novel approach to improve care. It is integral to effectively implement the available national non-communicable disease (NCD) control guidelines and redesign the current urban primary health care system to have better coordination.

Suvro Banerjee, et al, (2016) a cross-sectional study was conducted to assess the Prevalence, awareness, and control of hypertension in the slums of Kolkata. A door-to-door survey was conducted by trained healthcare workers using a structured questionnaire. Hypertension was diagnosed by JNC-VII criteria. A total of 10,175 adults aged ≥ 20 years participated in the study and they were selected by convenience sampling technique. The overall prevalence of hypertension was 42%. Hypertension was newly detected in 19% of the population. Fifty-four percent of the hypertensive subjects were aware of their hypertension status, 38% were on antihypertensive treatment, and 12% had their BP controlled to the target level. Subgroup analysis showed that the prevalence of hypertension was higher in men, above 60 years of age, in the minority community, in those with a higher household income, and among tobacco users.

S.M.V. Kumari (2014) A study on the prevalence of hypertension in urban slum field practice area of osmania medical college – Hyderabad. Data was collected using a pre-tested, structured questionnaire from a total of 250 people. Out of 250 samples, 195 are females, and 55 are males were selected by convenience sampling technique. The prevalence of Hypertension was found to be 30.42% among males which is 34.54% and for females, it is 29.34%. Statistical significance was observed between Hypertension and increasing age, severity, illiteracy, sedentary group, and non-smokers. There is still a need for an increase in IEC and BCC activities in terms of awareness regarding risk factors of hypertension, complications, and adherence to treatment.

Om Prakash Das, et al. (2014) Conducted a Cross-Sectional Study to assess the Prevalence of Hypertension among Adults Residing In Urban Slums of Ramnagar, Belgaum City. A cross-sectional community-based study among 364 adults aged 20-59 years in urban slums. The study results show that the overall prevalence of hypertension was found to be 90(24.7%). The majority of the hypertensive (60.4%) were seen in the age group between 50-59 years. The higher prevalence of hypertension was found in

overweight (37.5%, obesity (48.6%), extra salt intake (30%), lack of physical exercise (22.9%), saturated fat intake (29.6%), non-vegetarian diet (24.5%) and show significant association. The prevalence of hypertension was high among adults. Advancing age, sex, lack of physical exercise, and BMI were found to be important factors contributing to the causation of hypertension. Therefore, preventive programs are necessary to tackle the rising burden of hypertension.

Sanjeet Panesar, et al. (2013) conducted a study to assess the Prevalence and predictors of hypertension among residents aged 20–59 years of a slum-resettlement colony in Delhi, India. A community-based cross-sectional study was done from 2010 to 2012 in Nand Nagri, a slum-resettlement area in east Delhi. 310 participants aged 20–59 years were enrolled through a multistage systematic random sampling technique. The study results reveal that the overall prevalence of hypertension was 17.4% and 35% of participants were prehypertensive. On multiple logistic regression, age 40–49 years ($P = 0.020$) and 50–59 years ($P = 0.012$), clerical/professional occupation ($P = 0.004$), abnormal waist circumference (≥ 90 cm in males and ≥ 80 cm in females; $P = 0.001$), positive family history of hypertension in both parents ($P = 0.013$) and above-average daily salt intake ($P = 0.000$) were significantly associated with hypertension. These findings indicate that hypertension is a significant health problem in the study population. Many study participants diagnosed with prehypertension are at risk of developing hypertension, thus immediate public-health interventions are indicated

1.2 STUDIES RELATED TO QUALITY OF LIFE AMONG HYPERTENSIVE PATIENTS

Mohamed S. et al (2022), Conducted a cross-sectional Study of quality of life in a sample of Hypertensive patients in Saudi Arabia. The aim of this study was to assess the Quality of life of hypertensive patients registered in Al. Khobar. The mean scores for the physical components summary scale (PCS) were 39.3 and 50.8 for cases and controls respectively. The mean scores for the mental components summary scale (MCS) were 43.7 to 50.8 for cases and controls. The Variability of the two Summary measures explained by selected demographic and clinical characteristics was 24.3 % and 10% for the physical

component summary scale (PCS) and mental components summary scale (MCS). The quality of life of hypertensive patients was substantially impaired in comparison to the control group.

Kidist Adamu et al (2022) Conducted a cross-sectional study of quality of life among Hypertensive Patients on 29 September in Northwest Ethiopia. The aim of this study is to look into factors that affect the health-related quality of life of adult hypertensive patients. A total of 360 hypertensive patients were included in Study. The mean scores of physical, psychological, social, and environmental domains were 49.93, SD (18.86), 51.78, SD (20.40), 57-31.30 (20 20) and 4815, SD (16.96), respectively Age, duration of antihypertensive treatment, low social support physical inactivity, co-morbidity, being, and being single had a significant association with lower health-related Quality of life. The health-related quality of life of hypertensive patients was found low in all domains. The findings indicate the necessity for health professionals, government, non-governmental organizations, and the community to pay more attention to patients' quality of life, seeking changes in the therapeutic approach in general.

Asha Hegde et al (2022) conducted a cross-sectional Study of delivering hypertension care in private sector clinics of urban slum areas on 24 September in Mumbai. The aim of the Study is to deliver a standard Hypertension management package in private-sector clinics situated in urban slums. As a result of the study a total of 13,184, hypersensitive patients were registered from January 2019 to February 2020. The baseline demographic and clinical characteristics are the median age was 53 years (IQR, 45-62 years) with almost the median systolic blood pressure was 150mm ng (IQR 136-162) and diastolic Blood pressure was 90 mm Hg (IQR 80-100). The baseline proportion with controlled Blood pressure was higher in the intensive ward (30.0%) compared with the lean word (12-97). In conclusion, despite multiple project interventions to improve cohort hypertension control and retention in care, loss-to-follow-up remained high, and blood pressure control rates improved over time only among those who followed up.

Vinotha A (2022), conducted a Quasi-Experimental Study of community-based health Intervention on the Management of hypertension among parents with Hypertension in Chennai. Sample were Selected by the Purposive Sampling technique method. As a result of the Study, the finding revealed that Community-based health intervention hard improved the Knowledge regarding Management of Hypertension with Paired “t” test, $p < 0.001$. There is Statistically Significance in knowledge attainment on regarding the Management of Hypertension and Show Effectiveness of Community based health Intervention.

Neha Jain et al (2021), conducted a cross-sectional study of Health-related quality of life among adult Hypertensive patients on 30 November in Uttarakhand. A total of 168 participants were recruited for this study, with 43.5% males and 56.5% females. It was found that 77.4% of these subjects were having poor sleep quality with a mean global PSQI Score of 7.90 ± 3.173 . The subjects assessed the quality of life to be worst in the physical domain (12.68 ± 13.13), followed by psychological, social relationship domain, and environment domain. A significant association was found between Sleep quality and Different stages of Hypertension (p value = 0.089) but Quality of life and stages of Hypertension have no significant association (p value > 0.05).

Indra B et al. (2021), conducted a cross-sectional study of the mental health of Hypertensive patients and its association with their blood pressure on 20 October at Kancheepuram. The aim of this study is designed to assess the mental health of Hypertensive patients and its association with their blood pressure. As a result of the study, most of the Hypertensive patients were found in the age group of 40-60 years About 53.4% of Hypertensive patients with normal blood pressure were suffering from depression. In addition, about 44.6% of pre-hypertensive patients and 44.6% of stage II Hypertensive patients were found to have severe depression.

Rita O Akanoghere et al (2020) conducted a cross-sectional study of the Quality of Life among Hypertensive patients in Delta State, Nigeria. The study aims to assess the health-related quality of life of a group of Hypertensive patients and determine predictors of their quality of life. The result, the As total sample size was 122 respondents of

which 72 were males (58.5%) The mean physical component summary (PCS) of Quality of life was 47.17 ± 5 ; while the mean Mental component [summary [MCS] & quality of life was 46.7 ± 9.2 . The mean systolic blood pressure was $139.6 \text{ mmHg} \pm 19.1$ while the mean diastolic blood pressure was $82.8 \text{ mmHg} \pm 13.3$ The Beta value obtained from all the analysis were >0.05 , hence there were no significant predictors of Quality of life.

Asha K Rajan et al. (2018), conducted a cross-sectional Study of health-related Quality of life among hypertensive Patients by on 28th November at Thiruninravur, Chennai. Result of the Study out of the 276 Hypertensive Patients, 171 (62.0%) were male, and 105 (38.0%) were Female. Mean and Percentage of Sociodemographic, and clinical factors reported. Higher health-related quality of life values under the MINICHAL scale were obtained for patients with chest pain (14.5) dyspnea (13.9) and renal damage (12.5) with Significant Levels and higher Scores on Their Mental domains. Anxiety scores were higher for women when compared to men [3.82 (2.88)]. Correlation on the quality of life of patients MINICHAL Scale domain Showed a positive correlation on the fox of patients. With the domains, men are hard Significantly when compared to women.

Aparajita Dasgupta et al (2017), conducted a cross-sectional study of the quality of life among Hypertensive patients in West Bengal. The result of the study is, 62.9% of study participants suffering from Hypertension had unfavourable self-care practices. Logistic regression showed age above 60 years (OR-3.1), Primary level education (OR-5.6), poor socioeconomic status (OR-2.4), widow / separated (OR-3.3) and people with self-perceived poor health status (OR- 2.8) had a significant association with unfavorable self-care practices.

Sattanathan Kaliyaperumal (2016), conducted a cross-sectional study of at quality of life in hypertension patients at Kumarapalayam. The study was conducted with 300 Hypertensive patients with a quantitative approach. The result of the study is finding mental health (25.8%) was the component mostly affected in Hypertensive patients, followed by emotional aspects (33. 43%) and vitality (36%) Social aspects (83-14%), Physical aspects and functional capacities (64. 1%) appear to be least Affected pain

(49.3%) was moderately affected and physical aspect (75.4%) was least affected by Hypertension.

Bhavit O oza et al (2014), conducted a cross-sectional study of health-related quality of life among Hypertensive patients in Gujarat. A total of 269 patients had mean age and duration of Hypertension 58.25 ± 10.35 and $7.65-8.00$ years respectively. Age duration of illness, Systolic blood pressure, and the number of drugs prescribed showed a statistically significant ($p < 0.05$) negative correlation with the WHO QOL-BREF score while the number of symptoms, systolic blood pressure, and duration of illness showed a statistically significant positive correlation with MINICHAL scale ($p < 0.05$). MINICHAL scale and WHO QOL-BREF were significantly correlated with each other ($p < 0.01$). Women had significantly poorer Quality of life compared to men.

CHAPTER III

RESEARCH METHODOLOGY

Research methodology is a way to solve the research problem systematically. It is the science of studying how research is done scientifically. The methodology is a significant part of the research under which the researcher is able to project a blueprint of the research undertaken.

This chapter deals with the Research approach, Research design, Variables, Setting, Population, Sample, Sample size, Sampling technique, Criteria for Sample selection, Development and Description of the tool, Scoring procedure, Procedure for data collection, and Plan for data analysis.

3.1 RESEARCH APPROACH

The research approach of this study is a Quantitative research approach

3.2 RESEARCH DESIGN

The research design adopted for this study is a descriptive design

3.4 STUDY VARIABLE

Quality of life

3.5 DEMOGRAPHIC VARIABLES

Age, gender, marital status, religion, education, occupation, type of physical activity, diet pattern, type of family, smoking, alcohol, exercise, family history of hypertension, associated illness, hypertension duration, treatment for hypertension, and treatment history.

3.6 SETTING

The study was conducted in a suburban area, Thiruporur in Chennai.

3.7 POPULATION

Population is defined as the entire aggregation of cases that meet a designated set of criteria. A research population refers to the entire group to which the results of the research are to apply. It is all the member (or) objects of any defined group from which measurement might be taken (or) collected.

Target Population

All of the hypertension patients who are residing in sub-urban areas in Chennai.

Accessible Population

The accessible population for the study was Hypertension patients who are residing in a Thiruporur suburban area in Chennai.

3.8 SAMPLE

Sample refers to a subset of a population selected to participate in a research study. Hypertension patients who are residing in sub-urban areas in Chennai, and fulfill the sample selection criteria.

3.9 SAMPLE SIZE

The Sample Size is 100 hypertension patients.

3.10 SAMPLING TECHNIQUE

Sampling is the process of selecting a portion of the population that represents the entire population. In this study, the convenience sampling technique was used to select the sample.

3.11 CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

Hypertensive patients who are:

- willing to participate.
- age between 40-55 years.
- medically diagnosed as Hypertension by a physician.
- able to understand Tamil or English
- hypertensive patients both male and female.

Exclusion Criteria

Hypertensive patients who are:

- Sensory defects.
- not available during data collection.

3.12 DEVELOPMENT AND DESCRIPTION OF THE TOOL

SECTION A: Demographic variables

This section consists of Demographic data such as Age, gender, marital status, religion, education, occupation, type of physical activity, diet pattern, type of family, smoking, alcohol, exercise, family history of hypertension, associated illness, hypertension duration, treatment for hypertension and treatment history.

SECTION B: WHOQL-BREF SCALE

Modified World Health Organization Quality of Life – BREF scale. Modified WHOQOL – BREF which consists of 26 questions divided under four components and each component consists of a questionnaire as follows

- Physical health component – 7 items
- Psychological component - 8 items
- Social component – 3 items
- Environmental

Component – 8 items Scoring and interpretation:

Items	Question numbers
Positive statements	1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25
Negative statements	3, 4, 26

Scoring key for modified WHOQOLBREF scale

The level of modified WHOQOL–BREF was measured as follows:

S. No.	Domain	Questions	Poor	Moderate	Good
1	Physical	3, 4, 10, 15, 16, 17, 18	7 – 16	17 – 26	29 – 35
2	Psychological	1, 2, 5, 6, 7, 11, 19, 26	8 – 18	19 – 29	30 – 40
3	Social	20, 21, 22	3 – 7	8 – 11	12 – 15
4	Environmental	8, 9, 12, 13, 14, 23, 24, 26	8 – 18	19 – 29	30 – 40

Type of response	Positive statements	Negative statements
Completely, very good, very satisfied, an extreme amount, extremely, very well, always	5	1
Mostly, good, satisfied, very much, well, very often.	4	2
Moderately, neither poor nor good, neither satisfied nor dissatisfied, a moderate amount, neither poor nor well, quite often.	3	3
A little, poor, dissatisfied, a little, slightly, poor, seldom.	2	4
Not at all, very poor, very dissatisfied, never.	1	5

Scoring key for overall Quality of Life

Score	Percentage	Interpretation
26 – 60	1 – 45%	Poor
61 – 95	46 – 95%	Moderate
96 – 130	96 – 130%	Good

using the raw score, The WHOQOL raw score was transformed to a 0 – 100 scale using the formula

$$\text{Transformed score} = \frac{\text{Actual raw score} - \text{Lowest possible raw score}}{\text{Possible raw score range}} \times 100$$

3.13 ETHICAL CONSIDERATION

The ethical principles followed in the study were:

A. Beneficence

a) Freedom from harm and discomfort

Participants were not subjected to risks of harm or discomfort during the study period.

b) Protection from exploitation

Participants were protected that their participation or information provided by them would not be used against them in any way.

B. Respect for human dignity

The researchers followed the second ethical principle of respect for human dignity. It includes the right to determination and the right to self-disclosure.

a) The right to self-determination

The researchers gave full freedom to the participants to decide voluntarily whether to participate in the study or to withdraw from the study and the right to ask questions.

b) The right to full disclosure

The researchers have fully described the nature of the study, the person's right to refuse participation, and the researcher's responsibilities based on which both oral and written informed consent were obtained from the participants.

C. Justice

The researchers adhered to the third ethical principle of justice; it includes participants' right to fair treatment and right to privacy.

a) Right to fair Treatment

The researcher selected the study participants based on the research requirements.

b) Right to privacy

The researcher maintained the participants' privacy throughout the study.

D. Confidentiality

The researchers maintained the confidentiality of the data provided by the study participants.

3.14 CONTENT VALIDITY

The instruments were validated by 5 experts from the field of Nursing and Medicine. The experts suggested the addition, deletion of certain items, and the re-organization of questions. Appropriate modifications were made and the tool was finalized.

3.15 RELIABILITY OF THE TOOL

Reliability is defined as the extent to which the instrument yields the same result on repeated measures. It is thus concerned with consistency, accuracy, stability, and homogeneity. The reliability of the tool was tested by the researcher, using the test-retest method.

The Tamil version of the modified WHOQL-BREF scale was tested using the test and re-test reliability method. The reliability score was $r=0.85$ respectively. Hence, the tool was considered highly reliable for proceeding with the study.

3.15 DATA COLLECTION PROCEDURE

This study was conducted in a suburban area, Thiruporur, Chennai. The data was collected for a period of 1 week in the month of April 2023. Prior permission from the authorities was sought.

A total of 100 participants were recruited for the study by convenience sampling technique based on sample selection criteria. The researchers were a brief introduction and information about self and the purpose of the study to hypertensive patients. The participants were made to sit comfortably on a floor with a well-ventilated room and confidentiality regarding the data was assured after obtaining their verbal and written informed consent for willingness to participate in the study.

The researchers were collecting the data related to demographic variables by using a structured interview questionnaire and assessed the level of quality of life among hypertensive clients by the WHOQL-BREF scale.

3.16 PLAN FOR DATA ANALYSIS

Descriptive and inferential statistics will be used for data analysis.

Descriptive Statistics

- Frequency and percentage distribution were used to describe the demographic variables among hypertensive patients
- Mean and standard deviation was used to assess the quality of life among hypertensive patients

Inferential Statistics

- Chi-square test was used to associate the level of quality of life among hypertensive patients with selected demographic variables.

CHAPTER 4

ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected from 100 Hypertensive clients. To assess the quality of life among hypertensive clients in selected suburban areas in Chennai [Thiruporur]. Statistical analysis is a method for rendering quantitative information meaningful and intelligible. This enables the researcher to summarize, organize, evaluate, interpret, and communicate information numerically.

The data collected for the study were grouped and analyzed as per the objectives set for the study. Data analysis includes both descriptive and inferential statistics.

ORGANIZATION OF DATA

The data have been grouped, tabulated, and organized below as follows:

SECTION A:

DESCRIPTION OF DEMOGRAPHIC VARIABLES AMONG HYPERTENSIVE CLIENTS IN THE STUDY GROUP.

SECTION B:

ASSESSMENT OF QUALITY OF LIFE AMONG HYPERTENSIVE CLIENTS BY USING WHOQOL-BREF SCALE.

SECTION C:

ASSOCIATE THE LEVEL OF QUALITY OF LIFE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES AMONG HYPERTENSIVE CLIENTS.

SECTION A

DESCRIPTION OF DEMOGRAPHIC VARIABLES AMONG HYPERTENSIVE CLIENTS IN THE STUDY GROUP

Table 4.1.1

Frequency and Percentage of Demographic Variables among Hypertensive Clients.

N=100

S.NO	Demographic Variables	Frequency (f)	Percentage (%)
1	Age		
	a) 40-45 years	26	26%
	b) 46-50 years	32	32%
	c) 51-55 years	42	42%
2	Sex		
	Male	35	35%
	Female	65	65%
	Others	0	0%
3	Religion		
	Hindu	95	95%
	Christian	2	2%
	Muslim	3	3%
4	Marital status		
	Married	100	100%
	Unmarried	0	0%

5	Education		
	Primary	35	35%
	Higher Secondary	21	21%
	Degree/Diploma	16	16%
	Others	28	28%
6	Residency of place		
	Own House	51	51%
	Rented house	49	49%
7	Economic status		
	High level	18	18%
	Middle level	61	61%
	Low level	21	21%
8	Type of family		
	Nuclear Family	52	52%
	Joint Family	48	48%
9	Duration of sleep pattern		
	A) 6-7 hours	55	55%
	B) 7-8 hours	45	45%
	C) More than 8 hours	0	0%

10	Duration of Hypertension		
	1 year	21	21%
	2 years	48	48%
	3 years	26	26%
	More than 3 years	5	5%
11	Number of anti-hypertensive drugs		
	1	38	38%
	2	39	39%
	More than 2	20	20%
	Nil	3	3%

The above table shows that, frequency and percentage of Demographic Variables among Hypertensive Clients in selected suburban areas.

Regarding age, 26(26%) of respondents are in the age group of 40-45 years, 32(32%) of respondents are in the age group of 46- 50 years, 42 (42%) of respondents are in the age group of 51-55 years.

Regarding sex, 35(35%) of the respondents are male, 65 (65%) of the respondents are female, and 0(0%) of the respondents are others.

Regarding religion, 95(95%) of respondents are Hindu, 2 (2%) of respondents are Christian, and 3(3%) of respondents are Muslim.

Regarding marital status, 100(100%) of respondents are married, 0(0%) of respondents are unmarried.

Regarding their education, 35(35%) of respondents are in the primary level of education, 21(21%) of respondents are in higher secondary education, 16(16%) of respondents are degree\diploma, and 28(28%) of respondents are other levels of education.

According to their residency of place, 51(51%) of clients have their own house, and 49(49%) of clients have rented houses.

According to their economic status, 18(18%) of respondents are high level, 61(61%) of respondents are middle level and 21(21%) of respondents are low level economic status.

Regarding their family type, 52(52%) of respondents are in a nuclear family, and 48(48%) respondents are in a joint family.

Regarding their duration of sleep pattern 55(55%) of respondents are 6 to 7 hours to sleep, and 45(45%) respondents are 7 to 8 hours to sleep.

According to their duration of hypertension, 21(21%) of clients have 1 year of hypertension, 48(48%) of clients have 2 years of hypertension, 26(26%) of clients have 3 years of hypertension, and 5(5%) of clients having more than 3 years.

Regarding take number of anti-hypertensive drugs, 38(38%) of respondents took 1 drug, 39(39%) of respondents took 2 drugs, 20(20%) of respondents took more than 2 drugs and 3(3%) of respondents to nil.

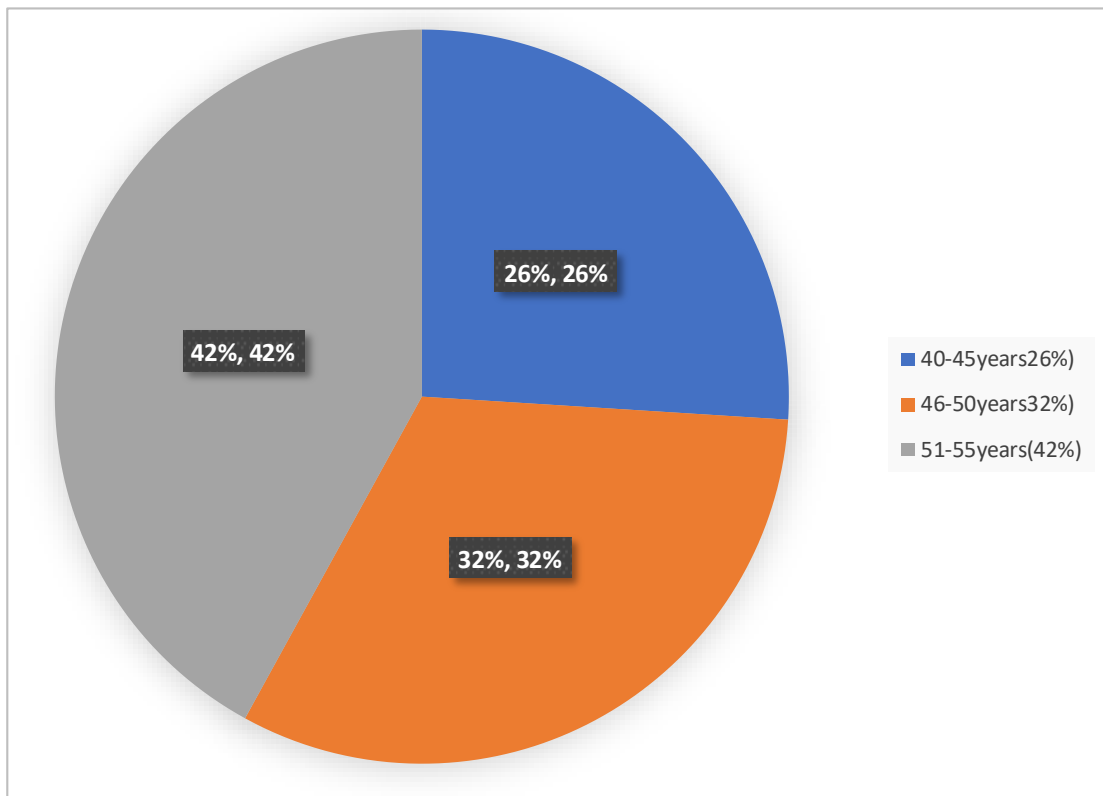


Figure 2 : Shows that majority (42%) were belongs to the age between 51-55 years,(32%) of them between 46-50 years and (26%) of them are between 40-45 years.

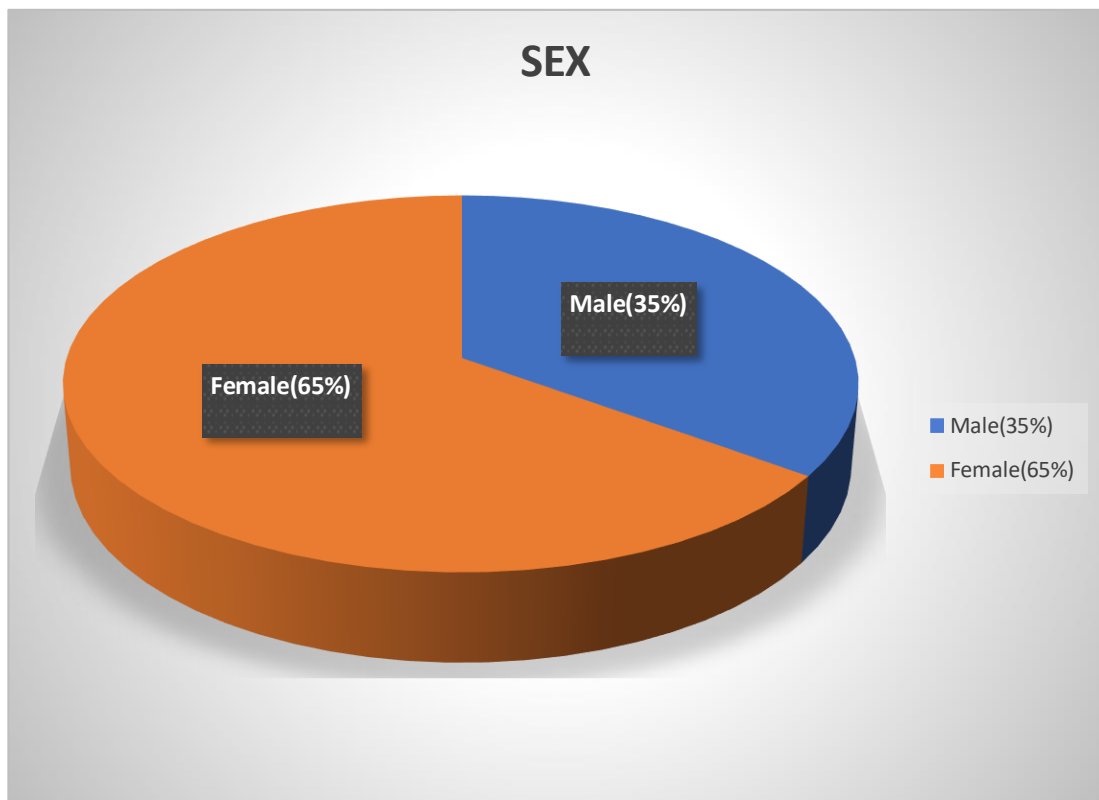


Figure 3: Shows that 35(35%) of the respondents are male, 65 (65%) of the respondents are female, and 0(0%) of the respondents are others.

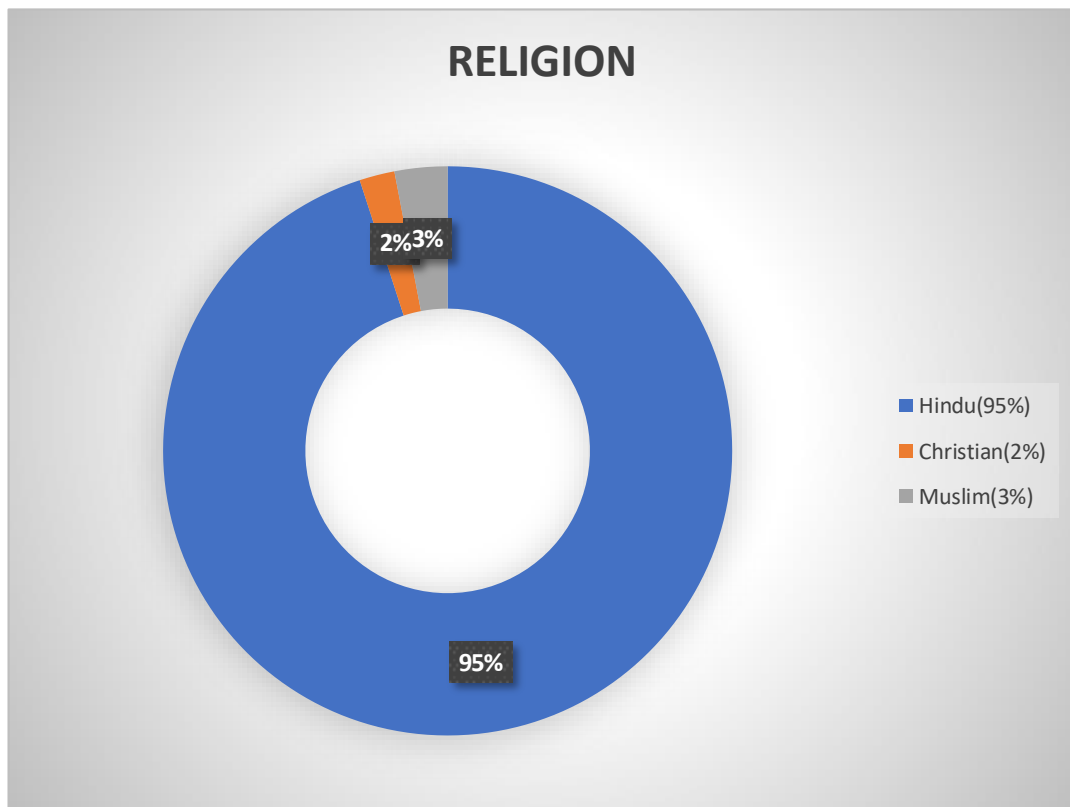


Figure 4: Shows that 95(95%) of respondents are Hindu, 2 (2%) of respondents are Christian, and 3(3%) of respondents are Muslim.

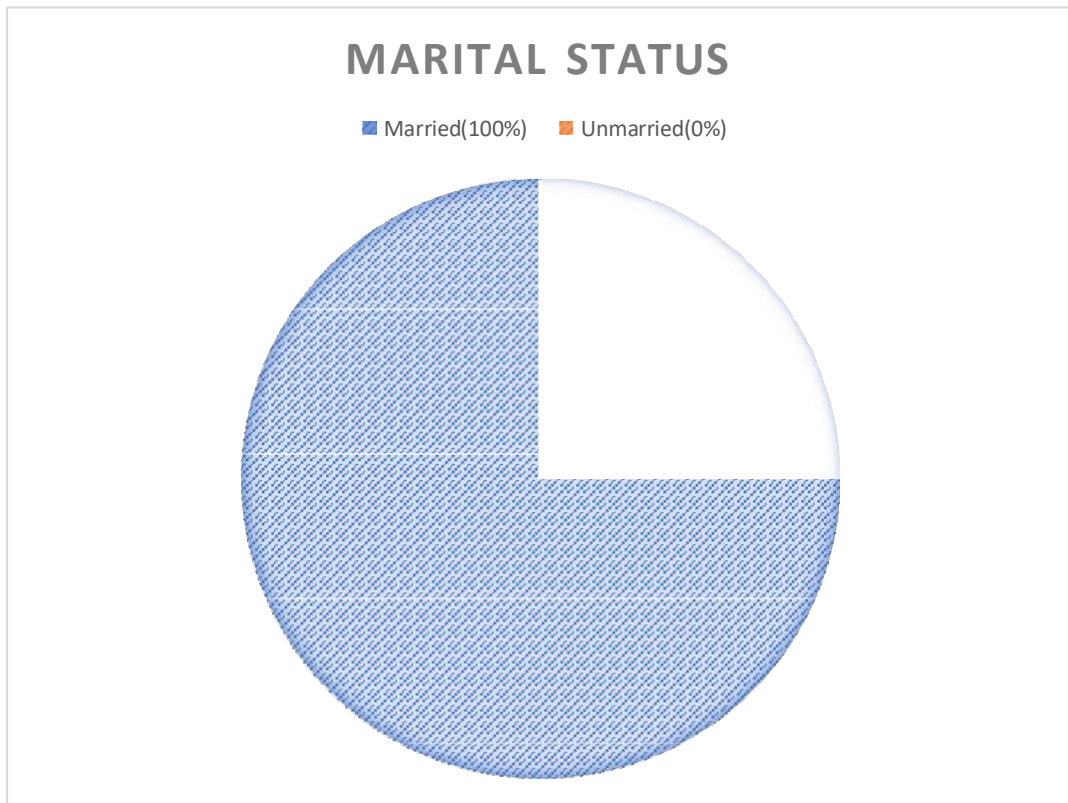


Figure 5: Shows that 100(100%) of respondents are married, 0(0%) of respondents are unmarried.

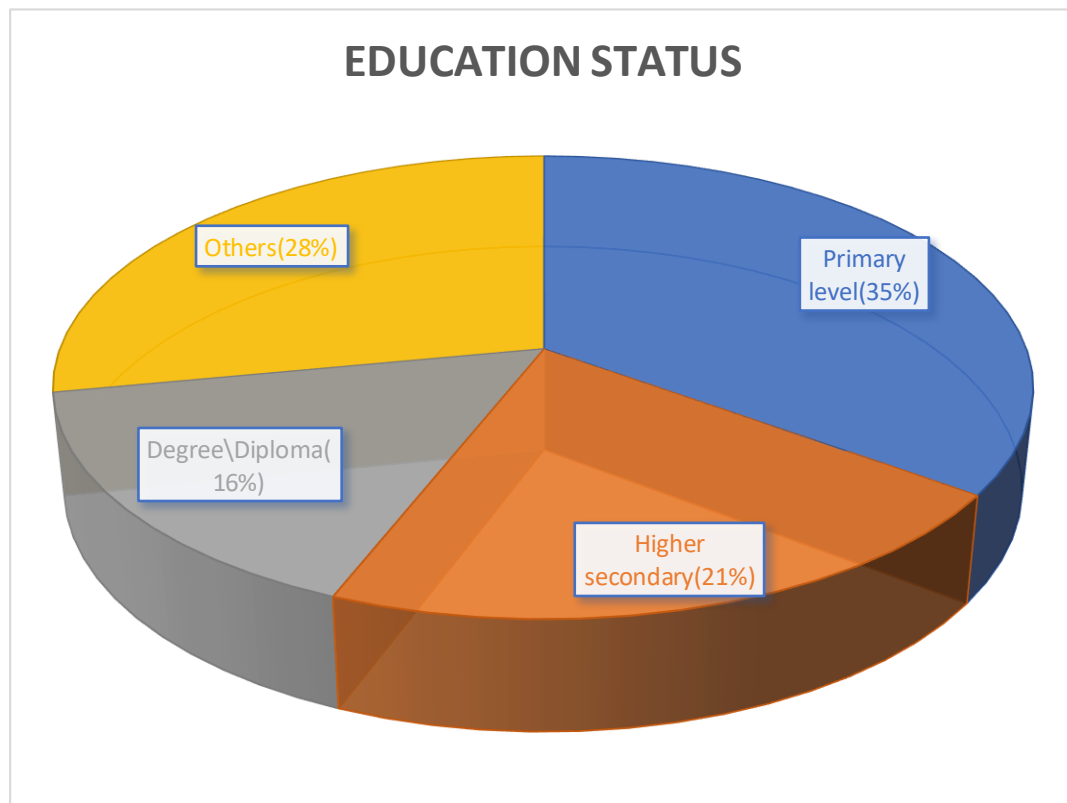


Figure 6: Shows that 35(35%) of respondents are in the primary level of education, 21(21%) of respondents are in higher secondary education, 16(16%) of respondents are degree\diploma, and 28(28%) of respondents are other levels of education

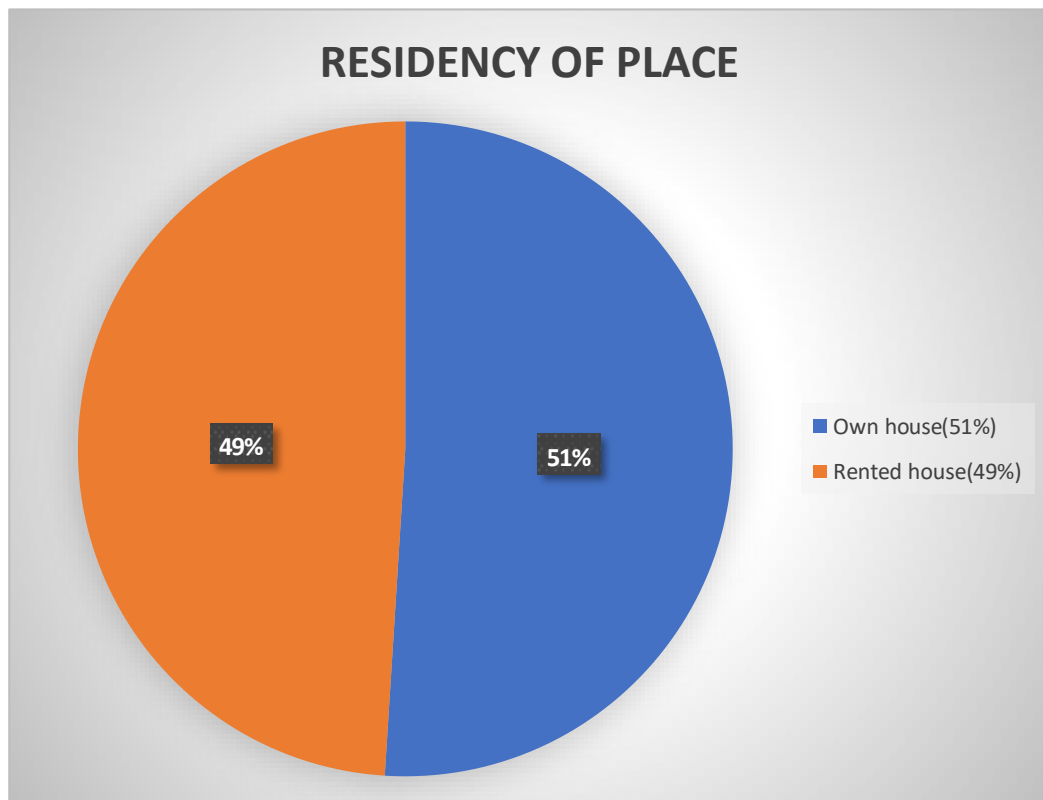


Figure 7: Shows that 51(51%) of clients have their own house, and 49(49%) of clients have rented houses.

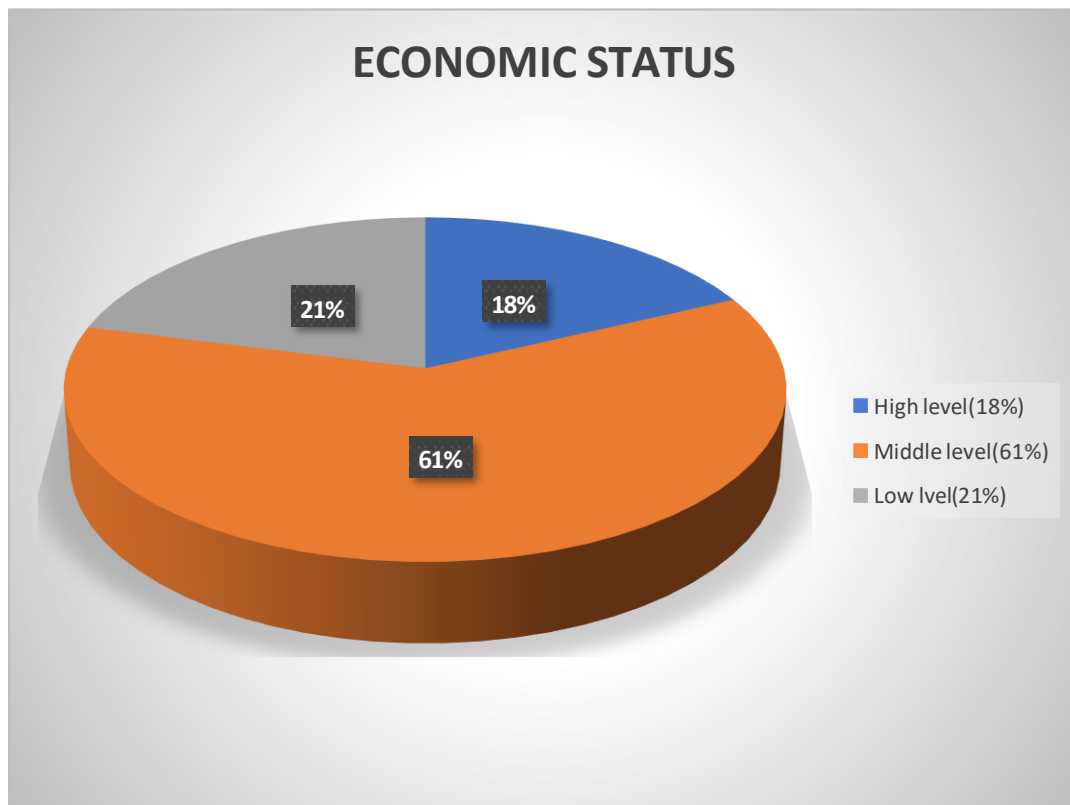


Figure 8: Shows that 18(18%) of respondents are high level, 61(61%) of respondents are middle level and 21(21%) of respondents are low level economic status.

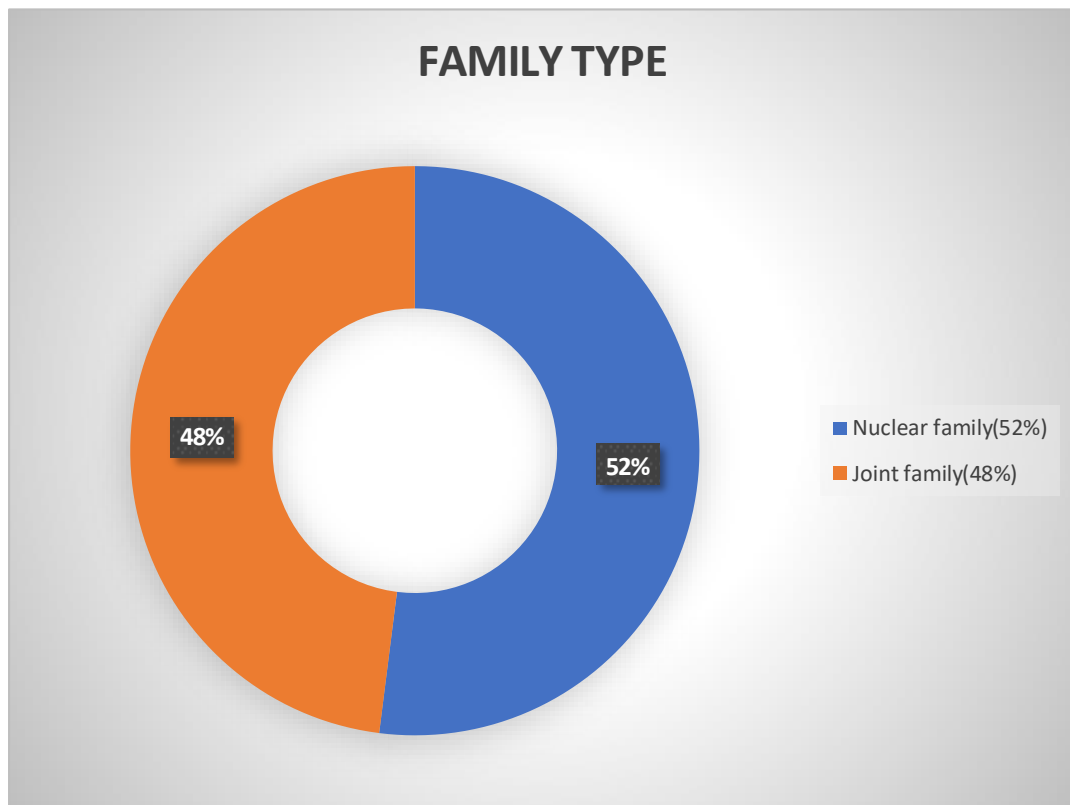


Figure 9: Shows that 52(52%) of respondents are in a nuclear family, and 48(48%) respondents are in a joint family.

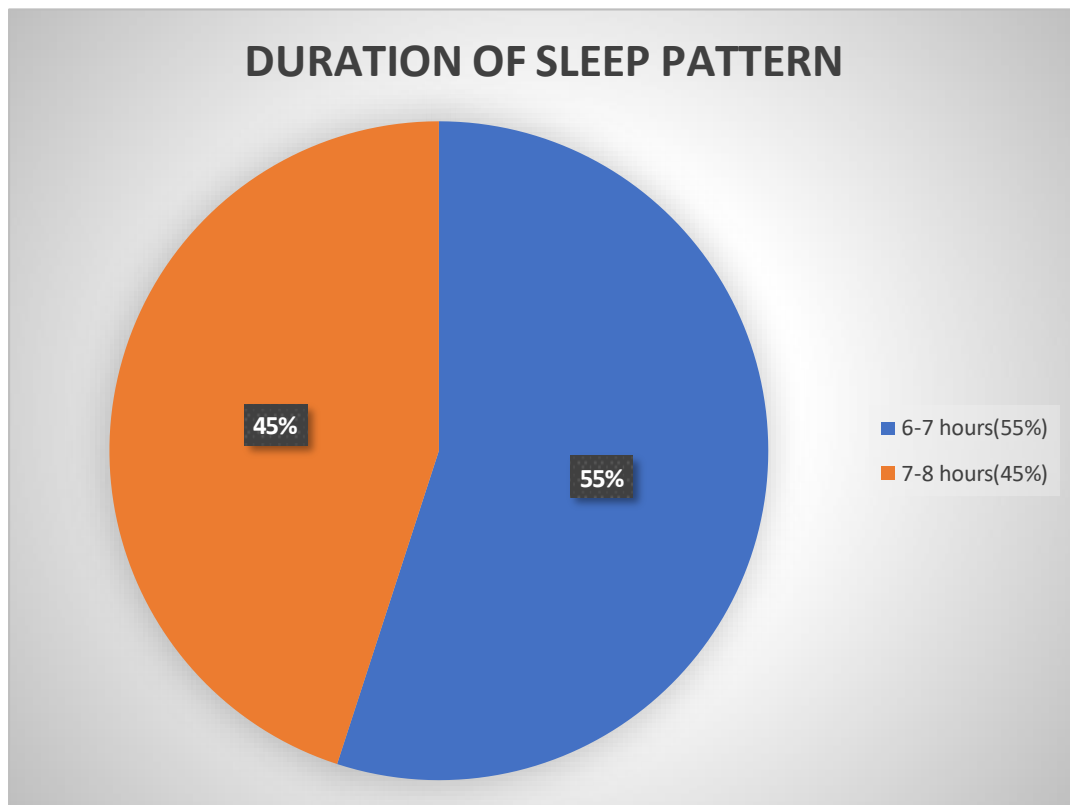


Figure 10: Shows that 55(55%) of respondents are 6 to 7 hours to sleep, and 45(45%) respondents are 7 to 8 hours to sleep.

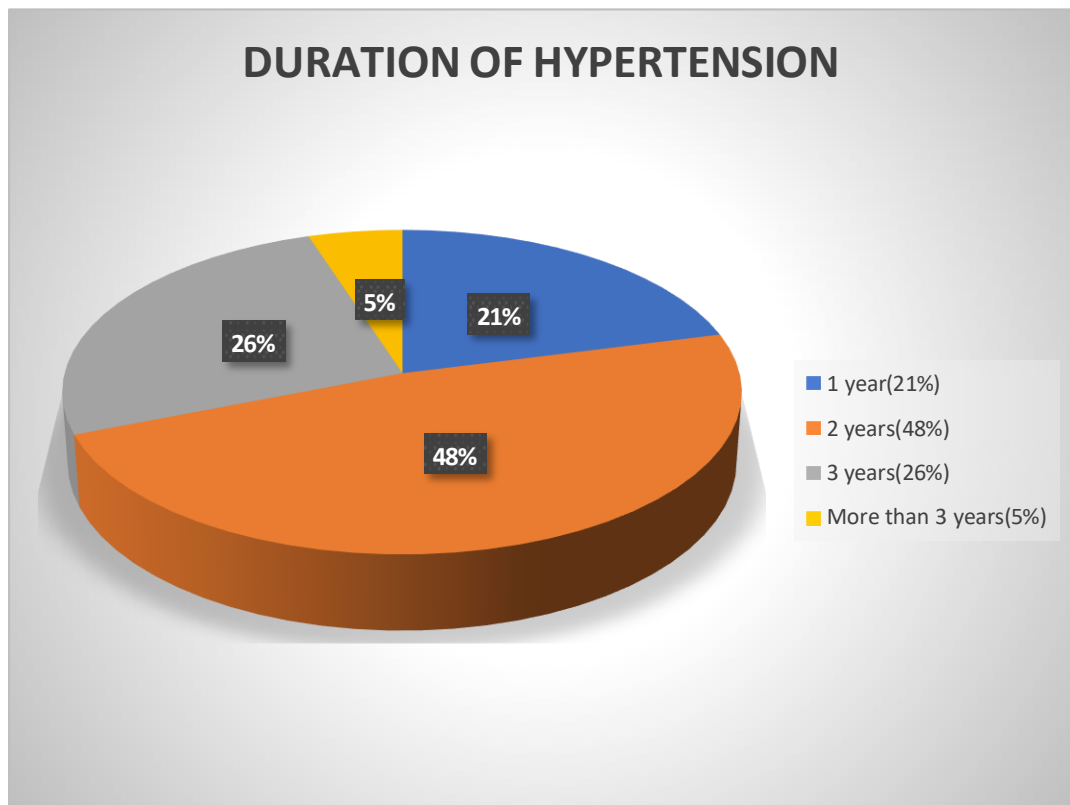


Figure 11: Shows that 21(21%) of clients have 1 year of hypertension,48(48%) of clients have 2 years of hypertension,26(26%) of clients have 3 years of hypertension, and 5(5%) of clients having more than 3 years.

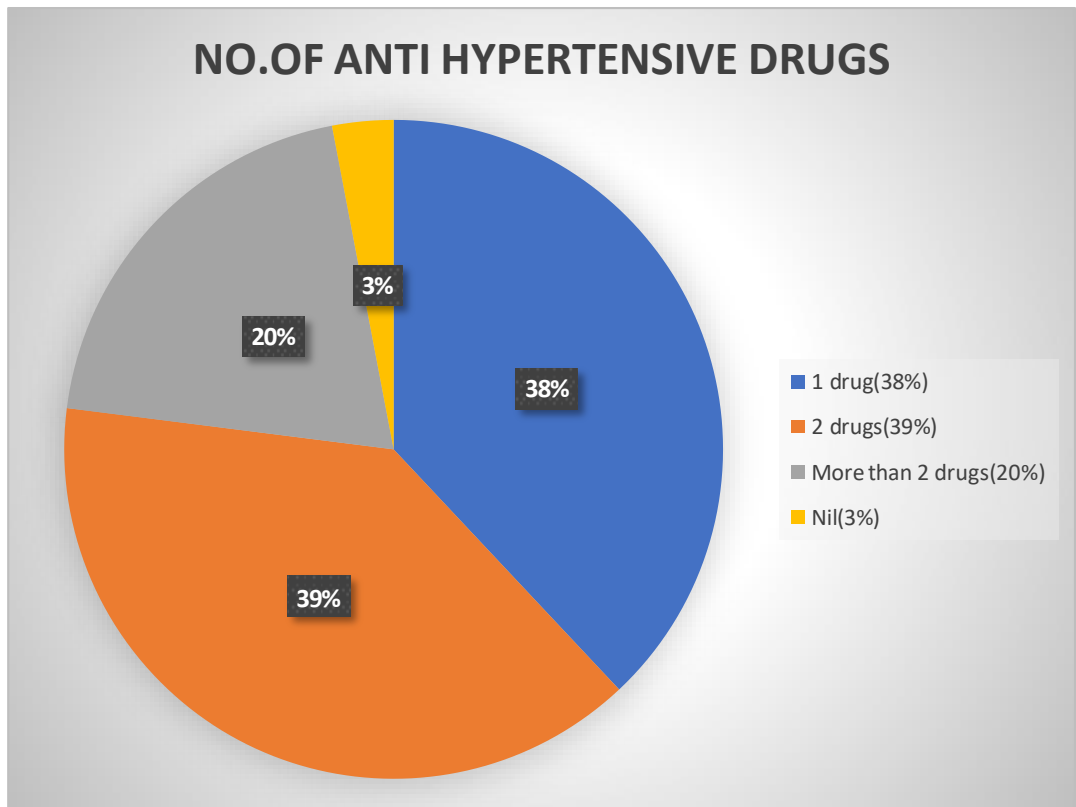


Figure 12: Shows that 38(38%) of respondents took 1 drug,39(39%) of respondents took 2 drugs,20(20%) of respondents took more than 2 drugs and 3(3%) of respondents to nil.

SECTION B

**ASSESSMENT OF QUALITY OF LIFE AMONG HYPERTENSIVE
CLIENTS BY USING WHOQOL-BREF SCALE.**

Table 4.2.1

**Assessment of quality of life among hypertensive clients using the
WHOQOL-BREF scale.**

N=100

S. No	Domains	Quality of life					
		Low level		Medium level		High level	
		f	%	f	%	f	%
1	Physical	12	12	82	82	6	6
2	Psychological	10	10	85	85	5	5
3	Level of independence	9	9	88	88	3	3
4	Social relationships	10	10	88	88	2	2
5	Environment	11	11	87	87	2	2
6	Spirituality/Religion/ Personal	12	12	80	80	8	8
	Total	14	14	83	83	3	3

Table 4.2.1 shows the assessment of the quality of life among hypertensive clients in the study group by using the WHOQOL-BREF scale.

Regarding the physical domain, the majority 82 (82%) had medium level quality of life, 12(12%) had a low level of quality of life, and 6 (6%) had a high level of quality of life.

Regarding the psychological domain, the majority 85 (85%) had a medium level of quality of life, 10 (10%) had a low level of quality of life, and 5(5%) had a high level of quality of life.

Reading level of independence domain, the majority 88 (88%) had a medium level of quality of life, 9 (9%) had a low level of quality of life, and 3(3%) had a high level of quality of life.

Regarding Social relationships shows that the majority 88 (88%) had a medium level of quality of life, 10 (10%) had a low level of quality of life, and 2(2%) had a high level of quality of life.

Regarding environment shows that the majority 87 (87%) had a medium level of quality of life, 11 (11%) had a low level of quality of life, and 2(2%) had a high level of quality of life.

Regarding spirituality/ religion/ personal shows that the majority 80 (80%) had a medium level of quality of life, 12 (12%) had a low level of quality of life, and 8 (8%) had a high level of quality of life.

The overall quality of life among hypertensive clients shows 14 (14%) of the hypertensive clients have a low level of quality of life, 83(83%) of the hypertensive clients have a medium level of quality of life, and 3(3%) of the hypertensive clients have a high level of quality of life.

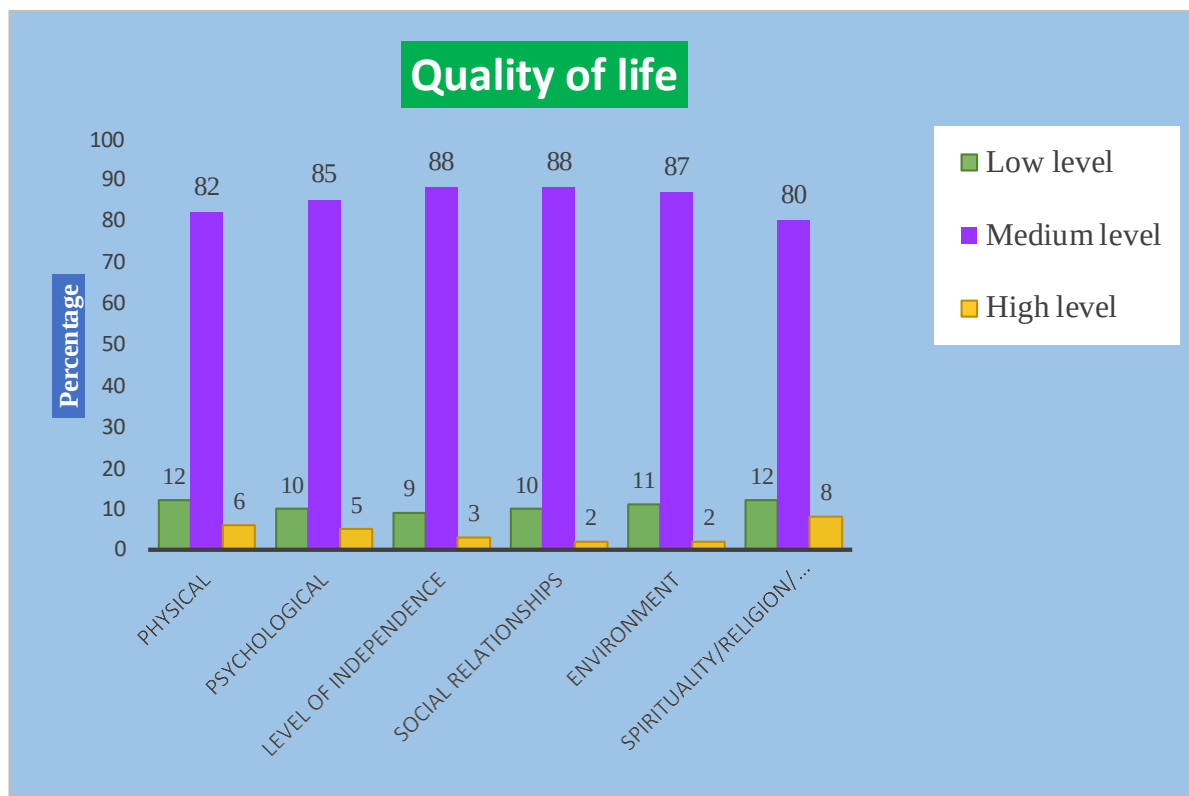


Fig:13. Percentage distribution of quality of life among hypertensive clients

Table 4.2.2

**Assessment of quality of life among hypertensive clients using the
WHOQOL-BREF scale.**

N=100

Study group	Mean	Standard deviation (SD)
Quality of life	48.85	11.48

The above table shows that, the assessment of the mean and SD value of quality of life among hypertensive clients in the study group.

The quality of life mean score was 48.85 and SD 11.48 among hypertensive clients in the study group.

SECTION C

ASSOCIATE THE LEVEL OF QUALITY OF LIFE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES AMONG HYPERTENSIVE CLIENTS.

Table 4.3.1

**Association of the level of quality of life with their selected demographic variables
among hypertensive clients.**

N=100

S. No	Demographic Variables	Low level of quality of life	Medium level of quality of life	High level of quality of life	Chi-Square
1	Age				
	40-45 years	6	19	1	$\chi^2 = 3.55$
	46-50 years	2	29	1	df=4
	51-55 years	6	35	1	NS
2	Sex				
	Male	6	28	1	$\chi^2 = 0.4444$
	Female	8	55	2	df=4
	Others	0	0	0	NS
3	Religion				
	Hindu	12	80	3	$\chi^2 = 7.5$
	Christian	0	2	0	df=4
	Muslim	2	1	0	NS

4	Marital status				
	Married	14	83	3	$\chi^2=0$ df=2 NS
	Unmarried	0	0	0	
5	Education				
	Primary	5	29	1	$\chi^2=3.85$ df=6 (NS)
	Higher Secondary	2	18	1	
	Degree/Diploma	1	14	1	
	Others	6	22	0	
6	Residency of place				
	Own House	8	41	2	$\chi^2=0.6$ df=2 NS
	Rented house	6	42	1	
7	Economic status				
	High level	5	13	0	$\chi^2=12.16$ df=4 S*
	Middle level	3	55	3	
	Low level	6	15	0	
8	Type of family				
	Nuclear	8	42	2	$\chi^2=0.468$ df=2 NS
	Joint	6	41	1	
9	Duration of sleep pattern				

	6-7 hours	4	48	3	$\chi^2=6.69$ df=4 NS
	7-8 hours	10	35	0	
	More than 8 hours	0	0	0	
10	Duration of Hypertension				
	1 year	4	17	0	$\chi^2=7.79$ df=6 NS
	2 years	8	39	1	
	3 years	2	23	1	
	More than 3 years	0	4	1	
11	The number of anti-hypertensive drugs				
	1	3	33	2	$\chi^2=5.09$ df==6 NS
	2	8	30	1	
	More than 2	2	18	0	
	Nil	1	2	0	

S- Significant *p<0.05, NS- Non-Significant

Table 4.3.1 shows the association between the level of quality of life among hypertensive clients with their selected demographic variables.

It was evident from the above table there was a significant association in a selected variable economic status at p<0.05 level, and other selected variables as age, sex, religion, marital status, education level, residency of place, type of family, duration of sleep pattern, duration of hypertension, and the number of antihypertensive drugs were not statistically significant at p<0.05 level.

CHAPTER-V

DISCUSSION

This chapter presents the interpretation of the statistical findings. The study aimed to assess the quality of life among hypertensive clients in suburban areas, Thiruporur, in Chennai. The results are discussed based on the objectives of the study.

5.1. The second objective was to assess the quality of life among Hypertension clients.

Regarding the physical domain, the majority 82 (82%) had medium level quality of life, 12(12%) had a low level of quality of life, and 6 (6%) had a high level of quality of life.

Regarding the psychological domain, the majority 85 (85%) had a medium level of quality of life, 10 (10%) had a low level of quality of life, and 5(5%) had a high level of quality of life.

Regarding level of independence domain, the majority 88 (88%) had a medium level of quality of life, 9 (9%) had a low level of quality of life, and 3(3%) had a high level of quality of life.

Regarding Social relationships shows that the majority 88 (88%) had a medium level of quality of life, 10 (10%) had a low level of quality of life, and 2(2%) had a high level of quality of life.

Regarding environment shows that the majority 87 (87%) had a medium level of quality of life, 11 (11%) had a low level of quality of life, and 2(2%) had a high level of quality of life.

Regarding spirituality/ religion/ personal shows that the majority 80 (80%) had a medium level of quality of life, 12 (12%) had a low level of quality of life, and 8 (8%) had a high level of quality of life.

The overall quality of life among hypertensive patients shows 14 (14%) of the hypertensive patients have a low level of quality of life, 83(83%) of the hypertensive patients have a medium level of quality of life, and 3(3%) of the hypertensive patients have a high level of quality of life.

The quality of life mean score was 48.85 and SD 11.48 among hypertensive patients in the study group.

- **Bhavita Oza et.al (2014)** A study to determine QOL in patients suffering from hypertension using MINICHAL and WHOQOL-BREF tools. The study was carried out for eight weeks in the medicine outpatient department of a tertiary care hospital. All patients diagnosed with essential hypertension and on drug therapy for at least one month were included. A total of 269 patients had mean age and duration of hypertension 58.25 ± 10.35 and 7.65 ± 8.00 years respectively. Age, duration of illness, number of symptoms, systolic blood pressure, and number of drugs prescribed showed a statistically significant ($P < 0.05$) negative correlation with WHOQOL-BREF score while number of symptoms, systolic blood pressure, and duration of illness showed a statistically significant positive correlation with MINICHAL scale ($P < 0.05$). MINICHAL scale and WHOQOL-BREF were significantly correlated with each other ($P < 0.01$). Women had significantly poorer QOL compared to men. Age, female gender, duration, number of symptoms, systolic blood pressure, and number of medications may be important predictors of QOL in hypertensive patients.

5.2 Third objective was to find the association between quality of life and sociodemographic variables among hypertensive clients.

There was a significant association between quality of life with Economic status at $p < 0.05$ level, and other selected variables such as age, sex, religion, marital status, education level, residency of place, type of family, duration of sleep pattern, duration of hypertension, and the number of antihypertensive drugs were not statistically significant at $p < 0.05$ level.

NH₁ which was Hence the null hypothesis stated earlier that “**there is a significant association between quality of life and Sociodemographic variables among hypertensive patients $p < 0.05$ level**” was accepted in economic status at $p < 0.05$ level and other demographic variables were not significant at $p < 0.05$ level.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS

This chapter covers the summary, its findings, conclusions, and implications for nursing research, practice, and administration. This study begins with a few limitations and concludes with suggestions and recommendations for further research.

SUMMARY

This study was undertaken to determine the quality of life among hypertension clients in selected suburban areas, Thiruporur in Chennai.

Hypertension, commonly known as high blood pressure, is a prevalent and chronic medical condition that affects millions of people worldwide. It occurs when the force of blood against the artery walls is consistently elevated, potentially leading to severe health complications, including heart disease, stroke, and kidney problems. Besides the physical risks, hypertension can significantly impact an individual's quality of life. Patients often experience symptoms like headaches, fatigue, and dizziness, leading to reduced productivity and social engagement. Additionally, the need for continuous medication and lifestyle modifications can cause emotional distress and affect mental well-being. Furthermore, hypertension can limit daily activities and diminish overall life satisfaction. Hence, managing hypertension through regular medical monitoring, adopting a healthy lifestyle, and seeking psychological support can substantially improve patients' quality of life.

RESEARCH OBJECTIVES

1. To assess sociodemographic variables among Hypertensive clients.
2. To assess the quality of life among clients with Hypertension.
3. To find the association between quality of life and sociodemographic variables among hypertensive clients.

RESEARCH HYPOTHESIS

H1: There is a significant association between quality of life and Sociodemographic variables among hypertensive clients $p < 0.05$ level.

RESULTS

The overall results about frequency and percentage of quality of life among hypertensive clients reveal that 14 (14%) of the hypertensive clients have a low level of quality of life, 83(83%) of the hypertensive clients have a medium level of quality of life, and 3(3%) of the hypertensive clients have a high level of quality of life.

The quality of life mean score was 48.85 and SD 11.48 among hypertensive clients in the study group.

NURSING IMPLICATIONS

The findings of the study have implications related to nursing administration, nursing practice, nursing research, and nursing education regarding the quality of life among hypertensive clients.

NURSING ADMINISTRATION

Nursing is an evolving profession to improve the quality of care and practice should be evidence-based. The present study showed the level of quality of life among hypertensive patients in the suburban areas of Thiruporur in Chennai.

The administrator can communicate these findings to the students and conduct a workshop or conference regarding hypertension and its management.

NURSING PRACTICE

Nursing personnel should possess sound knowledge regarding hypertension, treatment, and how to maintain quality of life.

Nurses should use holistic nursing interventions such as bhramari pranayama and foot reflexology and so on which are cost-effective, economical, non-invasive, and non-pharmacological other complimentary therapies in providing care.

NURSING RESEARCH

Practice emerges from research. Evidence-based practice improves the quality of nursing care. The nurse involved in student care can educate the students and enrich the evidence-based care which will enhance the nursing research.

Nursing researchers should disseminate the findings of research through conferences, seminars, and publications in nursing journals.

RECOMMENDATIONS FOR FUTURE RESEARCH

Based on the findings of the study the following recommendations are made

- The study can be conducted with a larger population in different settings for better generalization.
- The study can be conducted on the effectiveness of various nursing interventions on quality of life among hypertensive clients in different settings.
- The same study can be conducted on clients with hypertension in the age group of above 60 years.
- A study can be undertaken for the effectiveness of other different complementary therapies.

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ANNEXURE – A
LETTER REQUESTING PERMISSION FOR
CONDUCTING THE STUDY

From

Mr.Sanjay Thomson.k,
IIIrd year, B.Sc Nursing,
Sathyabama College of Nursing,
Chennai-119.

To

The Dean
Sathyabama College of Nursing
Sathyabama Institute of Science & Technology
Chennai-119.

Respected Sir / Madam,

Sub.: Requesting for permission to conduct research study

We are third year, Bachelor of Nursing students studying in Sathyabama college of Nursing. We have selected the under mentioned topic for the research project to be submitted to Sathyabama Institute of Science & Technology in a partial fulfillment of university requirement for the award of the B.Sc, Nursing Degree.

Topic: “ ASSESS THE LEVEL OF QUALITY OF LIFE AMONG CLIENTS WITH HYPERTENSION IN SELECTED SUBURBAN AREA, CHENNAI.”

Here by we assure that all the information collected for the research study will be kept confidentially. We kindly request you to grant permission to conduct this research study.

Thanking you

Date:

Yours faithfully

Place:

Sanjay Thomson.K

ANNEXURE – B
ETHICAL CLEARANCE

CERTIFICATE FOR ETHICAL CLEARANCE

This is to certify that **Reg.no. 40904033,40904043,40904044,40904051 and 40904052** , B.Sc Nursing III year students, Submitted the protocol on study as ,

**“ASSESS THE LEVEL OF QUALITY OF LIFE AMONG CLIENTS WITH
HYPERTENSION IN SELECTED SUBURBAN AREA , CHENNAI.”**

The above protocol was received by ethical committee approved and mentioned that the study is feasible to carry out under the guidance of an eligible guide.

SIGNATURE OF THE CHAIRMAN

ANNEXURE – C
RESEARCH TOOL
SECTION-A
DEMOGRAPHIC VARIABLES

1. AGE

- ☐ 40 - 45 years
- ☐ 45 - 50 years
- ☐ 50 - 55 years

2. SEX

- ☐ Male
- ☐ Female
- ☐ Others

3. RELIGION

- ☐ Hindu
- ☐ Christian
- ☐ Muslim

4. MARTIAL STATUS

- ☐ Married
- ☐ Un married

5. EDUCATION

- ☐ Primary
- ☐ Higher Secondary
- ☐ Degree / Diploma
- ☐ Others

6. RESIDENCY OF PLACE

- ☐ Own house
- ☐ Rented house

7. ECONOMIC STATUS

- ☐ High level
- ☐ Middle level
- ☐ Low level

8. TYPE OF FAMILY

- ☐ Joint Family
- ☐ Nuclear Family

9. DURATION OF SLEEP PATTERN

- ☐ 6 hours - 7 hours
- ☐ 7 hours - 8 hours
- ☐ More than 8 hours

10. DURATION OF HYPERTENSION

- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ More than 3 years

11.NO.OF ANTI HYPERTENSION DRUGS

- ☐ 1
- ☐ 2
- ☐ More than 2
- ☐ Nil

SECTION-B
STANDARIZED TOOL
WHOQOL-BREF SCAL

WHOQOL-BREF

The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. Please choose the answer that appears most appropriate. If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last four weeks.

		Very poor	Poor	Neither poor nor good	Good	Very good
1.	How would you rate your quality of life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
		Very poor	Poor	Neither poor nor good	Good	Very good
2.	How satisfied are you with your health?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

The following questions ask about how much you have experienced certain things in the last four weeks.

		Not at all	A little	A moderate amount	Very much	Extremely
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4.	How much do you need any medical treatment to function in you daily life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5.	How much do you enjoy life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6.	To what extent do you feel your life to be meaningful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7.	How well are you able to concentrate?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8.	How safe do you feel in your daily life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9.	How healthy is your physical environment?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

The following question ask about how completely you experience or were able to do certain things in the last four weeks.

		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11.	Are you able to accept your bodily appearance?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.	Have you enough money to meet your needs?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
13.	How available to you is the information that you need in your day-to-day life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
14.	To what extent do you have the opportunity for leisure activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
		Very poor	Poor	Neither poor nor good	Good	Very good
15.	How well are you able to get around?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16.	How satisfied are you with sleep?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

17.	How satisfied are you with ability to perform your daily living activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
18.	How satisfied are you with capacity for work?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
19.	How satisfied are you with yourself?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
20.	How satisfied are you with your personal relationships?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
21.	How satisfied are you with your sex life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
22.	How satisfied are you with the support you get from your friends?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
23.	How satisfied are you with the conditions of your living place?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24.	How satisfied are you with access to health services?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
25.	How satisfies are you with your transport?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

The following question refers to how often you have felt or experienced certain things in the last four weeks.

		Never	Seldom	Quite often	Very often	Always
26.	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Do you have any comments about the assessment?

டெமமோகிரோஃபிக் மோறிகள்

1. வயF

- ☐ 40 - 45 ஆண் டுகள்
- ☐ 45 - 50 ஆண் டுகள்
- ☐ 50 - 55 ஆண் டுகள்

2. டெக்ஸ்

- ☐ ஆண்
- ☐ பெண்
- ☐ மற்றவைகள்

3. மதம்

- ☐ இந்F
- ☐ கிறிஸ் Fைர்
- ☐ முஸ் லிம்

4. திருமண நிலை

- ☐ திருமணமானைர்
- ☐ திருமணமாகாதைர்

5. கைவி

- ☐ முதன் வம்
- ☐ மமல்நிவல
- ☐ டெட்டம் / டிஃளம்மா
- ☐ மற்றவைகள்

6. இத்தின் குடியிருப்பு

- ☐ பபாந்த வீடு
- ☐ ஃடவக வீடு

7. டபுருளாதோர் நிலை

- ☐ உயர் நிலை
- ☐ நடுத்தர நிலை
- ☐ குவறந்த அளவில்

8. குடும்பத்தின் வலக

- ☐ கூட்டுக் குடும்ம்
- ☐ தனிக்குடும்ம்

9. தூக்க முலையின் கோம்

- ☐ 6 மணி மநரம் - 7 மணி மநரம்
- ☐ 7 மணி - 8 மணி மநரம்
- ☐ 8 மணி மநரத்திற்கும் மமலாக

10. உயர் இரத்த அழுத்தத்தின் கோமைம்

- ☐ 1 ஆண் டு
- ☐ 2 ஆண் டுகள்
- ☐ 3 ஆண் டுகள்
- ☐ 3 ெருடங் களுக்கு மமல்

11. உயர் இரத்த அழுத்த எதிர்ப்பு மருந்Fகள்

- ☐ 1
- ☐ 2
- ☐ 2க்கு மமல்
- ☐ இல்வல

பிரிவு-பி
தரப்படுத்தப்பெ்ெ கருவி

WHOQOL-BREF ஸ்மகைக்

WHOQOL-BREF

பின் ஁ரும் மகள்விகள் உங் கள் ஁ாழ்க்வகத் தரம், உடல்நலம் அல்ல உங் கள் ஁ாழ்க்வகயின் பிற ெகுதிகவள் ெற்றி நீங் கள் ெ்ெடி உணருகிறீர்க் ள் ஁ன்று மகட்கிற஁. ெ்தில் விருெ்ெங் களுடன் ஁ைபாரு மகள்விவயயும் நான் உங் களுக்குெ் ெ்ெடிெ்ெமென் . பொருத்தமானதாகத் மதான் ஁ும் ெதிவலத் மதர்ந்பதடுக்கவும் . ஒரு மகள்விக்கு ஁ந்தெ் ெதிவலக் பகாடுக்க மைண் ஁ும் ஁ன் ஁ு உங் களுக்குத் பதரியாவிட்டால் , நீ ஁ங் கள் நிவனக்கும் முதல் ெ்தில் பெரும் ொலும் சிறந்த஁.

உங் கள் தரநிவலகள் , நம் பிக்வககள் , இன் ெங் கள் மற்றும் கைவலகவள மன்தில் வைத்஁க் பகாள்ளவும் . கடந்த நான் கு ஁ாரங் களில் உங் கள் ஁ாழ்க்வகவயெ் ெற்றி சிந்திக்கும் ெ்ெடி மகட்டுக்பகாள் கிமறாம்.

		மிகவும் ஏவழ	ஏவழ	ஏவழயும் இல்வல, நல்லைர் அல்ல	நல்ல	மிகவும் நல்ல஁
1.	உங் கள் ஁ாழ்க்வகத் தரத்வத ெ்ெடி மதிெ்ெபிடுவீர்க் ள்?	□1	□2	□3	□4	□5

		மிகவும் ஏவழ	ஏவழ	ஏவழயும் இல்வல, நல்லைர் அல்ல	நல்ல	மிகவும் நல்லF
2.	உங்கள் உடல்நிவலயில் என்ன திருத்தியாக உள்ளீர்கள் ?	□1	□2	□3	□4	□5

கடந்த நான்கு ஆண்டுகளில் சில விஷயங்களை நீங்கள் என்ன
அறிவித்தீர்கள் என்பதைப் பற்றி பின்னரும் மகிழ்ச்சி மகட்கின்றன.

		இல்லமை இல்வல	பகாஞ்ம்	மிதமான அளவு	மிகவும்	மிகவும்
3.	நீங்கள் பய்ய மைண் டியவதம் பய்யைத் திலிருந் உடல் லை உங்களை எந்த அளவிற்குத் தடுக்கிறீர்கள் என்று நீங்கள் உண்கிறீர்கள் ?	□1	□2	□3	□4	□5
4.	உங்கள் அன்றாட பாழ்வில் பய்யல் ட எந்த மருத்தை சிகிச்சிவ உங் களுக்கு என்ன மதவை?	□1	□2	□3	□4	□5

5.	நீங்கள் மாழ்க்கவகவய என் எனவு அவெவிக்஑ிறீரக் ள்?	□1	□2	□3	□4	□5
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12.	உங்கள் மதவைகவெள் பூந் ிதி பபய் ய உங்களிடம் மொFமான ெண்ம் இருக்கிறதா?	□1	□2	□3	□4	□5
13.	உங்கள் அன்றாட ைாழ்க்வகயில் உங் களுக்குத் மதவையான தகைல்கள் உங் களுக்கு ெ்ெடிக் கிவடக்கும் ?	□1	□2	□3	□4	□5
14.	ஓய்வு மநர நடைடிக்வககளுக்கு உங் களுக்கு எந்த அளவிற்கு ைாய் ெ்பு உள்ளF?	□1	□2	□3	□4	□5
		மிகவும் ஏவழ	ஏவழ	ஏவழயும் இல்வல, நல்லைர் அல்ல	நல்ல	மிகவும் நல்லF
15.	நீங்கள் ைை்ளவு நன் றாக சுற்றி ைர் முடியும்?	□1	□2	□3	□4	□5

		மிகவும் அதிருண் தி	அதிருண் தி	திருண் தும் இல் வல, அதிருண் தும் இல் வல	திருண் தி	மிக திருண் தி
16.	தூக்கத்தில் என் னைவு திருண் தாயாக உள்ளீர்கள் ?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
17.	உங்கள் அன் றாட ண் ாழ்க்வகை பயல் ண் ாடுகவளம் பய்யும் திறனில் நீங்கள் என் னைவு திருண் த அவடகிறீர்கள் ?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
18.	மைவல பய்யும் திறனில் நீங்கள் என் னைவு திருண் த அவடகிறீர்கள் ?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
19.	உங்கவன் றெற்றி நீங்கள் என் னைவு திருண் த அவடகிறீர்கள் ?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
20.	உங்கள் தனிண் டெட்ட உறவுகளில் நீங்கள் என் னைவு திருண் த அவடகிறீர்கள் ?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

21.	உங்கள் ொலியல் ைாழ்க்வகயில் நீங் கள் எை்ளவு திருெ்தி அவடகிறீரக் ள்?	□1	□2	□3	□4	□5
22.	உங்கள் நண் ெத் ளிடமிருந் கிவடக்கும் ஆதரவில்	□1	□2	□3	□4	□5

	நீங்கள் என்னு திரும்தி அவடகிறீரக் ள்?					
23.	நீங்கள் செக்கும் இடததின் நிலவவமகளில் நீங்கள் என்னு திரும்தி அவடகிறீரக் ள்?	□1	□2	□3	□4	□5
24.	சுகாதார மவைகவள அணுகுதில் நீங்கள் என்னு திரும்தி அவடகிறீரக் ள்?	□1	□2	□3	□4	□5
25	உங் கள் மொக்குரைததில் நீங் கள் என்னு திரும்தி அவடகிறீரக் ள்?	□1	□2	□3	□4	□5

கடந்த நான்கு ஂாரங்களில் சில விஷயங்கவள நீங்கள் என்னு
அடிக்கடி உணர்ந்தீரக் ள் அல்லF ள் என்ெவத பின்னும்
மகள்வி குறிக்கிறF. அெவித்தீரக்

		ஒருமொF ம் இல் வல	ெம்மொதாைF	அடிக்கடி	அடிக்கடி	ெம்மொFம்
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26.	ென்ஹ மூட், விரக்தி, ெத்தட்டம், மனம்மோரவு மொன்ற எதிரமவற ஊறு கள் உங்களுக்கு எத்தவன முவற உள்ளன?	□1	□2	□3	□4	□5
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மதிெஃபீட்வெட் ெற்றி ஏமதஃம் கருதஃகள் உள்ளதா?

ANNEXURE-C

LESSON PLAN ON HYPERTENSION

MEDICAL SURGICAL NURSING B.Sc. NURSING III YEAR

LESSON PLAN

SUBJECT	: Medical and Surgical Nursing
TOPIC	: Hypertension
METHOD OF TEACHING	: Lecture cum discussion
TIME	: 40 Minutes
AV AIDS	: Flash card
BATCH	: B.Sc. Nursing III year

PREVIOUS KNOWLEDGE: Students have knowledge on communication.

GENERAL OBJECTIVES

The clients will be able to gain in depth knowledge about Hypertension.

SPECIFIC OBJECTIVES

At the end of the class, clients will be able to;

- meaning of hypertension
- define hypertension
- list down the types of hypertension
- list down the causes of hypertension
- list out the risk factors of hypertension
- list down the symptoms of hypertension
- explain the pharmacological management of hypertension
- explain the non-pharmacological management of hypertension
- explain the prevention of hypertension

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	CLIENT'S ACTIVITY	AV AIDS	EVALUATION
		Students will be able to introduce the topic	Hypertension in the serious medical condition and can increase the risk of heart, brain, kidney and other diseases.				
1	3 Mins	Meaning of Hypertension	MEANING OF HYPERTENSION: Hypertension also known as high or raised blood pressure is a condition in which the blood vessels have persistently raised pressure.	Explaining	Listening	Flash card	What is hypertension?
2.	2 Mins	Define Hypertension	DEFINITION: Hypertension is defined as a persistent elevation of systolic blood pressure 140 mm of Hg or higher. -American society of hypertension	Explaining	Listening	Flash card	Define Hypertension?

3.	3 Mins	list down the types of hypertension	TYPES; They are 2 types of Hypertension 1.PRIMARY HYPERTENSION; Hypertension that is not related to another medical condition. 2.SECONDARY HYPERTENSION; Hypertension that is caused by another medical condition .It can be caused by conditions that affect kidneys, heart or endocrine system .It can also occur during pregnancy.	Explaining	Listening	Flash card	What are the types of Hypertension?
4.	3 Mins	list down the causes of hypertension	CAUSES; Kidney diseases Diabetes mellitus Sleep apnea Alcohol consumption Stress Smoking Obesity	Explaining	Listening	Flash card	What are the causes of Hypertension?

5.	2 Mins	list out the risk factors of hypertension	RISK FACTORS; Age above 65 years Family History Lack of exercise Too much of salt Physical inactivity Pregnancy	Explaining	Listening	Flash card	What are the risk factors of hypertension?
6.	3 Mins	list down the symptoms of hypertension	SYMPTOMS; Dizziness Irregular heartbeat Nausea Vomiting Fainting Fatigue Severe headache Chest pain Palpitations Blurry vision Shortness of breath Anxiety	Explaining	Listening	Flash card	What are the symptoms of hypertension?
7.	5 Mins	explain the pharmacological management of hypertension	PHARMACOLOGICAL MANAGEMENT: Antihypertensive drugs should be used to treat hypertension, Beta blockers including propranolol and atenolol. ACE inhibitors including enalapril and Lisinopril relax blood vessels and	Explaining	Listening	Flash card	

			prevent kidney damage. Angiotension-2 receptor blockers including Iosartan and telmisartan relax blood vessels. Calcium channel blockers including amlodipine and felodipine . Diuretics including hydrochlorothiazide and chlorthalidone eliminate extra water from the body, lowering blood pressure.				
8.	5 Mins	explain the non-pharmacological management of hypertension	NON PHARMACOLOGICAL MANAGEMENT: Lifestyle changes can help lower high blood pressure .These include: Eating a healthy and low salt diet. Losing weight. Being physically active. Quitting alcohol and tobacco.	Explaining	Listening	Flash card	Explain the non-pharmacological management?

9.	5 Mins	explain the prevention of hypertension	PREVENTION: Eat more vegetables and fruits. Be more physically active, which can include walking, running or activities that build strength. Weight loss Reduced sodium intake. Increased potassium intake. Reduced alcohol consumption. Incorporation of DASH diet.	Explaining	Listening	Flash card	Explain the preventive measures?
10.			SUMMARY: It is important to find yourself how to handle hypertension for yourself and also to help those you lead. Hypertension is a serious medical condition and can increase the risk of heart, brain, kidney and other diseases.				

11.			CONCLUSION: Hypertension is a very important disorder in aged people and is associated with higher risk of cardiovascular morbidity and mortality.				
12.			REFERENCE: Brunner and Suddarth's. Textbook of Medical-Surgical Nursing, South Asian Edition .New Delhi, published by Wolters Kluwer .Page no: 679-693.				

போடு துெெம்

உயர் இரத்த அழுத்தம்

தவல்பு : மருத்ைம் மற்றும் அறுவை சிகிை்வ

நர்சிங் தவல்பு : உயர் இரத்த அழுத்தம்

கற்பித்தல் முறை: விரிவுவர மற்றும் கலந்வரயாடல்

மநரம் : 40 நிமிடங் கள்

ஏவி எய்ட்ஸ் : ஃபிளாஷ் கரு

BATCH : B.Sc. நர்சிங் III ஆண் ு

முந்வதய அறிவு : மாணைரகளுக்கு தகைல் பதாடர்பு ெற்றிய அறிவு உள்ள.

டபோ மநோக்கங் கள்

ைாடிக்கவகயாளரகள் உயர் இரத்த அழுத்தம் ெற்றிய ஆழமான அறிவைெ் பெற முடியும் .

குறிப்பிெெ மநோக்கங் கள்

ைகுெ்பின் முடிவில் ,ைாடிக்கவகயாளரகளால் முடியும் ;

- உயர் இரத்த அழுத்தத்தின் பொருள்
- உயர் இரத்த அழுத்தத்வத ெவரயறுக்கவும்
- உயர் இரத்த அழுத்தத்தின் ெவககவள ெட்டியலிடுங் கள்
- உயர் இரத்த அழுத்தத்திற்கான காரணங் கவள ெட்டியலிடுங் கள்

- உயர் இரத்த அழுத்தத்தின் ெஆத்F காரணிகவள ெட்டியலிடுங் கள்
- உயர் இரத்த அழுத்தத்தின் அறிகுறிகவள ெட்டியலிடுங் கள்
- உயர் இரத்த அழுத்தத்தின் மருந்தியல் மமலாண் வமவய விளக்குங் கள்
- உயர் இரத்த அழுத்தத்தின் மருந்தியல் அல் லாத நிரைாகத்வத விளக்கவும்
- உயர் இரத்த அழுத்தம் தடுெ்பு மமலாண் வமவய விளக்குங் கள்

S.NO	மநரம்	குறிெப்பிட் ட மநாக்கங் கள்	உள்ளடக்கம்	ஆசிரியரக் ளின் பயல் ொடு	ண்டிக்க யாளர் பயல்ொ டு	ஏவி எய்ட் ஸ்	மதிெப்பீ டு
		மாணைரக் ள் தவெல்வெ அறிமுக்கெடுத்த முடியும்	தீவிர மருத்ை நிவலயில் உயர் இரத்த அழுத்தம் மற்றும் இதயம், மூவள, சிறுநீரகம் மற்றும் பிற மநாய்களின் ஆத்தவத அதிகரிக்கலாம் .				
1	3 நிமிடங் கள்	உயர் இரத்த அழுத்தம் என் தென் பொருள்	உயர் இரத்த அழுத்தத்தின் டபோருள்: உயர் இரத்த அழுத்தம் என் ெ உயர் இரத்த அழுத்தம் என் றும் அவழக்கெடுகிற, இ இரத்த நாளங் பதாடர்ந் அழுத்தத்தவத உயரத் ெ ஒரு நிவல.	விளக்குை	மகட்ெ	ஃபி ளாஷ் அட் வட	உயர் இரத்த அழுத்த ம் என்றால் என்ன?
2.	2 நிமிடங் கள்	உயர் இரத்த அழுத்தத்தவத ைவரயறுக்கவும்	வலரயலை: உயர் இரத்த அழுத்தம் என் ெ சிஸ் டாலிக் இரத்த அழுத்தம் 140 மிமீ Hg அல்ல அதற்கு மமல் பதாடர்ந் அதிகரிெெ என ைவரயறுக்கெடுகிற F. உயர் இரத்த அழுத்தத்தின் அபமரிக்க Bமுகம்	விளக்குை	மகட்ெ	ஃபி ளாஷ் அட் வட	ைவரய று உயர் இரத்த அழுத்த மா?
3.	3 நிமிடங் கள்	உயர் இரத்த அழுத்தத்தின் ைவககவள ெட்டியலிடுங் கள்	வலககள் ; அவை 2 ெவகயான உயர் இரத்த அழுத்தம் 1. முதன் லம உயர் இரத்த அழுத்தம் ; மற்பறாரு மருத்ை நிவலயுடன் பதாடர்பில்லாத உயர் இரத்த அழுத்தம் . 2. இரண் ொம் நிலை உயர் இரத்த அழுத்தம் ;	விளக்குை	மகட்ெ	ஃபி ளாஷ் அட் வட	என்ன ைவகக ள் உள்ளன உயர் இரத்த அழுத்த மா?

			மற்பறாரு மருத்Fை நிவல காரணமாக ஏற்றெடும் உயர் இரத்த அழுத்தம் .சிறுநீரகம், இதயம் அல்லF நாளமில்லா அவமெபு ஆகியைற்றவற ொதிக்கும் நிவலகளால் இF ஏற்றெடலாம் . இF கர்ெெெ காலத்திலும் ஏற்றெடலாம்.				
4.	3 நிமிடங் கள்	உயர் இரத்த அழுத்தத்திற்கான காரணங் கவள ெட்டியலிடுங் கள்	கோரணங் கள் ; சிறுநீரக மநாய் கள் நீரிழிவு மநாய் தூக்கத்தில் மூச்சு த்திணறல் மF அருந்Fதல் மன அழுத்தம் புவகபிடித்தல் உடல் ெருமன்	விளக்குைF	மகட்ெF	ஃபி ளாஷ் அட் வட	என்ன காரண ங்கள் உயர் இரத்த அழுத்த மா?
5.	2 நிமிடங் கள்	உயர் இரத்த அழுத்தத்தின் ெஆத்F காரணிகவள ெட்டியலிடுங் கள்	ஆபத்Fகோரணிகள் ; ையF 65 ையFக்கு மமல் குடும்ெ ைரலாறு உடற்ெயிற்சி இல்லாவம ெபு அதிகம் உடல் உவழெபின் வம கர்ெெெம்	விளக்குைF	மகட்ெF	ஃபி ளாஷ் அட் வட	உயர் இரத்த அழுத்த த்தின் ெஆத்F காரணி கள் என்ன?
6.	3 நிமிடங் கள்	உயர் இரத்த அழுத்தத்தின் அறிகுறிகவள ெட்டியலிடுங் கள்	அறிகுறிகள் ; மயக்கம் ஒழுங் கற்ற இதயத் Fடிெெபு குமட்டல் ைாந்தி மயக்கம் டீர்பு கடுவமயான தவலைலி பநஞ்ச ைலி ெெெெபு மங்களான ைரவ் ை	விளக்குைF	மகட்ெF	ஃபி ளாஷ் அட் வட	உயர் இரத்த அழுத்த த்தின் அறிகுறி கள் என்ன?

			மூக் திணறல்				
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			கைவல				
7.	5 நிமிடங் கள்	உயர் இரத்த அழுத்தத்தின் மருந்தியல் மமலாண் வமவய விளக்குங் கள்	மருந்தியை மமலோண் லம : உயர் இரத்த அழுத்தத்திற்கு சிகிB்வBயளிக்க ஆண் டிவைரெப் டன் சின் மருந்Fகள் ெயன்ெடுத்தெட் மைண் டும், புமராமொமனாமலால் மற்றும் அபடமனாமலால் உள்ளிட்ட பீட்டா பிளாக்கரக் ள் . எனலாபிரில் மற்றும் லிசிமனாபிரில் உள்ளிட்ட ACE தடுெ்ொன் கள் இரத்த நாளங் கவள தளரத் தி சிறுநீ ரக ொதிெ் வெ தடுக்கிறF. ஐமயாBார்டன் மற்றும் படல்மிBார்டன் உள்ளிட்ட ஆஞ்சிமயாபடன் ஷன்-2 ஏற்பி தடுெ்ொன் கள் இரத்த நாளங் கவள தளரத் ிம். ஃபெமலாடிவென் உள்ளிட்ட கால்சியம் மBனல் தடுெ்ொன் கள் . வைட்மராகுமளாமராதி யாவBடு மற்றும் குமளாரத் லிமடான் உள்ளிட்ட சிறுநீ ரிறக்கிகள் உடலில் இருந்F கூடுதல் நீவர பைளிமயற்றி, இரத்த அழுத்தத்வதக் குவறக்கிறF.	விளக்குைF	மகட்ெF	ஃபி ளாஷ் அட் வட	

8.	5 நிமிடங் கள்	உயர் இரத்த அழுத்தத்தின் மருந்தியல் அல் லாத	மருந்தியை அை ைோத மமைோண் லம : ைாழ்க்வக முவற மாற்றங்கள் உயர் இரத்த	விளக்குைF	மகட்டுF	ஃபி ளாஷ் அட் வட	மருந்திய ல் அல்லாத நீர் ாக
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		நிரை் ாகத்வத விளக்கவும்	அழுத்தத்வதக் குவறக்க உதவும். ஆமராக்கியமான மற்றும் குவறந்த டெ்பு உணவை உண்ணுதல். எவட குவறயும் . உடல் சுறுசுறுெ்ொக இருெ்ெF. மF மற்றும் புவகயிவலவய வகவிடுதல்.				த்வத விளக்க வும்?	
9.	5 நிமிடங் கள்	உயர் அழுத்தம் விளக்க	இரத்த தடுெ் பு	தடுப்பு : அதிக காய் கறிகள் மற்றும் ெழங்கவள Bாெ்்பிடுங் கள் . அதிக உடல் ரீதியாக சுறுசுறுெ்ொக இருங் கள் , இதில் நவடெயிற்சி, ஓட்டம் அல்லF ைலிவமவய ைளரக் ும் நடைடிக்வககள் அடங் கும். எவட இழெ்பு குவறக்கெ்ெட்ட மBாடியம் உட்பகாள்ளல் . அதிகரித்த பொட்டாசியம் உட்பகாள்ளல் . குவறக்கெ்ெட்ட மF அருந்Fதல் . DASH உணவின் ஒருங்கிவணெ்பு.	விளக்குைF	மகட்ெF	ஃபி ளாஷ் அட் வட	தடுெ்பு நடைடிக் வககள் குறித்F விளக்க வும்?

10.			சுருக்கம் : உயர் இரத்த அழுத்தத்தவத நீங் கமள என்ைாறு வகயாளைF என்ெவத நீங் கமள கண் டுபிடிெெF மற்றும் நீங் கள் ழைநடத்Fெைரக் ளுக்கு உதவுைF முக்கியம்.உயர் இரத்த அழுத்தம் என்ெF ஒரு தீவிரமான மருத்Fை நிலவ மற்றும் இதயம் , மூவள,சிறுநீரகம் மற்றும் பிற மநாய்களின் அொயத்வத அதிகரிக்கும் .				
11.			முடிவு : உயர் இரத்த அழுத்த ம் என்ெF யதானைரக் றுக்கு மிகவும் முக்கியமான மகாளாறு மற்றும் இருதய மநாய் மற்றும் இறெபுக்கான அதிக ஆத்Fடன் பதாடர்புவடயF.				
12.			குறிப்பு : ெர்னனர் மற்றும் சுதரத் ள் . மருத்Fை- அறுவை சிகிB்வB ொடநூல் நர்சிங், பதற்காசிய ெதிெெபு .புF படல்லி, மைால் ப்ஸ் க்னூைரால் பைளியிெெட்டF .ெக்கம் எண் : 679-693.				

**A STUDY TO ASSESS THE RELATIONSHIP BETWEEN
INTERNET ADDICTION AND QUALITY OF SLEEP AMONG
NURSING STUDENTS AT SELECTED COLLEGE, CHENNAI.**



**A PROJECT WORK SUBMITTED TO
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**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
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CERTIFIED PROJECT WORK DONE BY

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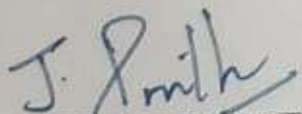
NANDHINI DEVI.G

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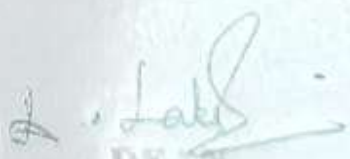
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2020-2024


RESEARCH GUIDE

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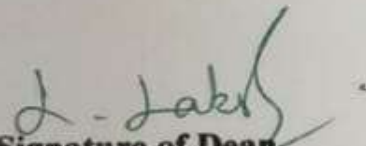

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Sathyabama College of Nursing, Sathyabama Institute of Science and Technology,
Chennai, submitted in partial fulfillment for the degree of Bachelor of Science in Nursing
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College Seal




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ENDORSEMENT BY THE RESEARCH GUIDE

This is to certify the project work entitled "A Study To Assess The Relationship Between Internet Addiction And Quality Of Sleep Among Nursing Students At Selected College, Chennai." is a bonafide research work done by Ms. Michelle Eunice S, Ms. Arishya G, Ms. Esakkiammal S, Ms. Jeevitha A, Ms. Nandhinidevi G in partial fulfillment of the requirement for the Degree of Bachelor of Science in Nursing.

I would particularly like to thank,

We would like to thank my Research Guide Mr. Dr. Jeyaraj, for his guidance and support in completing this project successfully. We are also grateful to our Research Guide Mr. Maria Zenaide Salazar for her guidance and support in completing this project successfully. We are also grateful to our Research Guide Mr. Maria Zenaide Salazar for her guidance and support in completing this project successfully.



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ABSTRACT

Today life without internet is unthinkable the use of internet undoubtedly help student to learn and update their knowledge by providing up to date information. Internet addiction and other problematic internet use behavior can have important effect on the sleep wake program. Internet addiction leading to sleeplessness and other sleep disorder.

In this context; a study was taken to assess the relationship between internet addiction and quality of sleep among nursing students at selected college, Chennai. The objectives of the study was, to assess the level of internet addiction among nursing students, to assess the quality of sleep among nursing students, to correlate internet addiction and quality of sleep among nursing students, to associate the level of internet addiction with their selected demographic variables, and to create awareness regarding the effect of internet addiction on sleep among students.

A quantitative research approach was used for the study; the study was conducted in Sathyabama Institute of Science and Technology, Chennai. Non-probability purposive sampling method was used to collect the study subject. Data was collected from 100 nursing students. The data was collected using structured questionnaire, Internet addiction scale and Pitt's burgs sleep quality index , and result were analyzed using both descriptive and inferential statistics.

The study result revealed that, the mean of the internet addiction and quality of sleep is ± 35.86 and ± 6.24 and the standard deviation of internet addiction and quality of sleep is ± 16.175 and ± 48.3507 indicates positive correlation between internet addiction and quality of sleep, which reveals that internet addiction affect the quality of sleep among students.

It was concluded that teaching program is essential among students to increase awareness regarding the effect of internet addiction on quality of sleep.

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CHAPTER 1

INTRODUCTION

Technology is the application of knowledge to reach practical goals in a specifiable and reproducible way. The use of technology is widely prevalent in medicine, science, Industry, communication, transportation and daily life.

Today life without the internet is unthinkable the use of the internet undoubtedly helps students to earn and update their knowledge by providing up to date information. It is also great for communication and socializing but should be used with caution. The young generation is totally dependent upon social networking sites. Most common sites used are Google, YouTube, Yahoo, Gmail, Instagram, Facebook, WhatsApp, Messenger etc...

The internet, which provides many opportunities to its users via its influence on the world, has quickly become an indispensable part of life with the rapid development of information technologies and opportunities it presents in areas such as communication, education and entertainment. Thanks to the positive opportunities and quick and easy access it provides, it has started to play a large role in many individual's lives. However, excessive and dysfunctional uses of the internet cause certain problems. One of these negative outcomes is described as internet addiction.

Internet Addiction is an impulsive disorder that involves the obsessive use of mobile devices, the internet or videogames, despite negative consequences to the use of the technology. The disorder has a significant impact on how one's brain works; numerous internet addicts experience depression and anxiety. They Neglect their loved ones because they become so accustomed to the internet, the enjoy interacting with others online and forming close relationship with them. People ignore their work because of the constant use of internet. Internet addiction also deteriorates their physical health as well as addiction leads to obesity, heart diseases and high blood pressure.

Adequate sleep is essential for growth hormone secretion that is required for normal physical development, particularly in adolescents. With the increasing popularity of smart phones together with all its advanced technology, the use of the smart phone before sleep has become a habit for adolescents that could prolong sleep latency and decrease sleep duration. Of all the factors affecting sleep quality in college students, internet use is among one of the most prevalent. Furthermore, the sleep quality of over half of those students was found to be adversely affected by the use of internet for chatting, playing games, and watching movies before sleeping.

Additionally, within the scope of the physical needs of individuals, internet addiction can cause disruptions by affecting sleep quality, which plays an important role in human health. Internet leads to disturbed sleep–wake balance. In the last few years, electronic devices have become increasingly lighter and portable which has caused people to use them while in bed or before falling asleep. The mechanisms related to the use of electronic devices while in bed damage sleep by cognitive, emotional, or physiological stimulation. While exposure to bright light causes changes in sleep onset, especially short wavelengths emitted from electronic devices delays sleep onset. Experts assert that adolescents between the ages of 10 and 17 should sleep for 8.5–9.5 h every night. Without a sufficient or good sleep, both body and mind weaken, which causes a number of changes in behavior of an individual.

NEED FOR THE STUDY

Internet addiction can be defined as overuse of the Internet leading to impairment of an individual's psychological state (both mental and emotional), as well as their scholastic or occupational and social interactions -Beard & Wolf, 2001. Technology has developed so much that it is almost crucial to have electronic devices particularly, television, mobile, internet, video games etc. Teenagers have gotten so used to have technology around them. However, while having these electronic gadgets that make life easier, comfortable, and handy at most of the times, it could also have negative effects on their lives particularly in their studies and family relationship when used too much.

Internet addiction can wreak havoc on sleep as one is unable to resist turning off the computer; there's always another page to refresh, another link to visit, another message board to post on. What was intended to be a quick email check can turn into hours of wandering around the internet. Even if you do try to sleep, exposure to the glow of a computer screen can inhibit your ability to both fall asleep and experience high-quality sleep by decreasing melatonin levels. Poor quality sleep is well-known to contribute to emotional distress, exacerbating or triggering mental health issues, disrupting cognitive function, and decreasing psychological stability. In particular the adolescents have a high rate of internet addiction and also face the consequences of addicted behavior; they have disrupted sleep cycle which subsequently leads to poor academic performances and its related consequences.

Investigator has personal experience how dangerous is this situation because of dysfunctional and pathological ways of using internet other than educational purpose. It can have a deleterious effect on students and their profession as well. For that reason investigator is interested to create awareness among adolescents. Hence, there is need to assess the internet addiction and its impact on quality of sleep among adolescents. These instances provoked the investigator to select the study to assess the relationship between internet addiction and quality of sleep among nursing students at selected college Chennai.

STATEMENT OF THE PROBLEM

A study to assess the relationship between internet addiction and quality of sleep among nursing students at selected college, Chennai.

OBJECTIVES

1. To assess the level of internet addiction among nursing students.
2. To assess the quality of sleep among nursing students.
3. To correlate the level of internet addiction and quality of sleep among nursing students.
4. To associate the level of internet addiction with their selected demographic variable among nursing students.

5. To create awareness regarding the effects of internet addiction on quality of sleep among nursing students.

OPERATIONAL DEFINITIONS

Assess

It refers to evaluation of the level of internet addiction and its impact on alteration of sleep pattern, which will be measured with the help of standardized tool.

Internet addiction

It refers to compulsive behavior towards the excessive use of electronic digital devices which interferes with activities of daily living and causes severe stress on individual, family and with work environment.

Quality of sleep

Quality of sleep refers to an individual self-satisfaction in sleep that includes various aspects of sleep such as sleep efficiency, sleep latency, sleep duration, sleep disturbances, use of medications and day time dysfunction, which determines the well-being of a person.

Nursing Students

It refers to those students studying human physiology and directly involve in patient care activity that should constantly have sound physical, psychological emotional mind and body.

HYPOTHESIS

H1 – There will be significant correlation between internet addiction and quality of sleep.

H2 – There will be significant association between internet addiction with their selected demographic variables among nursing students.

ASSUMPTIONS

- Adolescents will have addiction towards the usage of digital electronic devices
- Internet addiction will simultaneously affect the quality of sleep among adolescents.

DELIMITATIONS

- Sample size is limited to 100.
- Data collection period is limited to 1 week

PROJECTED OUTCOME

Assessing the level of internet addiction and its impact on sleep, will help health care providers for conducting an awareness programme regarding the effects of internet addiction and its impact on daily living, which will help adolescents to understand the effects and ensure proper usage of internet in day to day life.

CHAPTER-II

REVIEW OF LITERATURE

Review of literature is an essential component, a worthwhile studying in any field of knowledge. It helps the investigator to gain information on what has been done previously and to gain deeper insight into the research problems. It also helps to plan and conduct the study in a systematic and scientific manner. Links between new research topic and existing knowledge are generally developed by a thorough review of prior research on a topic and then by developing a framework for the topic on the basis of what is studied.

The review of literature for the study has been from published articles, textbooks, reports and medline search and it is organized as follows:

1. Studies related to prevalence of internet addiction among adolescents
2. Studies related to relationship between internet addiction and quality of sleep among adolescents

1. Studies related to prevalence of internet addiction among adolescents

Donald S. Christian.et.al., (2019) conducted a cross sectional study to know the prevalence of internet usage among college students of various fields, to assess the patterns and risk factors of internet usage among the students and to evaluate internet addiction and behavior issues related to internet use. The study was carried out in five different colleges across different streams (Medicine, Arts, Commerce, Science and Law) in the city of Ahmedabad. The sample size was 465 students. Young's Internet Addiction Test (IAT) was utilized to assess the internet addiction amongst the study participants. The study revealed that the overall prevalence of internet addiction was 56.8% which included 17.4% moderate and 1.3% of severe addiction. Highest prevalence was found in the students from commerce stream. The factors which were found significantly associated were; average length of internet use (highest with use of 7 to 10 years), average daily use of internet (highest with daily use of 11 hours or more), and continuous access to the internet. The study concluded that majority of the students had some form of internet addiction in the present study. Duration of internet use, daily time spent on internet and

continuous access to the internet were among the major attributes associated with internet addiction among college students.

Deepak Goel, Alka Subramanyam, and Ravindra Kamath., (2013) conducted a study to find the prevalence of internet addiction and associated existing psychopathology in adolescent age group. A cross-sectional study sample comprising of 987 students of various faculties across the city of Mumbai was conducted after obtaining Institutional Ethics Committee approval and permission from the concerned colleges. Students were assessed with a specially constructed semi-structured proforma and The Internet Addiction Test (IAT; Young, 1998) which was self-administered by the students after giving them brief instructions. Dukes Health Profile was used to study physical and psychosocial quality of life of students. Subjects were classified into moderate users, possible addicts, and addicts for comparison. The study results were of the 987 adolescents who took part in the study, 681 (68.9%) were female and 306 (31.1%) were males. The mean age of adolescents was 16.82 years. Of the total, about 74.5% were moderate (average) users. Using Young's original criteria, 0.7% were found to be addicts. Those with excessive use internet had high scores on anxiety, depression, and anxiety depression. The study concluded that in the emerging era of internet use, we must learn to differentiate excessive internet use from addiction and be vigilant about psychopathology.

Jaison Joseph .et.al., (2021) conducted a study to estimate the pooled prevalence of internet addiction (IA) among college students in India. Literature databases (PubMed, Web of Science, Scopus, EMBASE, Psyc INFO and Google Scholar) were searched for studies assessing IA using the Young Internet Addiction Test (Y-IAT) among adolescents from India published in the English language up to December 2020. The results shows the overall prevalence of IA as 19.9% (95% CI: 19.3% to 20.5%) and 40.7% (95% CI: 38.7% to 42.8%) based on the Y-IAT cut-off scores of 50 and 40, respectively. The estimated prevalence of severe IA was significantly higher in the Y-IAT cut-off points of 70 than 80 (12.7% (95% CI: 11.2% to 14.3%) vs 4.6% (95% CI: 4.1% to 5.2%)). The study concluded that about 20% to 40% of college students in India are at risk for IA. There is a need for further research in the reconsideration of Y-IAT cut-off points among Indian college students.

Doaa M. Abdel-Salam.et.al., (2019) conducted a study to assess the prevalence of Internet addiction and its associated factors among female students at Jouf University, Saudi Arabia. A cross-sectional study using a multistage proportionate sampling technique was done. A self-administered questionnaire was distributed to the female students of Jouf University during face-to-face interviews with them. This questionnaire consisted of two parts; the first is a structured one for identifying socio demographic features, and the second is Young's Internet Addiction Test (YIAT) to assess Internet use among the students. The results of the study were, 48.6% of the students were scored to be average Internet users. However, 49.5% and 1.9% of the students had moderate and severe addictions, respectively. The study concluded that nearly half of female students at Jouf University have moderate or severe Internet addiction. The significant predictors of Internet addiction were sleeping hours ≤ 6 , midnight as the dominant time for utilizing the Internet and using the Internet for entertainment purposes.

Studies related to relationship between internet addiction and quality of sleep among adolescents

Purreza Abolghasem.et.al., (2016) conducted a study to determine the relationship between internet addictions and sleep quality as one of the components of quality of life among college students. Data were collected by self-report. Data collection tools were internet addiction questionnaire, Pittsburgh Sleep Quality Index and a demographic questionnaire. Data was analyzed by SPSS 21. $P < 0.05$ considered statically significant. The results were the average score of sleep disorders and addiction to the Internet was 4.690 ± 0.050 and 33.98 ± 12.05 , which represents the average sleep disorders and internet addiction among students. 32.50% of students were suffering from sleep disorders and 23.9% of students had high dependence on the Internet and 2% had severe dependence. Between internet addiction and sleep disorders components, sleep quality and overall score of Pittsburgh questionnaire there was a significant positive correlation ($P \leq 0.05$). the study concluded that excessive use of the internet is associated with reduced sleep quality and increased daytime sleepiness. Due to the increasing use of the Internet in Iran, especially among students, Familiarize users with the harms of excessive use of the Internet and promote the proper Correct culture is essential In order to promote the correct pattern of Internet use helped to reduce sleep problems in students.

Pin-Hsuan Lin.et.al., (2019) conducted a study to investigate the relationship between internet addiction and sleep quality, and whether significant variations in sleep quality exist among students with different degrees of internet use. The questionnaire collected information demography, sleep quality with Pittsburgh Sleep Quality Index (PSQI), and severity of internet addiction using a 20-item Internet Addiction Test (IAT). Multiple regression analysis was performed to examine the correlation between PSQI and IAT scores among the participants. Logistic analysis was used to determine the significance of association between PSQI and IAT scores. The results were in total, 503 female students were recruited (mean age 17.05 ± 1.34). Worse quality of sleep as reflected by PSQI was noted in students with moderate and severe degrees of internet addiction compared to those with mild or no internet addiction. Logistic regression analysis of the association between scores on IAT and sleep quality, demonstrated significant correlations between quality of sleep and total IAT scores (odds ratio = 1.05:1.03 ~ 1.06, $p < 0.01$). The results of this study demonstrated significant negative association between the degree of internet addiction and sleep quality, providing reference for educational institutes to minimize adverse effects associated with internet use and improve students' sleep quality.

Osama AbdAlreheem Mahmoud .et.al., (2022) conducted a study aimed to assess the correlation between IA as well as the quality of sleep among medical students. A total of 525 students from Sohag University were included in the study. Young Internet Addiction Test (YIAT) was utilized in order to evaluate IA. Demographic information, university-related factors, and Internet usage patterns of the participants were documented. Pittsburgh Sleep Quality Index was utilized so as to evaluate the quality of sleep. The results were the prevalence of IA was 4.95% for severe addiction and 39.62% for moderate addiction. About 81.62% of subjects who suffer from IA significantly had poor quality of sleep. Young age, male gender, low academic performance, computer presence at home, Internet presence at home, using the Internet for chatting and gaming, and poor sleep quality are strong predictors of Internet addiction. The study concluded that the prevalence of IA and its impact on the quality of sleep have been found to be substantial among medical students. There is a need for programs to raise awareness towards IA as well as its impact on sleep among university medical students.

Mohammad Javad Tarrahiand Mahdi Rezaei Kahkha Zhaleh. (2021) conducted a study to investigate the relevance of Internet addiction and sleep quality among Isfahan University of medical sciences students. This cross-sectional study was conducted as a questionnaire at the Medical Sciences University of Isfahan. The collected data had three components, Demographic information, sleep quality with the Pittsburgh Sleep Quality Index (PSQI), and amount of internet use with a questionnaire of 20 Internet Addiction Tests (IAT). Logistic regression was used to find any association between Internet Addiction and Sleep quality. The results were a total of 562 female and male students participated in the study, with a mean age of 21.41 ± 1.87 . Internet users with moderate and mild addiction had poorer sleep quality than those with normal and severe Internet addiction. Logistic regression analysis showed an association between Internet addiction scores and sleep quality (OR = 1.035: 1.02, 1.04, $P < 0.001$). In addition, poor sleep quality was also predicted by the subgroups "excessive internet use" and "anticipation". The study concluded that the relationship between internet addiction and sleep quality was significantly negative. Universities and all educational institutions can use it to control the effects of Internet abuse and the quality of sleep of students.

Mikiko Tokiya .et.al., (2016) conducted a survey in one prefecture in Japan to determine the relationship between sleep disturbance and IA in adolescents based on the categories of the Young Diagnostic Questionnaire (YDQ). In 2016, high school students ($N = 10,405$, age range: 15–16 years) in all 54 daytime high schools in the selected prefecture were surveyed using a self-administered questionnaire. Participants with scores > 5.5 points on the Japanese version of the Pittsburgh Sleep Quality Index were defined as having a sleep disturbance. IA was evaluated using the YDQ: Participants with five to eight YDQ items present were classified as having IA; those with three or four items present were classified as “at risk of IA”; and those with two or less YDQ items were classified as “non-IA”. Multiple logistic regression analysis was performed with sleep disturbance as the dependent variable, IA as the explanatory variable, and adjustments for eight other variables. High YDQ scores were associated with a high prevalence of sleep disturbance in boys and girls. These findings persisted after controlling for other factors in the multiple regression model. Among Japanese adolescents, there was a significant independent relationship between IA and sleep disturbance.

CHAPTER-3

METHODOLOGY

This chapter includes research approach, research design, setting of the study, population, sample, criteria for sample selection, sample size and sampling technique, scoring procedure, instrument, validity, reliability, pilot study, data collection procedure and plan for data analysis.

RESEARCH APPROACH

A quantitative approach was used for this study.

RESEARCH DESIGN

A descriptive survey research design was used.

RESEARCH SETTING

The study was conducted in Sathyabama Institute of Science and Technology at Sholinganallur Chennai.

POPULATION

Population of the study was students of nursing department in Sathyabama Institute of Science and Technology

SAMPLE SIZE

Sample size was 100.

SAMPLING TECHNIQUE

Non – probability purposive sampling method was used.

INCLUSION CRITERIA

- Boys and girls studying in nursing department
- Students who are willing to participate

EXCLUSION CRITERIA

- Students who were absent during data collection
- Students having illness during the period of data collection.

DATA COLLECTION INSTRUMENT

DESCRIPTION OF THE INSTRUMENT

The tool consist of three parts

PART 1

It consists of demographic variables such as age, sex, year of study, type of family, education of parents, occupation of parents, area of living, average time of internet usage, source of internet usage.

PART II

It consists of Dr. Kimberly S. Young Internet addiction test, this questionnaire consists of 20 statements. On the 5-point Likert scale, an individual has to select the best response (0, 1, 2, 3, 4 or 5) which best describes the individual level of internet addiction.

Scoring Interpretation

The IAT total score is the sum of the ratings given by the examinee for the 20 item responses. Each item is rated on a 5-point scale ranging from 0 to 5. The maximum score is 100 points. The higher the score is, the higher is the severity of the problem.

GRADE	LEVEL OF INTERNET ADDICTION
0-30	NORMAL
31-49	MILD
50-79	MODERATE
80-100	SEVERE

PART III

The quality of sleep will be assessed by using Pittsburgh's sleep quality index. It differentiates poor from good sleep by measuring seven areas: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medications and day time dysfunction over last month. The client self rates each of these seven areas of sleep.

Scoring

Scoring of answers is based on a 0 to 3 scale. A global sum of "5" or greater indicates "poor sleeper".

ETHICAL CONSIDERATIONS

- Permission was obtained from the dean of the nursing department
- UG committee approval was obtained
- Human ethics committee approval was obtained

- The information was collected about the participants for this research is used for specific purpose only. The purpose of the study and the voluntary nature of participation were explained to the participants before data collection. A written consent was obtained from the students prior to the data collection procedure. Privacy was provided. Confidentiality and anonymity was maintained.

DATA COLLECTION PROCEDURE

The data was collected in nursing department of Sathyabama Institute of Science and Technology. Written permission was obtained from Dean and HOD of the department and oral consent was obtained from the study subjects after explaining the purpose of the study. 100 samples who met the inclusion criteria was selected by using Non probability purposive sampling technique. Structured questionnaire was used to collect the demographic variables of the study samples, and Internet Addiction test was administered to measure the level of internet addiction and Pitts burgh's sleep quality index scale was used to assess the quality of sleep in the study sample, 10 to 15 minutes was spent to collect data from each individual, After collecting the data from the entire 100 samples awareness programme was conducted regarding effects of internet addiction.

PLAN FOR DATA ANALYSIS

The collected data was analyzed by using the descriptive statistics and inferential statistics. Frequency and percentage distribution, mean and standard deviation was used to analyze demographic variable and level of internet addiction and quality of sleep. Karl Pearson co-relation coefficient was used to find out the correlation between internet addiction and quality of sleep and chi square was used to find the association of internet addiction and quality of sleep with the demographic variables. The data was presented in the form of tables and figures.

CHAPTER-IV

ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 100 nursing students in Sathyabama Institute of Science and Technology. Data was analyzed on the basis of the objectives of the study. The term analysis refers to a number of closely related operations which are performed with the purpose of summarizing the collected data and organizing in such a manner that they answer the research questions.

Organization of study findings

Analysis of the study findings are organized under the following headings:

Section A: Frequency and distribution of demographic variables among nursing students

Section B: Frequency and distribution of level of internet addiction among nursing students.

Section C: Frequency and distribution of quality of sleep among Nursing students.

Section D: Correlation between the level of internet addiction and quality of sleep among nursing students

Section E: Association of the level of internet addiction with their selected demographic variables among nursing students.

SECTION-A

Table: 1

Frequency and distribution of demographic variable among nursing students

N=100

S.NO	SAMPLE CHARACTERISTICS	(F)	(%)
1.	Age 16-17 years 18-19 years 20-21 years	23 77 0	23 77 0
2.	Sex Male Female	23 77	23 77
3.	Year of study 1ST year 2ND year 3RD year	48 52 0	48 52 0
4.	Types of family Nuclear Joint Separate	83 13 4	83 13 4
5.	Education of parents Primary Higher secondary Diploma Degree	37 36 22 5	37 36 22 5

6.	Occupation Private Government Own business Daily wages	29 14 22 35	29 14 22 35
7.	Area of living Urban Rural	57 43	57 43
8.	Average time of internet usage 1 hour 2 hours 3 hours More than 5 hours	34 17 31 18	34 17 31 18
9.	Source of internet usage Netflix WhatsApp Instagram YouTube	2 19 46 33	2 19 46 33
10.	Average time of sleep 8 hours 7 hours 6 hours Less than 5 hours	29 32 33 6	29 32 33 6

Table: 1 shows the frequency distribution of demographic variables among nursing students

Regarding age, 23(23%) of respondents are in the age group of 16-17 years, 77(77%) of respondents are in the age group of 18- 19 years.

Regarding the sex, 23(23%) of respondents are male, 77(77%) of respondents are female

Consider the year of study, 48(48%) of respondents are in 1st year 52(52%) of respondents are in 2nd year.

Regarding the type of family, 83(83%) of respondents are in nuclear family, 13(13%) of respondents are in joint family, 4(4%) of respondents are in separate family.

Regarding their education of parents, 37(37%) of parents are primary level of education, 36(36%) of parents are higher secondary of education, 22(22%) of parents are degree, 5(5%) of parents are diploma.

According to their parent's occupation, 29(29%) of their parents have private job, 14(14%) of their parents are Governments job, 22(22%) of their parents have own business, 35(35%) of their parents have daily wages.

Regarding the area of living 57(57%) of respondents in urban area, 43(43%) of respondents are in rural area.

Regarding the time of internet usage 34(34%) of respondents using 1 hour for internet usage. 17(17%) of respondents are 2 hours of internet usage, 31(31%) of respondents are 3 hours of internet usage, 18(18%) of respondents are more than 5 hours of internet usage.

Regarding to their source of internet usage 2(2%) of respondents using Netflix, 19(19%) of respondents using WhatsApp, 46(46%) of respondents using Instagram, 33(33%) of respondents using YouTube.

Regarding to their average time of internet usage, 29(29%) of respondents are 8 hours to sleep, 32(32%) of respondents are 7 hours to sleep, 33(33%) of respondents are 6 hours to sleep, 6(6%) of respondents are less than 5 hours to sleep.

Fig 1: Frequency and Percentage distribution of age among nursing students

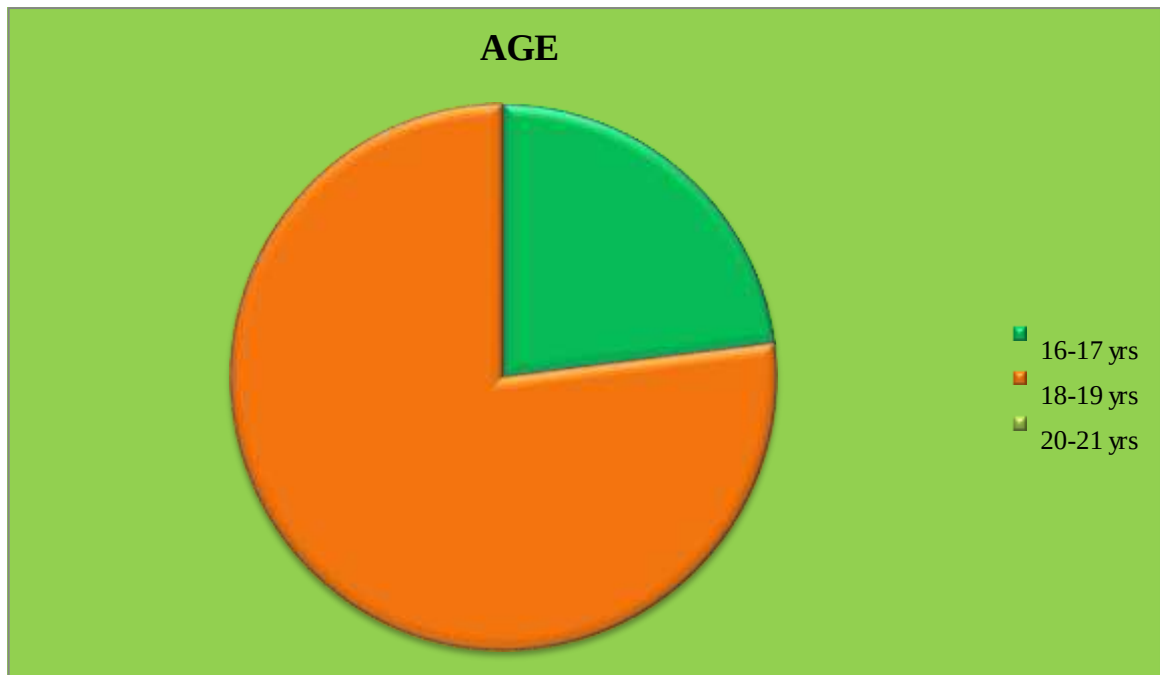


Fig 2: Frequency and Percentage distribution of sex among nursing students

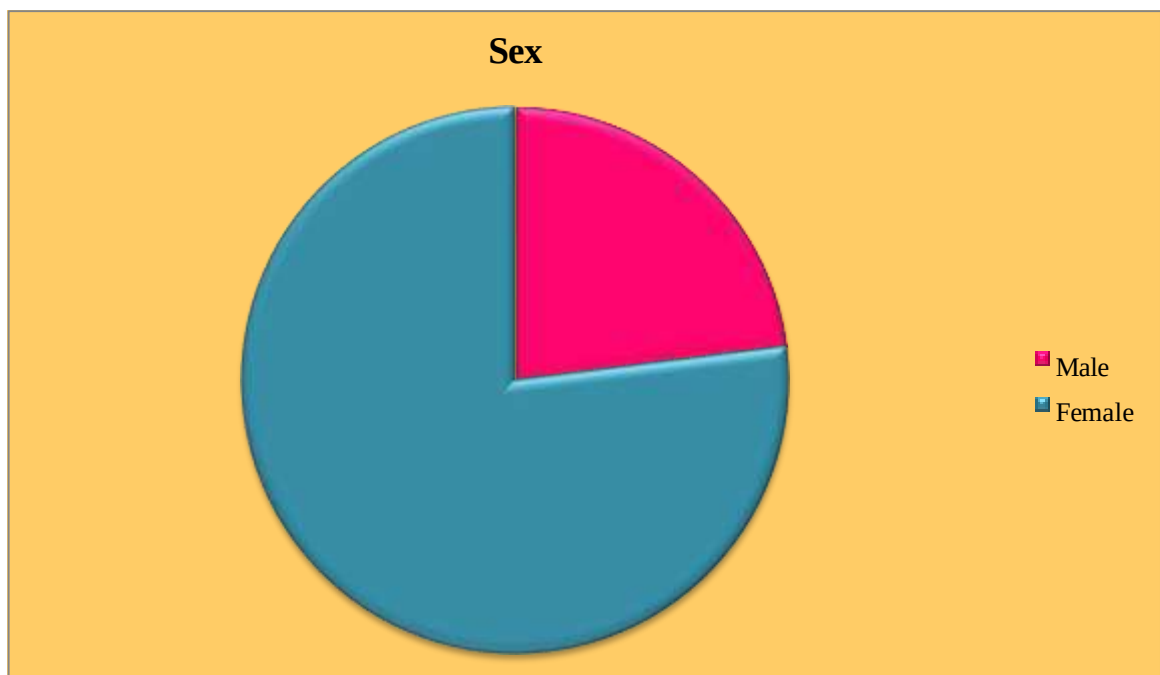


Fig 3: Frequency and Percentage distribution of Year of study among nursing students

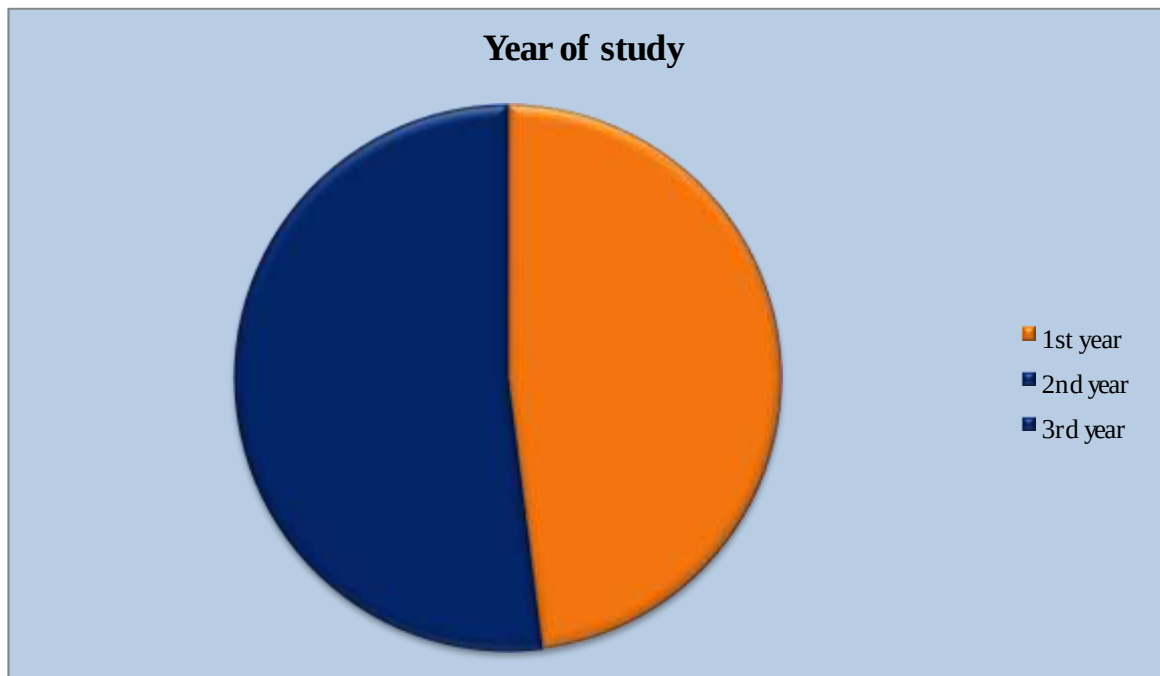


Fig 4: Frequency and Percentage distribution of Type of family among nursing students

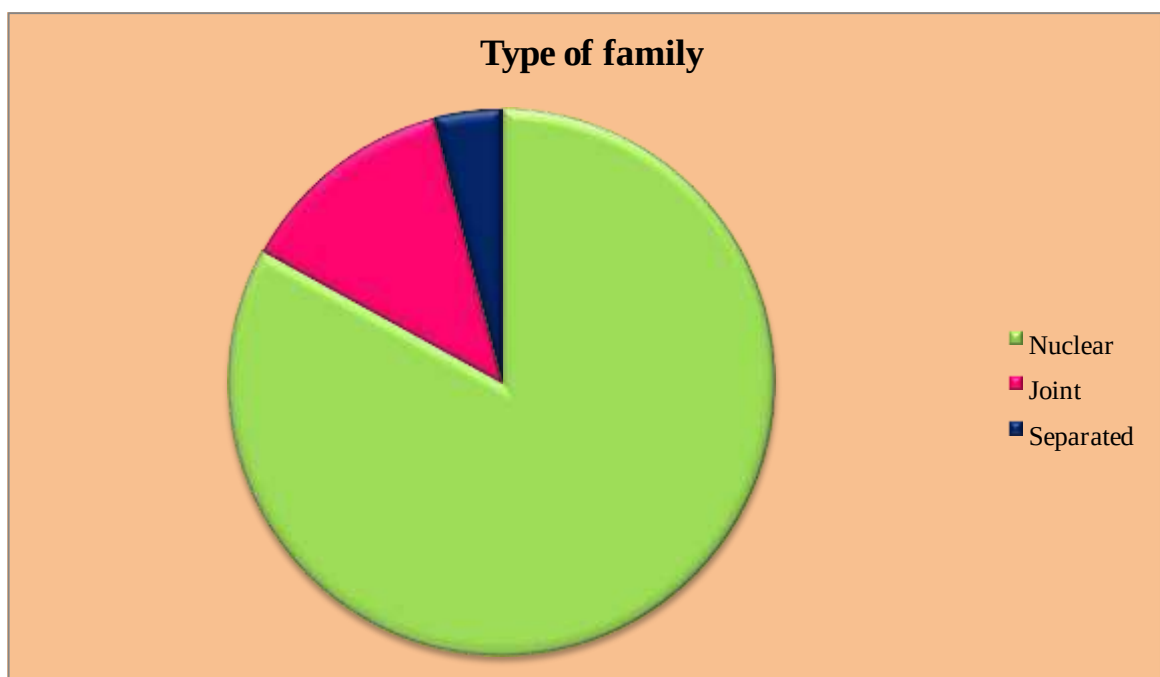


Fig 5: Frequency and Percentage distribution of Education of parents among nursing students

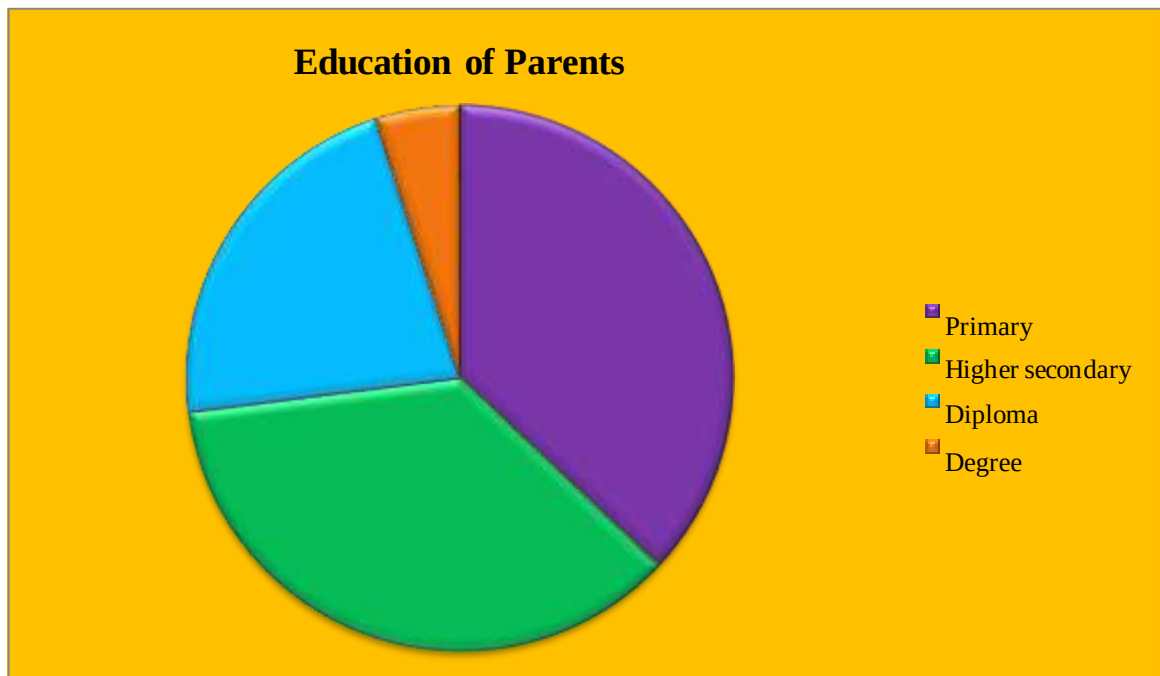


Fig 6: Frequency and Percentage distribution of Education of parents among nursing students

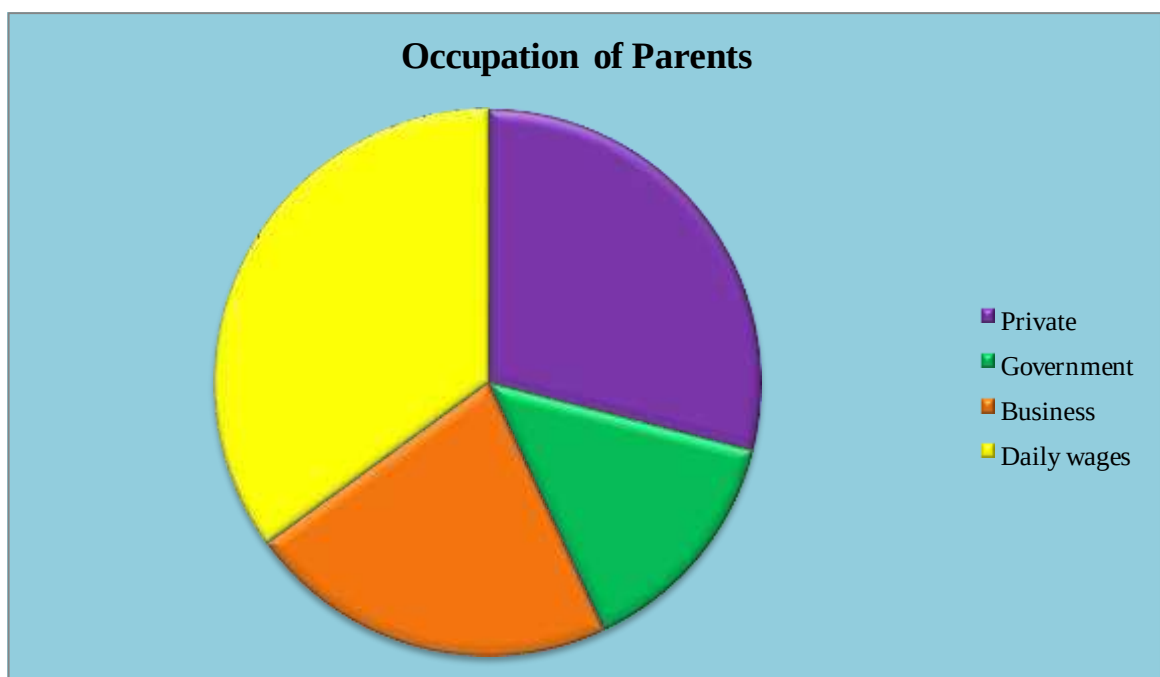


Fig 7: Frequency and Percentage distribution of Area of living among nursing students

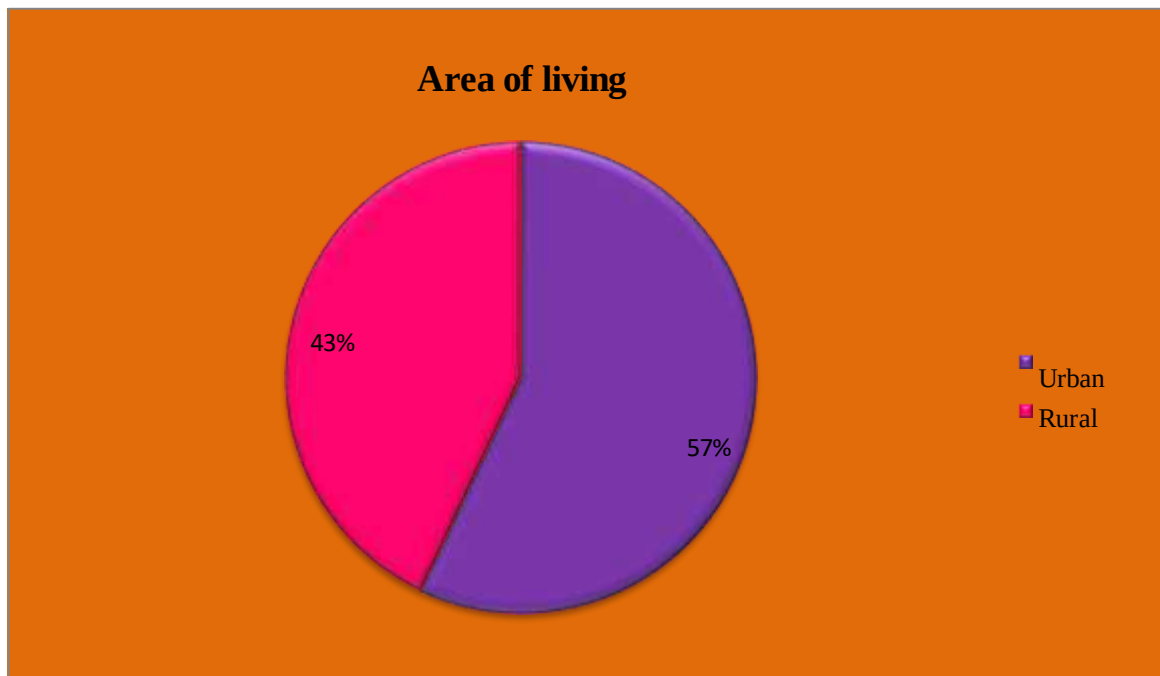


Fig 8: Frequency and Percentage distribution of Average time of internet usage among nursing students

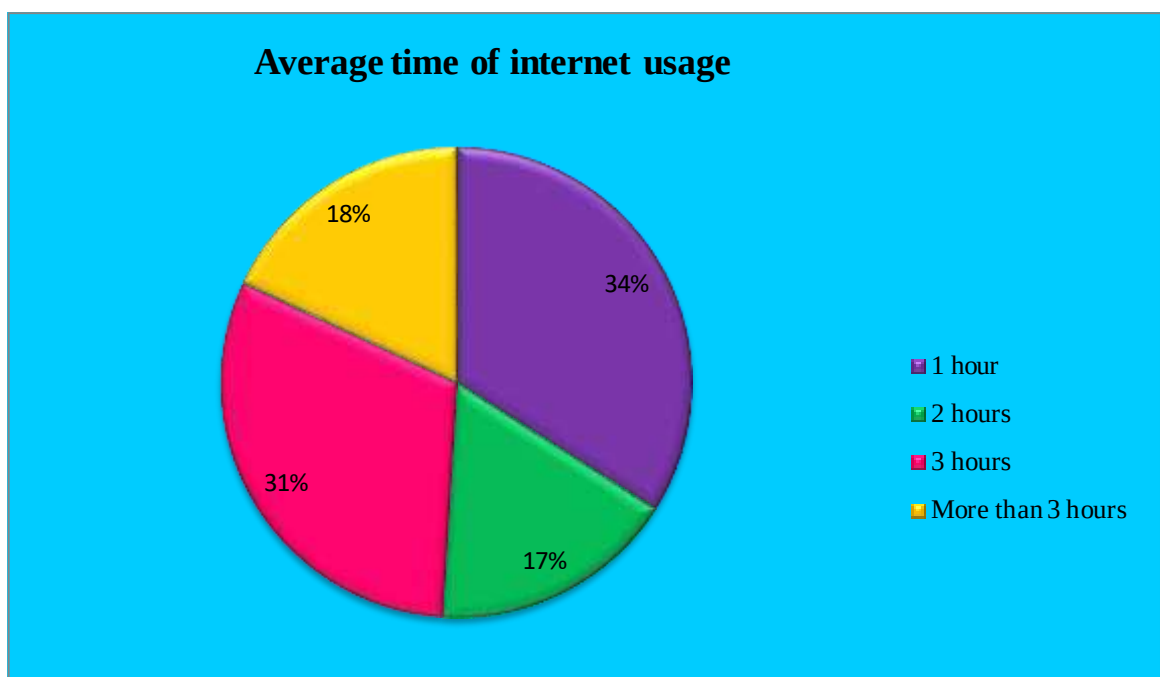


Fig 9: Frequency and Percentage distribution of Source of internet usage among nursing students

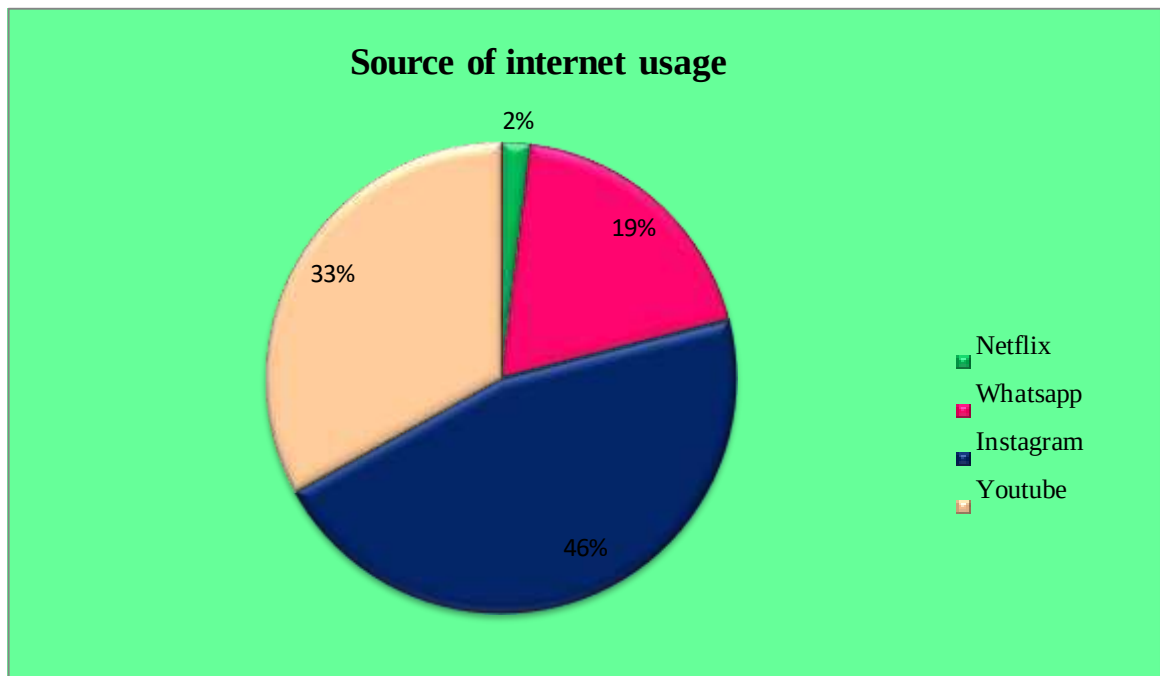
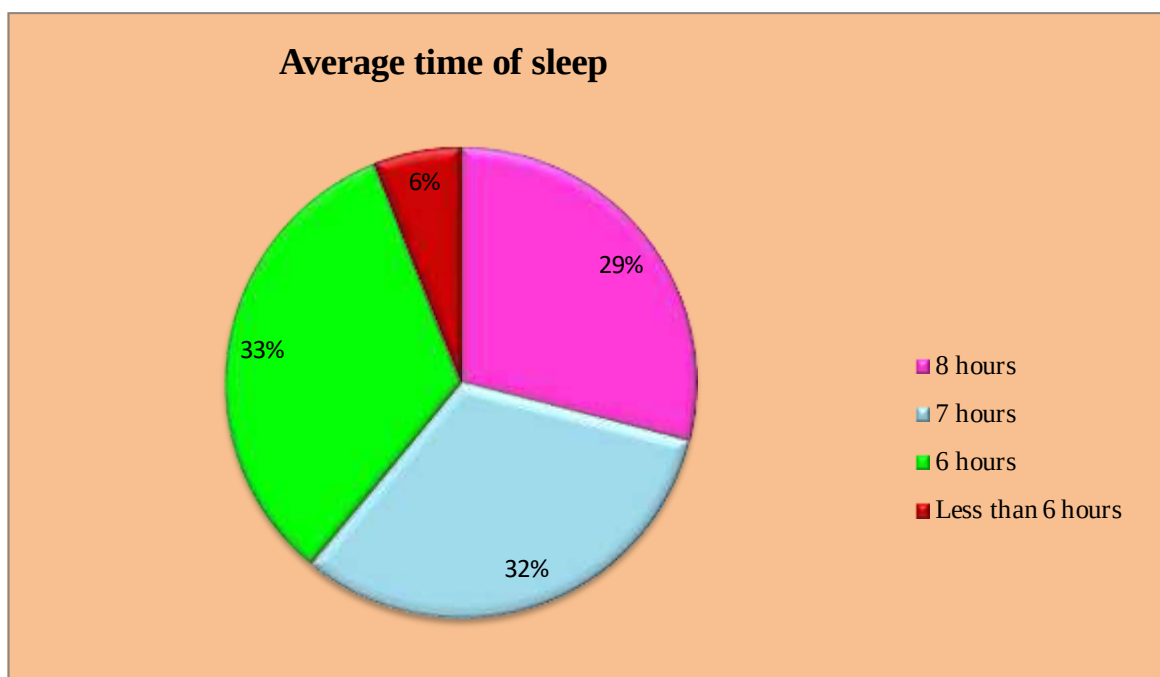


Fig 10: Frequency and Percentage distribution of Average time of sleep among nursing students



SECTION- B

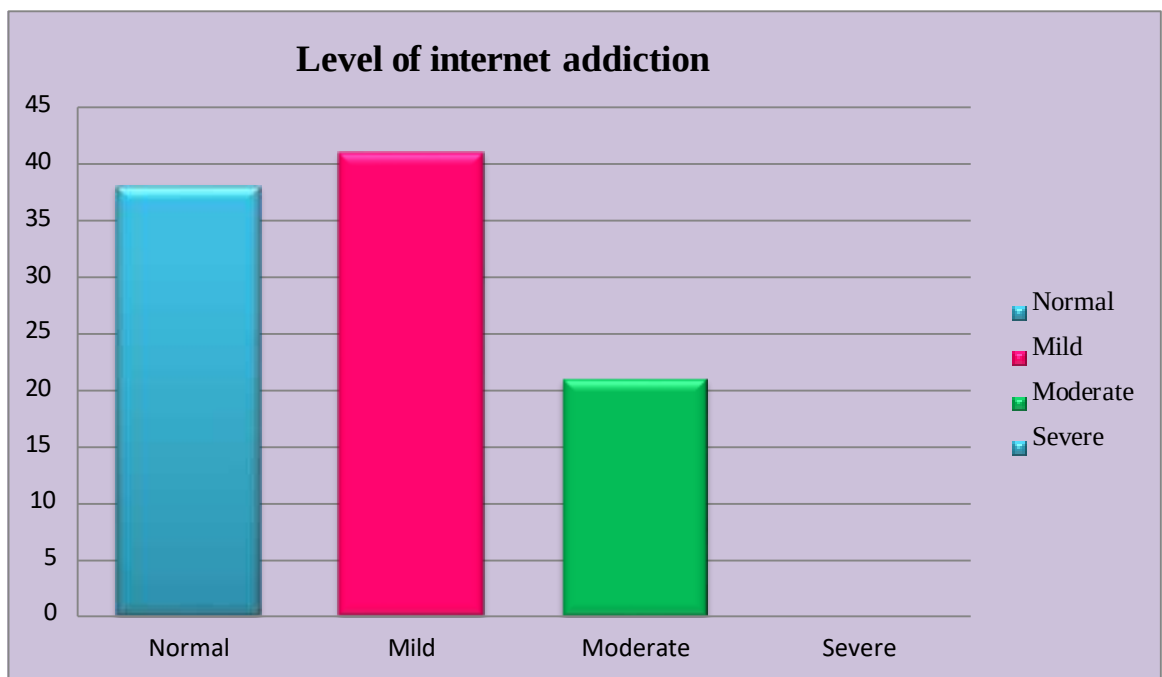
Table 2: Frequency and distribution of level of internet addiction among nursing students.

N=100

LEVEL OF INTERNET ADDICTION	F	%
Normal	38	38
Mild	41	41
Moderate	21	21
Severe	0	0

Table 2 shows that frequency and distribution of level of internet addiction among nursing students, reveals that 38% of the students have no internet addiction, 41% of the students have mild level of internet addiction and 21% of the students have moderate level of internet addiction.

Fig 11: Percentage and frequency distribution of level of internet addiction among nursing students



SECTION-C

Table3

Frequency and percentage distribution of quality of sleep among nursing students.

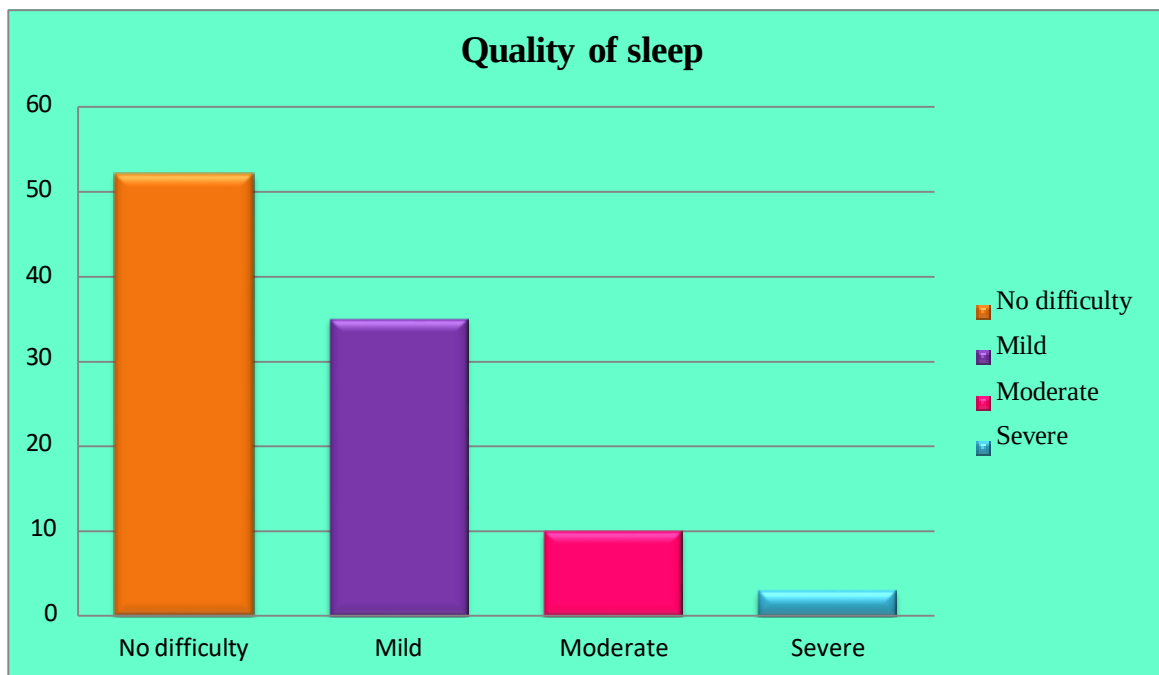
N=100

QUALITY OF SLEEP	F	%
No difficulty	52	52
Mild	35	35
Moderate	10	10
severe	3	3

Table 3 shows that frequency and percentage distribution of quality of sleep among nursing students, reveals that 52% of students have no difficulty in their sleep, 35% of students have mild difficulty in their sleep, 10% of students having moderate difficulty in their sleep, 3% of students have severe difficulty in their sleep.

Fig 12

Fig 12: Percentage and frequency distribution of Quality of sleep among nursing students



SECTION-D

Table 4

Correlation between the level of internet addiction and quality of sleep among nursing students

N=100

VARIABLES	MEAN	STANDARD DEVIATION	CORRELATION COEFFICIENT
INTERNET ADDICTION	35.86	16.175	0.017
SLEEP QUALITY INDEX	6.24	48.35	

Table 4 shows that the mean of internet addiction and quality of sleep is 35.86 and 6.24. The standard deviation of internet addiction and quality of sleep is 16.175 and 48.35 which shows there is positive correlation between internet addiction and quality of sleep. This reveals that internet addiction affects the quality of sleep among students.

SECTION-E

Table:5

Association of the level of internet addiction with their selected demographic variables among nursing students

N=100

DEMOGRAPHIC VARIABLES		LEVEL OF INTERNET ADDICTION								CHI SQUAR E VALUE
		NORMA L		MILD		MODER ATE		SEVERE		
		F	%	F	%	F	%	F	%	
Age	16-17 years	9	9%	12	12%	2	2%	0	0%	$\chi^2=2.66$ DF=4 Ns
	18-19 years	29	29%	30	30%	18	18%	0	0%	
	20-21 years	0	0%	0	0%	0	0%	0	0%	
Sex	Male	5	5%	10	10%	8	8%	0	0%	$\chi^2=5.36$ DF=2 Ns
	Female	33	33%	32	32%	12	12%	0	0%	
Year of Study	1st year	20	20%	22	22%	6	6%	0	0%	$\chi^2=3.29$ DF=2 Ns
	2nd year	18	18%	21	21%	18	18%	0	0%	
	3 RD year	0	0%	0	0%	0	0%	0	0%	
Type of family	Nuclear	31	31%	35	35%	17	17%	0	0%	$\chi^2=12.16$ DF=4
	Joint	2	2%	2	2%	0	0%	0	0%	

	Separate	5	5%	5	5%	3	3%	0	0%	Ns
Education Of Parents	Primary	15	15%	16	16%	6	6%	0	0%	$\chi^2=2.402$ DF=6 Ns
	Higher secondary	13	13%	14	14%	9	9%	0	0%	
	Diploma	8	8%	9	9%	5	5%	0	0%	
	Degree	2	2%	3	3%	0	0%	0	0%	
Occupation	Private	11	11%	10	10%	8	8%	0	0%	$\chi^2=13.9$ DF=6 Ns
	Government	6	6%	3	3%	5	5%	0	0%	
	Own business	5	5%	13	13%	4	4%	0	0%	
	Daily wages	16	16%	16	16%	3	3%	0	0%	
Area of living	Urban	21	21%	24	24%	12	12%	0	0%	$\chi^2=0.120$ DF=1 Ns
	Rural	17	17%	18	18%	8	8%	0	0%	
Average time of internet usage	1 hour	18	18%	14	14%	2	2%	0	0%	$\chi^2=23.44$ 5 DF=6 S
	2 hours	8	8%	8	8%	1	1%	0	0%	
	3 hours	8	8%	13	13%	10	10%	0	0%	
	More than 3 hours	2	2%	9	9%	7	7%	0	0%	
Source of internet usage	Netflix	0	0%	1	1%	1	1%	0	0%	$\chi^2=38.5$ DF=6 S
	WhatsApp	8	8%	8	8%	3	3%	0	0%	
	Instagram	10	10%	22	22%	14	14%	0	0%	
	YouTube	20	20%	11	11%	2	2%	0	0%	

Average time of sleep	8 hours	10	10%	13	13%	6	6%	0	0%	$\chi^2=7.116$ DF=6 Ns
	7 hours	11	11%	15	15%	6	6%	0	0%	
	6 hours	14	14%	14	14%	5	5%	0	0%	
	Less than 5 hours	0	0%	3	3%	3	3%	0	0%	

Table 5 shows the association of level of internet addiction with their selected demographic variables. It was found that the demographic variables such as average time of internet usage and source of internet usage was associated at the chi square value of 23.44 and 38.5 respectively and there was no association found between the demographic variable like Age, Sex, Year of study, Type of family, Education of parents, Occupation, Area of living, Average time of sleep.

CHAPTER-V

DISCUSSION

The relation of internet addiction and quality of sleep is more prevalent in developed generation. Particularly teenage students will be affected by the internet addiction and that may cause serious health problems. The present study was taken up in an effort to assess the relationship between internet addiction and the quality of sleep among nursing students.

Objective 1

To assess the level of internet addiction among nursing students

Finding of present study showed that 41 % of the students had mild level of internet addiction and 21% of students had moderate level of internet addiction r. These finding were consistent with the study conducted by Osamaabd Alreheem Mahmoud to correlate the level of Internet addiction and quality of sleep among sohag university medical students, the study shows 4.95% and 39.62% of students have are severe and moderate level of internet addiction respectively.

Objective 2

To assess the quality of sleep among nursing students

Finding the present study shows that 35%of the students had mild sleeping disturbance, 10% had moderate disturbance in their sleep and 3% had severe disturbance in their sleep quality. These findings were consistent with the study conducted by SyedaMushreffaJahan, to find out the association between internet addiction and sleep

quality among students in Bangladesh. This study revealed that 69% of the students had poor sleep quality. 71% of the participants reported for inadequate sleep.

Objective 3

To correlate the level of internet addiction and quality of sleep among nursing students.

Finding the present study shows that the mean of internet addiction is (± 35.86) and the sleep quality is (± 6.24). The study has positive correlation of internet addiction and quality of sleep among nursing students.

These findings were consistent with the study conducted by BR Kootesh, M Raisi to assess the relationship between internet addiction and quality of sleep shows positive correlation between the internet addiction and quality of sleep.

Objective 4

To associate the level of internet addiction with their selected demographic variables.

Finding the present study shows that It was found that the demographic variables such as average time of internet usage and source of internet usage was associated at the chi square value of 23.44 and 38.5 respectively and there was no association found between the demographic variable like Age, Sex, Year of study, Type of family, Education of parents, Occupation, Area of living, Average time of sleep. These findings consistent with the study conducted by pin Hsausnlin the study was the relationship between internet addiction and with their demographic variables among college female students shows that statistically significantly associated with age, sex, education of parents.

CHAPTER-VI

SUMMARY, CONCLUSION, IMPLICATION, RECOMMENDATION, LIMITATIONS

SUMMARY

Summary was derived from findings and synthesis of findings. Forming these conclusions requires combination of logical reasoning, creating formation of meaningful whole from the pieces of information obtained through data analysis and findings of previous study receptivity subtle calves in the data and the use of open context in considering altering of data. The following conclusions were drawn on the basis of present study to the relationship between internet addiction and quality of sleep among nursing students.

Nursing Practice

The nurses play a vital role among all to create awareness regarding the ill effect of internet addiction; a mass health education programme can be conducted in the outpatient department of the hospital in co-ordination with other health care personals to teach about the internet addiction. Awareness campaign can be conducted in the community area to reduce the ill effect of internet addiction.

Nursing Education

Students learning experience should provide an opportunity to conduct awareness program of internet addiction and its effect on health. The students need to be directed towards changing attitude regarding the long term internet usage. Nursing workshops and conference should be conducted to update knowledge about side effects of internet addiction. Research activities should be carried out various aspects of internet addiction. Education material should be prepared based on the need of the teenage students and their life style modification.

Nursing Administration

The nursing manager should organize in-service education for the staffs to get update with the strategies of internet addiction and the effect in quality of sleep. The nurse administrator should motivate the health care professionals to organize the awareness program to the teenage students and their families by providing the knowledge related to effects of Internet addiction and how to prevent the long term of internet usage.

Nursing Research

The finding of the study recommends to conduct an awareness program for the teenage students. Various research activities to be conducted both in rural of urban community to find out the prevalence of internet addiction and at the same time awareness program to be conducted to overcome the ill effects of internet addiction.

LIMITATION

Study conducted only among nursing students, there by generalization of the findings is limited.

RECOMMENDATION

Based on the finding of the study, the following recommendations are put forward for the further research.

- A similar study can be undertaken with the large sample to generalize finding.
- The similar study can be conducted in among engineering, arts and medical students.
- A true experimental study can be conducted among students.

Conclusion

Based on the findings of present study, it was concluded that the most of students have moderate level of internet addiction which simultaneously affect the quality of sleep. Hence the study concluded that teaching program is necessary to increase awareness regarding internet addiction and its effect on quality of sleep

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APPENDIX I



Sathyabama College of Nursing
Sathyabama Institute of Science and
Technology

(DEEMED TO BE UNIVERSITY)
Accredited with "A" grade NAAC
Jeppiar Nagar, Rajiv Gandhi Salai, Chennai – 600119



Ref No: 113/Dean/ /2023

15/04/2023

To,

The Dean,
Sathyabama College of Nursing,
Sathyabama Institute of Science and Technology
Chennai.

Sub: Seeking permission for conducting data collection

Dear Sir/Madam,

Greetings of the day.

In partial fulfillment of the B.Sc Nursing III year curriculum requirement of Nursing Research and Statistics subject, S. Michelle Eunice and my group would like to conduct the study titled [To assess the relationship between internet addiction and quality of sleep] in the [Sathyabama College of Nursing]. I assure you that the proposed study is a survey approach and will maintain the confidentiality and anonymity of the study participant's data. There will be no harm to them and the data will be used only for academic purposes.

I hope for your positive response and give the approval to conduct this study.

can be permitted
L. Lakshmi

DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiar Nagar, Rajiv Gandhi Salai,
Chennai – 600 119.

S. Michelle Eunice
Michelle Eunice
III year student,
Sathyabama College of Nursing

APPENDIX II

PART 1

SOCIO DEMOGRAPHIC DATA

1. Age

- 16-17 years
- 18-19 years
- 20-21 years

2. Sex

- Male
- Female

3. Year of study

- 1st year
- 2nd year
- 3rd year

4. Types of family

- Nuclear
- Joint
- Separate

5. Education of parents

- Primary
- Higher secondary
- Diploma
- Degree

6. Occupation of parents

- Private
- Government
- Own business
- Daily wages

7. Area of living

- Urban
- Rural

8. Average time of internet usage

- 1 hour
- 2 hour
- 3 hour
- More than 3hours

9. Source of internet usage

- Netflix
- Whatsapp
- Instagram
- You Tube

10. Average time of sleep

- 8 hour
- 7 hour
- 6 hour
- Less than 5 hour

PART II

INTERNET ADDICTION TEST

Name : _____

Male : _____

Female: _____

Age : _____

Online : _____

Do you use the internet for work? Yes or No

This questionnaire consists of 20 statements. After reading each statement carefully, based upon the 5-point Likert scale, please select the response (0,1,2,3,4,5) which best describes you. If two choices seem to apply equally well, circle the choice that best represents how you are most of the time during the past month. Be sure to read all the statements carefully before making your choice. The statements refer to offline situation or action unless otherwise specified.

0= Not Applicable

1= Rarely

2= Occasionally

3= Frequently

4= Often

5= Always

1. How often do you find that you stay online longer than you intended?
2. How often do you neglect household chores to more time online?
3. How often do you prefer the excitement of the Internet to intimacy with your partner?
4. How often do you form new relationships with fellow online users?
5. How often do others in your life complain to you about the amount of time you

spend online?

6. How often do your grades or school work suffer because of the amount of time you spend online?
7. How often do you check your email before something else that you need to do?
8. How often does your job performance or productivity suffer because of the Internet?
9. How often do you become defensive or secretive if anyone ask you what you do in online?
10. How often do you block out distributing thoughts about your life with soothing thoughts of the Internet?
11. How often do you find yourself anticipating when will go online again?
12. How often do you fear that life without the Internet would be boring, empty, and joyless?
13. How often do you snap, yell, or act annoyed if someone bothers you while you are online?
14. How often do you lose sleep due to being online?
15. How often do you feel preoccupied with the Internet when off-line, or fantasize about being online?
16. How often do you find yourself saying “just a few more minutes” when online?
17. How often do you try to cut down the amount of time you spend online and fail?
18. How often do you try to hide how long you’ve been online?
19. How often do you choose to spend more time online over going out with others?
20. How often do you feel depressed, moody, or nervous when you are off-line, which goes away once you are back online?

SCORING

The IAT total score is the sum of the ratings given by the examinee for the 20 item responses. Each item is rated on a 5- point scale ranging from 0 to 5. The maximum score is 100 points. The higher the score is, the higher is the severity of your problem. Total scores that range from **0 to 30** points are considered to reflect a normal level of internet usage; scores of **31 to 49** indicate the presence of a mild level of internet addiction; **50 to 79** reflect the presence of moderate level; and scores of **80 to 100** indicate a severe dependence upon the internet.

PART - III

Pittsburg Sleep Quality Index (PSQI)

Name : _____

Date : _____

Instruction : The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

Please answer all questions.

1. During the past month, what time have you usually gone to bed at night? _____
2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? _____
3. During the past month, what time have you usually gotten up in the morning?

4. During the past month, how many hours of actual sleep did you get at night?
(This may be different than the number of hours you spend in bed.) _____

5. During the past month how often have you had trouble sleeping because you	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Cannot get to sleep within 30 minutes				
b. Wake up in the middle of the night or early morning				

c. Have to get up to use the bathroom				
d. Cannot breath comfortably				
e. Cough or Snore loudly				
f. Feel too cold				
g. Feel too hot				
h. Have bad dreams				
i. Have pain				
j. Other reason (s), please describe:				
6. During the past month, how often have taken medicine to help you sleep (prescribed or “over the counter”)?				
7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				
	No problem at all	Only a very slightly problem	Somewhat of a problem	A very big problem
8. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?				

	Very good	Fairly good	Fairly bad	Very bad
9. During the past month, how would you rate your sleep quality overall?				
	No bed Partner Or room mate	Partner/ room mate in other room	Partner in Same room but not same bed	Partner in Same bed
10. Do you have a bed partner or room mate?				
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
If you have a room mate or bed partner, ask him/her how often in the past month you have had:				
a. Loud snoring				
b. Long pauses between breaths while asleep				
c. Legs twitching or jerking while you sleep				
d. Episode of disorientation or confusion during sleep				
e. Other restlessness while you sleep, please describe:				

Scoring the PSQI

The order of the PSQI items has been modified from the original order in order to fit the first 9 items (which are the only items contribute to the total score) on a single page. Items 10, which is the second page of the scale, does not contribute to the PSQI score.

In scoring the PSQI, seven components score are derived, each scored 0 (no difficulty) to 3 (severe difficulty). The components scores are summed to produce a global score (range 0 to 21). Higher score indicate worse sleep quality.

Component 1 : Subjective sleep Quality-question 9

Response to Q9	Component 1 score
Very Good	0
Fairly Good	1
Fairly bad	2
Very bad	3

Component 1 Score : _____

Components 2 : Sleep latency -question 2 and 5a

Response to Q2	Component 2/Q2 sub score
≤15 minutes	0
16-30 minutes	1
31-60 minutes	2
>60 minutes	3

Response to Q5a	Component 2/Q5a sub score
Not during past month	0
Less than once week	1
Once or twice a week	2
Three or more times of week	3

Sum of Q2 and Q5aSub score	Component 2 score
0	0
1 - 2	1
3 – 4	2
5 – 6	3

Component 2 Score :_____

Component 3 : Sleep duration -question 4

Response to Q4	Component 3 sub score
>7 hours	0
6 – 7 Hours	1
5 – 6 Hours	2
<5 hours	3

Component 3 score :_____

Component 4 : Sleep efficiency – question 1,3 and 4

Sleep efficiency = (# hours slept /# hours in bed) ×100%

hours slept – question 4

hours in bed – calculated from response to questions 1 and 3

Sleep Efficiency	Component 4 score
> 85%	0
75-84	1
65-74	2
<65%	3

Component 4 score : _____

Component 5: sleep disturbance – question 5 b-5j

Question 5b to 5i should be scored as follows

Not during past month	0
Less than once week	1
Once or twice a week	2
Three or more times of week	3

Sum of 5b to 5j scores	Component 5 score
0	0
1 - 9	1
10 – 18	2
19 – 27	3

Component 5 score:_____

Component 6: Use of sleep medication—question 6

Response to Q6	Component 6 score
Not during past month	0
Less than once a week	1
Once or twice a week	2
Three or more times of week	3

Component 6 score : _____**Component 7: Daytime dysfunction—questions 7 and 8**

Response to Q7	Component 7/Q7 Sub score
Not during past month	0
Less than once a week	1
Once or twice a week	2
Three or more times of week	3

Response to Q8	Component 7/Q8 Sub score
No Problem at all	0
Only a very slight Problem	1
Somewhat of a Problem	2
A very big Problem	3

Sum of Q7 and Q8 sub score	Component 7 score
0	0
1 – 2	1
3 – 4	2
5 – 6	3

Component 5 score:_____

Global PSQI Score: Sum of seven component scores :_____

Copyright notice: The Pittsburgh Sleep Quality Index (PSQI) is copyrighted by Daniel J. Buysse, M.D. Permission has been granted to reproduce the scale on this website for clinicians to use in their practice and for researchers to use in non- industry studies. For other uses of the scale, the owner of the copyright should be contacted.



**Assessment of weaning practices among mothers of
infants 6-12 months in selected fisherman community in
Chennai**



**A PROJECT WORK SUBMITTED TO SATHYABAMA INSTITUTE
OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI**

**IN PARTIAL FULFILMENT OF DEGREE
OF BACHELOR OF SCIENCE
IN NURSING**

2020-2024



Assessment of weaning practices among mothers of infants 6-12 months in selected fisherman community in Chennai

BY-

MS. SHUBHANGI JHA

MS. SHRUTHI THIRUSELVAN

MS. VIDHULA.S

MS. SRUTHI PREMANAND

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SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
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**SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)**

CHENNAI

2020 – 2024

RESEARCH GUIDE

DEAN

BONAFIDE CERTIFICATE

This is a bonafide work done by Ms. Shubhangi jha, Ms. Shruthi Thiruselvan, Ms. Vidhula.s, Ms. Sruthi Premanand, and Mr. Surya.S B.Sc. (N) III Year students from Sathyabama College of Nursing, Sathyabama Institute of Science and Technology, Chennai, submitted in partial fulfillment for the Degree of Bachelor of Science in Nursing under the Sathyabama Institute of Science and Technology(Deemed to be University) , Chennai.

College Seal

Signature of the Dean

ENDORESEMENT BY THE RESEARCH GUIDE

This is to certify that the project work entitled “ Assessment of weaning practices among mothers of infant 6-12 months of age in selected fishermen community in Chennai” is a bonafide research work done by Shubhangi jha, Shruthi thiruselvan, Vidhula.S, Sruthi. Premanand and Surya.s of Sathyabama College of Nursing, submitted for the partial requirement of Degree Bachelor of Science in Nursing.

**SEAL AND SIGNATURE OF
THE RESEARCH GUIDE**

ACKNOWLEDGEMENT

My great indebted thanks to the **Lord** almighty for his abundant blessings, endless grace and love showered on me in providing the strength to overcome all the difficulties and made me to complete my study successfully, without which it would not have been possible. There are several hands behind in giving a shape to this research study, which would be impossible to mention all by name. There are some whom the investigator would particularly like to thank.

With the blessings of our **Founder Chancellor Col. Dr. Jeppiar** which encouraged to complete this project, are substantially thankful to our **Chancellor Dr. Maria Zeena Johnson** and express our deep gratitude and heartfelt thanks to our **President Dr. Marie Johnson** for their encouragement and dedication towards the academic excellence and for providing us an opportunity to finish our project successfully.

It is my bounden duty to express my heartiest gratitude to **Dr. L. Lakshmi [RN, RM, M.Sc. (Nursing), Ph.D. (Nursing), Dean, Sathyabama College of Nursing]**, for her constant enthusiastic support, warmth inspiration and gave innovative ideas to incorporate in this study.

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I am truly grateful to all the **participants** who formed the core and basis of this study with their wholehearted co-operation.

A special note of gratitude to our **classmates** for their co-operation and help they rendered throughout the study.

Last but not least life has blessed me with an understanding, lovable and value oriented our beloved **Parents** who persuaded us to pursue under graduate study, we are ever grateful to this supportive presence all along.

This study drew upon the knowledge and help, experience and expertise of many persons of good will, though too numerous to name, each one of them is remembered for their individual contributions without which the realization and presentation of this research would not have been. So, I shower my great deal of thanks to those who helped directly and indirectly in this study.

ABSTRACT

The weaning is the process by which the baby gets used to eating adult family foods slowly and relies less on breast milk. It should start between four and six months of age. It is an important public health strategy for improving infant's and child's morbidity and mortality and helping to control health care costs.

With this context a study was done on; assessment of weaning practices among mothers of infant 6-12 months of age in selected fishermen community in Chennai the objective of the study was to assess the knowledge regarding weaning practices among mothers of infant 6-12 months of age in selected fishermen community in Chennai, to find out the association between the level of knowledge regarding weaning practices with their selected demographic variables among mothers of infant 6-12 months of age in selected fishermen community in Chennai, To create awareness regarding healthy weaning practice among mothers. Quantitative approach was adopted. Descriptive Design was adopted. It is the physical location and condition in which data collection takes place in a study the study will be conducted in selected fishermen community in Chennai. It is the group of people selected to participate in research study. In this study the sample consist of 100 mothers of infant 6-12 months of age from fishermen community in Chennai. In this study purposive sampling technique was used to select the sample. Results: the results showed that 56% of sample had average knowledge, 38% of sample had adequate knowledge, 6% of sample had inadequate knowledge. The study concluded that the awareness program is essential to improve the knowledge regarding weaning practices.

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ASSESSMENT OF LEVEL OF KNOWLEDGE ABOUT WEANING PRACTICE AMONG MOTHERS OF INFANT 6-12 MONTHS IN SELECTED FISHERMEN COMMUNITY IN CHENNAI

CHAPTER-I

INTRODUCTION:

‘The problem isn’t the spoon itself, it’s who’s controlling it’

Breast milk offers multiple benefits to the health of mother as well as to the health of newborns and infants. It is uniquely engineered for newborns and infants and is found to have numerous properties, including nutritional, anti-effective, immunological and anti-inflammatory properties. A newborn infant is not able to combat himself from the pathogenic attack of infectious microorganisms because he starts making protective antibodies several weeks and several months after his birth.

The weaning is the process by which the baby gets used to eating adult family foods slowly and relies less on breast milk. It should start between four and six months of age. It is an important public health strategy for improving infant’s and child’s morbidity and mortality and helping to control health care costs. It is the breast milk that provides protection to children against the attack of various infectious agent breast milk contains all form of antibodies or immunoglobulins i.e. IGA, IgD, IgG, IgM, and children’s immune is not fully developed until the age of 5 years. Therefore breast milk provides protects children from infections like polio, staphylococcus infections, infectious diarrhoea, respiratory syncytial virus (RSV), pneumonia, sudden infant death syndrome, necrotising enterocolitis, otitis media, urinary tract infection (UTI) and neonatal septicaemia. Around the age of 6 months, an infant’s need for energy and nutrients start to exceed what is provided by breast milk, and complementary foods are necessary to meet those needs. An infant of this age is also developmentally ready for other foods. If compulsory foods are introduced around the age of 6 months, or if they are given inappropriately, an infant’s growth may falter. A child of weaning age has a small stomach but needs plenty of food for growth and activity. There are two ways of making sure these children get enough which is very frequent feeding and using foods with a high concentration of nutrients. A very food to give a baby, along with breast milk is a soft, thick, creamy porridge made from the staple food of the community.

Need for the study:

World Health Organization (WHO) and UNICEF adopted the global strategy for infant and young children feeding in 2022. The strategy was developed to revitalize the world attention to the impact that feeding practices have on nutritional status. Growth and development, health and survival of infant and young children. For the optimal infant feeding WHO and UNICEF’s global recommendation was an exclusive breastfeeding for the baby up to 6 months and complementary feeding starting from age of 6 month with continued breast feeding up to 2 years of age with additional adequate nutrition.

This study aimed at investigating the trends in infant and young child weaning practices for children aged 6-12 months to evaluate how the nutrition education and counselling received during contact with health workers have contributed to the knowledge attitudes and practices of the caregivers regarding appropriate nutrition in fishermen community Chennai.

This study helps to increase rates of gradual introduction of complementary foods to the infant’s diet.

This study is to undertaken the assessment of factors which are influencing the infant weaning practices among the mothers of infant 6-12 months

Statement of the problem:

A study to assess the knowledge regarding weaning practices among mothers of infant 6-12 months of age in selected fishermen community.

Research objectives:

To assess the knowledge regarding weaning practice among mothers of infant 6-12 months of age.

To find out the association between the level of knowledge regarding weaning practices with their selected demographic variables among mothers of infant 6-12 months of age.

To create awareness regarding healthy weaning practices among mothers.

HYPOTHESIS:

There will be significant association between the level of knowledge regarding weaning practices with their selected demographic variables among mothers.

Operational definition:

Infant: A child under the age of 1 year, more specially a new born baby

- **Weaning practices:** it is a complex process of gradual introduction of complementary foods to the infant's diet.
- **Fisherman community:** it is a community that is substantially engaged in the harvest or processing of fishery resources to meet social and economic needs.

Assumption:

- Mothers of infant 6-12 months of age will have inadequate knowledge regarding the weaning practices.
- We assume that infant and young child who had malnutrition might experience stunted growth and problems with immune system can also happen.

Limitation:

The study is limited to -

- Mothers at selected fishermen community in Chennai
- Mothers of children 6-12 months.

CHAPTER- 2

REVIEW OF LITERATURE:

Review of literature is an essential component, a worthwhile studying in any field of knowledge. It helps the investigator to gain information on what has been done previously and to gain deeper insight into the research problems. It also helps to plan and conduct the study in a systematic and scientific manner. Links between new research topic and existing knowledge are generally developed by a through review of prior research on a topic and then by developing a framework for the topic on the basis of what is studied.

The review of literature for the study has been from published articles, textbooks, reports and med line search and it is organized as follows:

In 2017, Khaliq et conducted a cross-sectional study to assess the knowledge and practices of working and non-working mothers regarding BF and weaning. The results showed that, 277(66.9%) mothers breastfed their youngest child, a significant difference was found among the BF practices of working and non-working mothers ($p < 0.05$). Almost three-quarter 320(77.9%) used bottle feeding, 259(62.6%) mothers were aware of the adverse effects of bottle-feeding. The majority of mothers 389(94%) were used Home-made products for weaning. They concluded that there was a significant difference in most of the aspects of knowledge and practices regarding BF between working and non-working mothers.

In 2017, in Nigeria, Folasade et al conducted a descriptive study to explore infant weaning knowledge and practice among mothers attending infant welfare clinic in three primary health care centers in Ikenne Local Government Area, Ogun State, Nigeria. The result showed that, half (50%) of participants had moderate knowledge regarding infant weaning while majority (66%) had low practice concerning infant weaning. A statistically significant relationship was reported between occupation and weaning practices and between educational level and weaning practices among mothers ($P = 0.000$). (11)

Dr TMA Pai Hospital Udupi and Dr TMA Pai Hospital Karkala and a public hospital, Regional Advanced Paediatric Care Centre, Mangalore, of coastal south India conducted a cross sectional study for a two-month period from August 2010 to October 2010. Two-hundred mothers of children between six months and two years attending the paediatric outpatient departments of the above-mentioned hospitals for growth monitoring, immunisation and minor illnesses such as upper respiratory tract infections were selected for the study. The subjects were selected for the study by the order of their arrival to the outpatient department during the study period. In the present study 77.5% mothers had started complementary feeding at the recommended time of six months. Only 32% of mothers were giving an adequate quantity of complementary feeds. The association of initiation of complementary feeding with socio-economic status, birth order, place of delivery and maternal education was found to be statistically significant. However the practice of giving an adequate quantity of complementary feeds was significantly associated only with the place of delivery.

Rani TS (2012): Conducted a descriptive study in rural community of Bangalore among 100 mothers of infants to assess the knowledge and practice regarding weaning. Results revealed that mean knowledge score for weaning age was 17.34, for weaning food was 8.37 and care during weaning

was 1.01. The study also found that the mean attitude score was 62.33. The study concluded that mothers of infants need more information on weaning.

Baqul AS, Supare MS (2012): Cross-sectional study was conducted in an urban slum of Nagpur, Maharashtra, India during June 2011 to December 2011. The study variables which were used were the mother's religion, occupation, education, the place of delivery, the type of delivery, the sex and the age of the baby, the antenatal clinic registration, breast feeding, weaning, knowledge of the mothers, etc. For the statistical analysis, the Fisher's exact test was used. Out of the 384 enrolled mothers, 125(32.56%) mothers had started breast feeding within 1 hour after their deliveries. Colostrum was given by 82 (21.38%) mothers. Exclusive breast feeding for 6 months was given by 142(36.84%) mothers. The practice of exclusive breast feeding was more in the literate mothers and in mothers who were informed by the health personnel. This was statistically significant. Inappropriate feeding practices are common in an urban slum of Nagpur, Maharashtra, India.

Moore AP, Milligan P (2012): Conducted a retrospective study on Knowledge of the guidelines was high (86%) and associated with later weaning ($P < 0.001$), although 43% of this sample weaned before 24 weeks. The majority of parents used multiple sources of information, the most influential being the health visitor (26%), the Internet (25%) and books (18%). Fifty-six per cent said they received conflicting advice. Younger mothers and those of lower educational attainment were more likely to be influenced by advice from family, which was likely to be to wean earlier. Furthermore, those most influenced by their mother/grandmother were less likely to have accurate knowledge of the guidelines. The study suggests that first-time mothers have a good understanding of the weaning guidelines but seek weaning information from multiple sources, much of which is conflicting. Informal sources of weaning advice appear most influential in younger mothers and those of lower educational attainment, and result in earlier weaning.

Selvakumar (2012): Conducted a descriptive study on assessment of socio cultural factors affecting weaning practices was conducted. The aim is to evaluate the role of weaning in determining the nutritional status of infants as well as to identify the sociocultural factors affecting weaning practices in the rural area. The health workers selected homes of 200 infants, among them 99% were breast fed, 73.5% of infants received top diluted milk, 50.5% of mothers did not give their infants semi-solid foods until after 9 months. 20.5% did not give any semi-solid or solid food at one year, 62.5% of infants received family food. About 98% have poor knowledge about nutritional requirements of infants, at the end of 12 months, 6.8% suffered from severe grades of malnutrition. These findings show that inadequate knowledge about proper weaning is the limiting factor in infant nutrition.

Ayesha Jabeen, Amtul Rahman Amberina, Vemula Gayathri, Mummareddi Dinesh Eshwar, Sri Krishna Dodda conducted Methods A cross-sectional questionnaire-based observational study was carried out between May and June 2021. The study included 150 women attending the outpatient department of pediatrics attached to Mahavir Institute of Medical Sciences (MIMS), Vikarabad, Telangana, India. After taking the informed consent, the researcher filled out a pre-validated questionnaire based on the subjects responses. The data regarding socio-demographic details and information regarding knowledge, timing, practices of weaning, knowledge of nutritional requirements, and child feeding practices were collected as a pre-test. An educational briefing of the essentials of child feeding practices, weaning, and dietary requirements was undertaken using chalk and board and audio-visual aids, among others. In the post-test, the knowledge of mothers regarding weaning practices, the importance of weaning, and understanding of the nutritional requirements and their inclusion in a child's diet was assessed. The quantitative data were represented as percentages. The Chi-square test was applied to find out the statistical significance of the results obtained from the study. Results Of the 150 women who participated in the study, the majority belonged to the age group of 18-23 years (66.7%). Most women were illiterate (34%) and only 12% were graduates. More than 70% of the participants belonged to the middle and lower middle class. The majority of participants (96.7%) had carried out

exclusive breastfeeding for the first six months, and 63.35% of mothers had initiated weaning their child between the age of 6-12 months. Only 37.4% of mothers started breastfeeding within hours after the delivery. A combination of all foods (36%), rice/wheat (29%), processed food (18.8%%), fruits and vegetables (9.2%), and pulses (6.7%) were chosen for weaning. Many felt that eggs and meat supplementation can be done between 12-18 months. Conclusion The knowledge of breastfeeding and best practices of weaning and complementary feeding habits significantly affects the child's growth and overall health. The women in this study had a moderate level of understanding regarding the aspects of breastfeeding, weaning practices, and complementary dietary requirements during weaning,

Mrs. Vijaya Vahini, Mrs. P Muthu conducted a study to assess the complementary feeding practices among non – working women in North Chennai of Tamil Nadu state. Two hundred mothers with children aged between 6 – 12 months were selected from three different private hospital located in north Chennai. The tool that was employed for the data collection was pre – tested interview schedule formulated by the researcher. Statistically the data was analysed using mean, standard deviation and chi square. The results revealed that mothers either initiated complementary food either too early (before 6 month) or too late (beyond 6 month). About half of the mothers (42.5%) started complementary feeding at recommended age of 6 months. Early introduction of cereals and pulses below 6 month of age was witnessed among 26 % and 11% of mothers respectively. The study identified that infants consumed more of cereals and pulses compared to fruits, vegetables and milk products that are rich in essential micro-nutrients. Homemade traditional complementary foods were offered by 42.5% of mothers only and the rest preferred commercial infant formulas. Most commonly used complementary food was idly, rice kanji, multimix porridge, dhal rice, rasam rice, mashed banana, fruit juices and biscuit. Study also suggested that the month of introduction of solid foods was strongly associated with factors like family set up and economic status of the respondents. Early introduction of complementary foods was noticed among mothers from high income group and extended family background.

S Kavitha, C Nadhiya, R Parimalavalli conducted a study to assess the practices of complementary feeding. Methods: This hospital-based cross-sectional study was conducted at one private hospital in Salem, Tamil Nadu during the month of December 2013. Fifty mothers of infants between six months and one year attending the paediatric outpatient departments of the above-mentioned hospital were selected for the study by random sampling technique. The study instrument was a closed ended structured questionnaire. Logistic regression was done with feeding practice as dependent and socio demographic factors as independent variables. Results: In the present study 62% mothers had started complementary feeding before the recommended time of six months. Residence area and education level of mother were significantly related with the use of proper weaning practices. Most of the nursing mothers who were home makers and had family income more than Rs. 10,000 preferred commercial weaning foods. Conclusion: Use of proper weaning practices among the mother was improper among the majority cases. For the betterment of infant's health, existing motivational and awareness programme need to be strengthened and widen by the relevant authorities.

CHAPTER-3

METHODOLOGY

Research methodology is a systemic procedure, this process used collect data and information for the purpose making decisions. The role of methodology consists of procedure and technique conducting a study.

This chapter deals description of research and methodology adapted the study. It is the process to obtain the evidence for the study and to answer the research questions. It is discussed under the following headings research approach, research design, variables, settings, population, sample and sampling technique, data collection and the plan for data analysis and interpretation of the data. This study was undertaken to assess the weaning practices among mothers of infant 6-12 months of age in selected fishermen community in Chennai.

Research Approach:

A Quantitative approach was used for this study.

Research Design:

Here descriptive design was used to understand the weaning practices among mothers of infant 6-12 months of age.

Study Population:

Population of this study was mothers of infant 6-12 months of age in Tamilnadu.

Accessible population:

Mothers of infant 6-12 months of age in Chennai.

Settings:

The study was conducted in fishermen community in Chennai.

Sample:

It is the group of people selected to participate in research study. In this study the sample consist of 100 mothers of infant 6-12 months of age from fishermen community in Chennai.

Sample size:

Sample size was 100 mothers of infant 6-12 months of age.

Sampling technique:

In this study purposive sampling technique was used to select the sample.

Criteria for selection of sample –

Inclusion Criteria

- Mothers of the participants who gave consent to participate in the study.
- Mothers who have children between 6 months to 1 year.
- Mothers who can understand and able to speak Tamil.

Exclusion criteria

- Mothers who were sick at the time of data collection.
- Mothers who are migrants.
- Mothers who were not available at the time of data collection.

PROJECTED OUTCOME

The study will reveal the level of knowledge regarding weaning practices among mothers of infant 6-12 months of age

Selection and development of Instruments:

The tools consists of two parts

Part I- Demographic variables:

It consist of demographic variables such as age, religion, educational status, occupation, social status, medium of study, known knowledge, residential area, nationality, economic status, and number of children.

Part II- Structured questionnaire:

It consist of self structured questionnaire of 10 questions related to weaning practices, each correct answer will be given score 1; and 0 for the wrong answer.

SCORE INTERPRETATION

TOTAL SCORE = 10

- * 0-3 (inadequate knowledge)
- * 4-7 (average knowledge)
- * 8-10 (adequate knowledge)

Ethical consideration:

Ethical consideration will be obtained from the Sathyabama Institute of Science and Technology.

- Informed consent was obtained.
- Confidentiality of the was maintained.
- Privacy was provided during data collection.
- Anonymity was maintained.

Data collection procedure:

- The duration of the data collection was one week.
- The investigator will get the informed consent after explain the study objectives.
- The investigator administered the self structured questionnaire to collect the data.

Data analysis:

The collected data was analyzed by using the descriptive statistics. Frequency and percentage distribution of was used to analyze demographic variables and level of knowledge regarding weaning practices, and chi square was used to find the association between the level of knowledge regarding weaning practices with their selective demographic variables among mothers of infant 6-12 months of age. The data a was presented in the form of tables and figures.

Chapter-IV

Data analysis and Interpretation

The data deals with the description of the sample, analysis and interpretation of data collected and the achievement of the objectives of the study, analysis of the data is a process by which quantitative information is summarized, organized, evaluated, interpreted and communicated in meaning full way. Analysis is the categorizing, ordering, manipulating and summarizing the data to obtain answer to research question. The purpose of analysing is to reduce data to intelligible and interpretable form so that the relation of research problem can be studied and tested. This chapter deals with the analysis and interpretation of the data collected from 100 sample of level of knowledge regarding weaning practices among mothers of infant 6-12 months of age in selected fishermen community in Chennai.

SECTION-A

Frequency and percentage distribution of the sample based on their demographic variables.

SECTION-B

Frequency and percentage distribution of knowledge regarding weaning practices among mother of infant 6-12 months.

SECTION-C

Association between the level of knowledge regarding weaning practices with their selected demographic variables.

SECTION-A:

Table: 1

Frequency and percentage distribution of the sample based on their demographic variables.

N=100

S NO.	DEMOGRAPHIC VARIABLES	FREQUENCY [f]	PERCENTAGE [%]
1	Mother's age		
	a) <25	26	26%
	b) 25-35	58	58%
	c) 35-45	16	16%
	d) >45	0	0%
2	Religion		
	a) Hindu	57	57%
	b) Muslim	23	23%
	c) Christian	20	20%
3	Educational status		
	a) Read and write	0	0%
	b) Intermediate	57	57%
	c) II secondary	28	28%
	d) University and above	15	15%
4	Medium of study		
	a) English	44	44%
	b) Tamil	56	56%
5	Social status		
	a) I Married	97	97%
	b) II Divorced	1	1%
	c) III Widow	2	2%
6	Known language		
	a) Tamil	100	100%
	b) English	0	0%
7	Occupation		
	a) I Housewife	78	78%
	b) II Employ	21	21%
	c) III Retired	1	1%
8	Residential area		
	a) Urban	0	0%
	b) Rural	78	78%

	c) Semi urban	22	22%
9	Nationality		
	a) Indian	100	100%
	b) Anglo- Indian	0	0%
10	Economic status		
	a) I High level	0	0%
	b) II Medium level	93	93%
	c) III Low level	7	7%
11	Number of children		
	a) 1	51	51%
	b) 2	45	45%
	c) 3	4	4%

Considering the age of mothers 26% of mothers were belongs to the age group of <25 years, 58% of them between 25-35years, 16% of them between 35-45 years and 0% of them >45 years.

Regarding the religion the majority of 57% belongs to Hindu religion, 23% of them Muslim religion and 20% of them are Christian.

Considering the education the majority of 57% belongs to read and write, 28% of them belongs to intermediate and 15% of them are belongs to secondary.

Regarding the medium of study the majority of 56% studied in Tamil medium and 44% of them English medium.

Considering the social status the majority of 97% mothers were married, 1% of them divorced and 2% of them were widow.

Regarding the known language all mothers 100% known Tamil.

Considering the occupation the majority 78% of them were housewife, 21% of them were employ and 1% of them were retired.

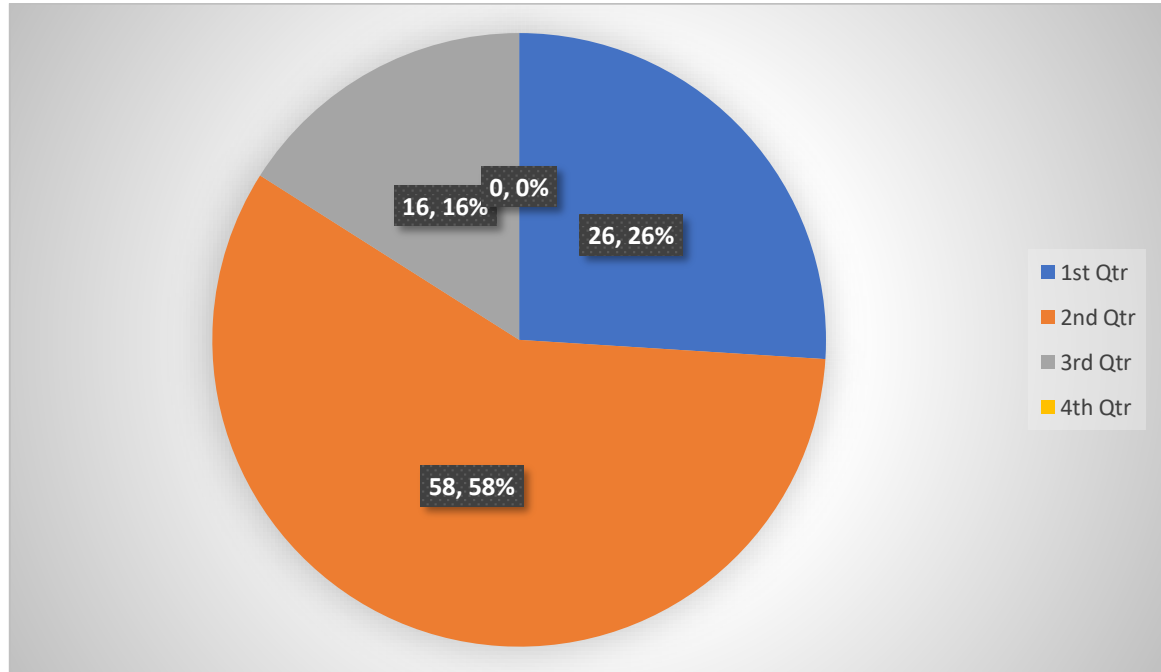
Regarding the residential area the majority 78% belongs to rural, 22% of them belongs to semi urban and no one of them belongs to urban area.

Considering the nationality all mothers 100% are Indian.

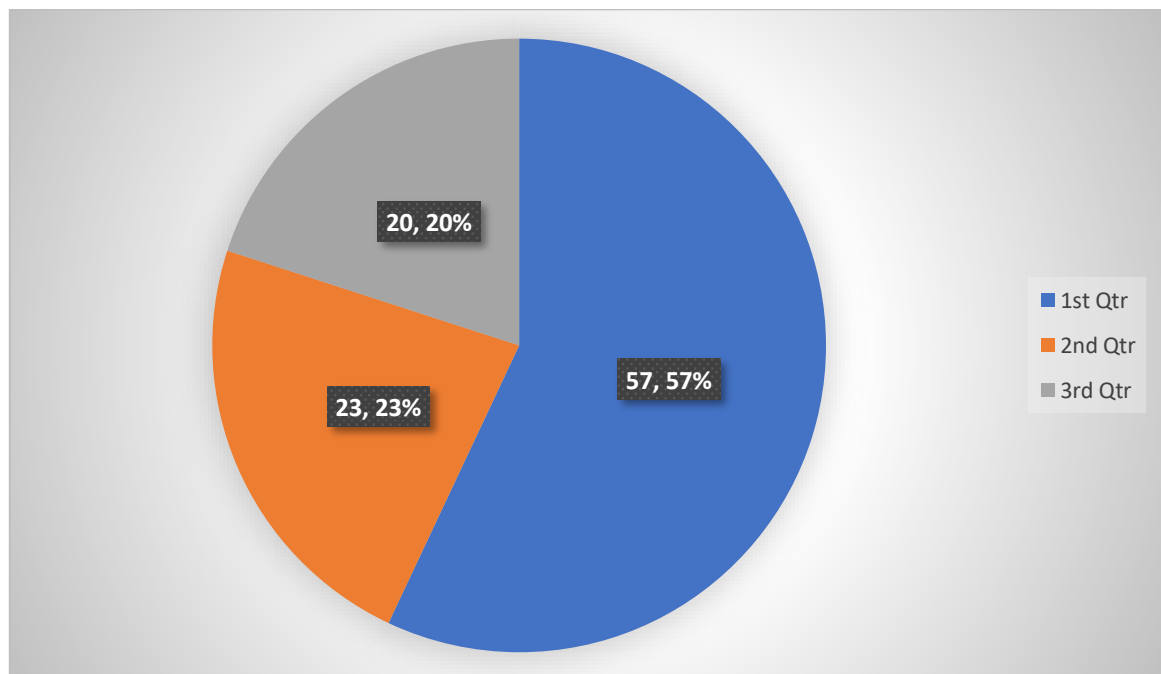
Regarding the economic status the majority 93% of them were belongs to medium level, 7% were belongs to low level and no one of them were belongs to high level.

Considering the number of children the majority 51% of them were having 1 child, 45% of them were having 2 child and 4% were having 3 children.

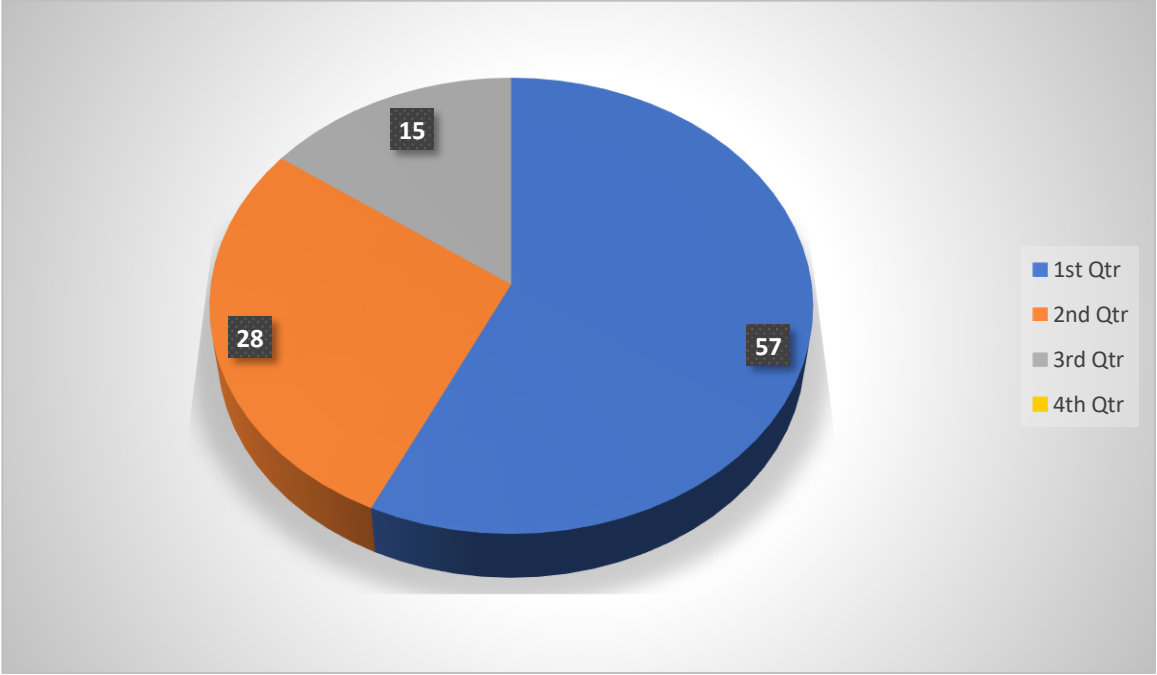
FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE AGE



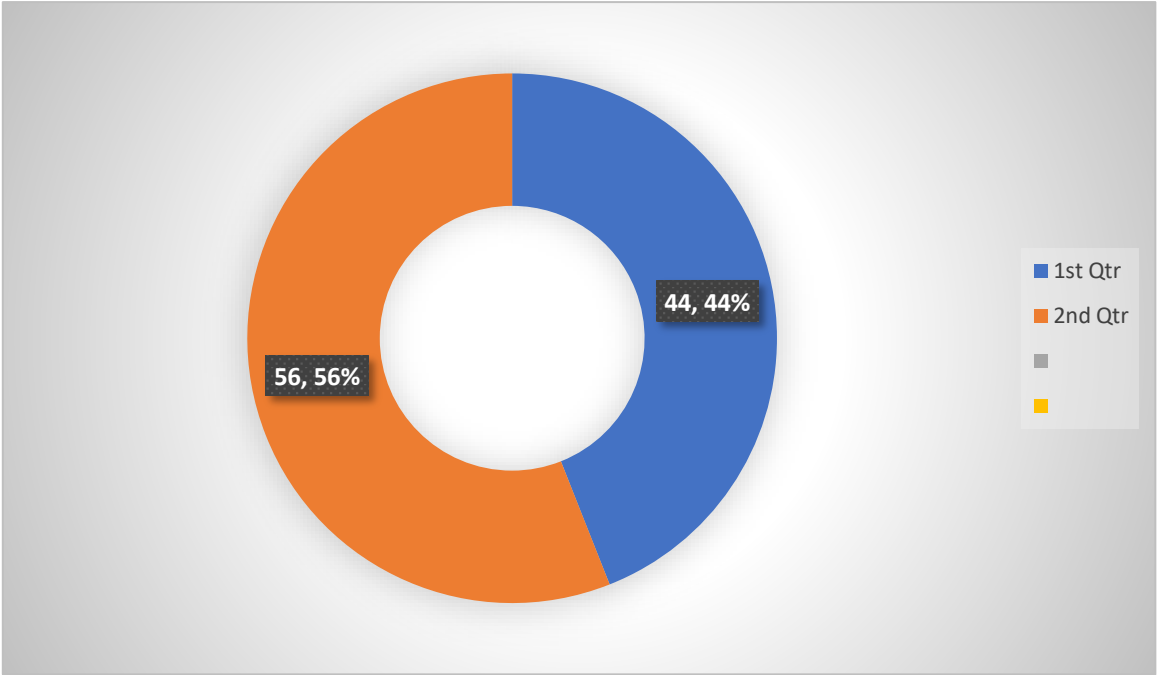
FREQUENCY AND PERCENTAGE DISTRIBUTION OF RELIGION



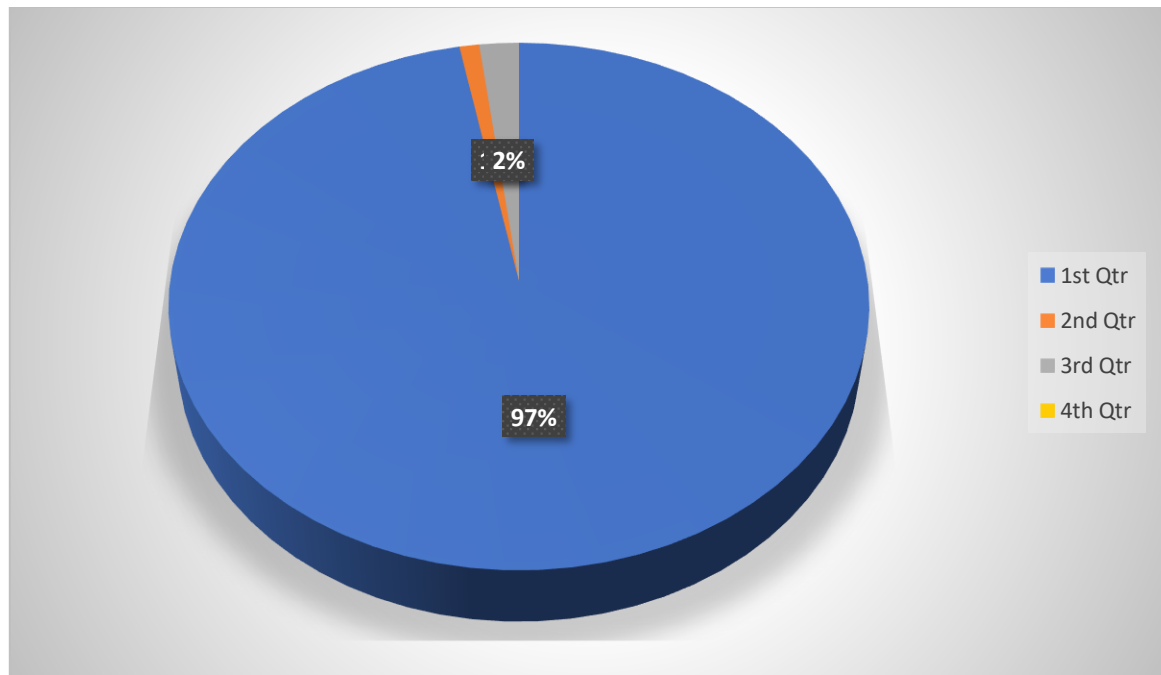
FREQUENCY AND PERCENTAGE DISTRIBUTION OF EDUCATIONAL STATUS



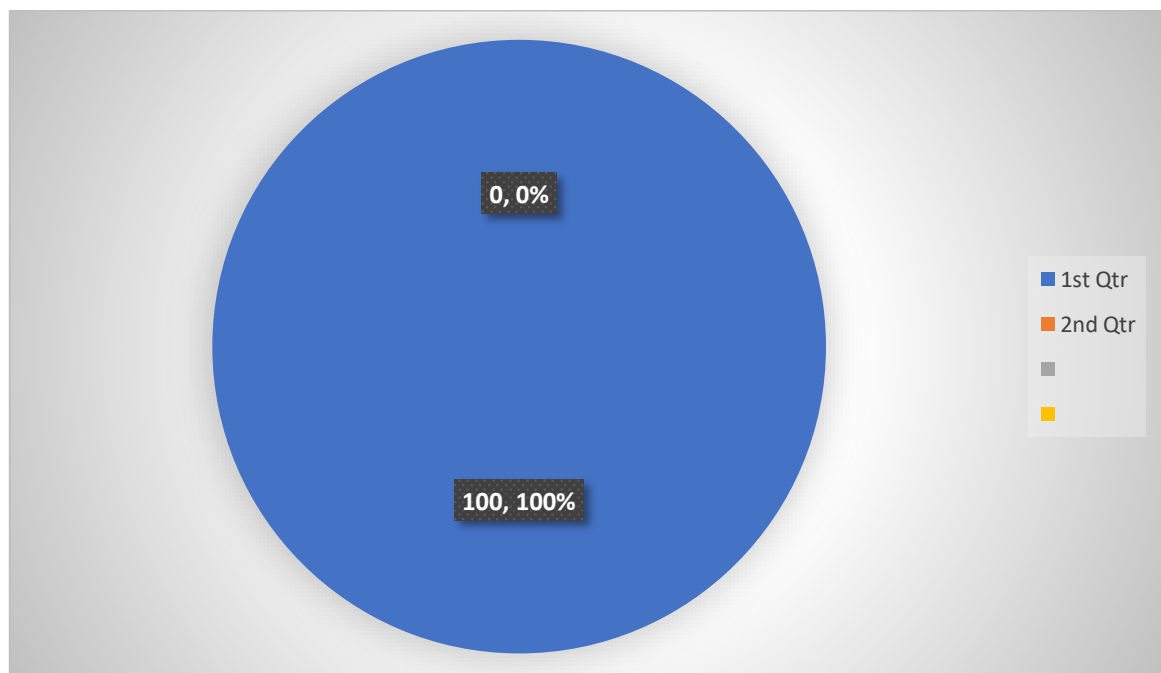
FREQUENCY AND PERCENTAGE DISTRIBUTION OF MEDIUM OF STUDY



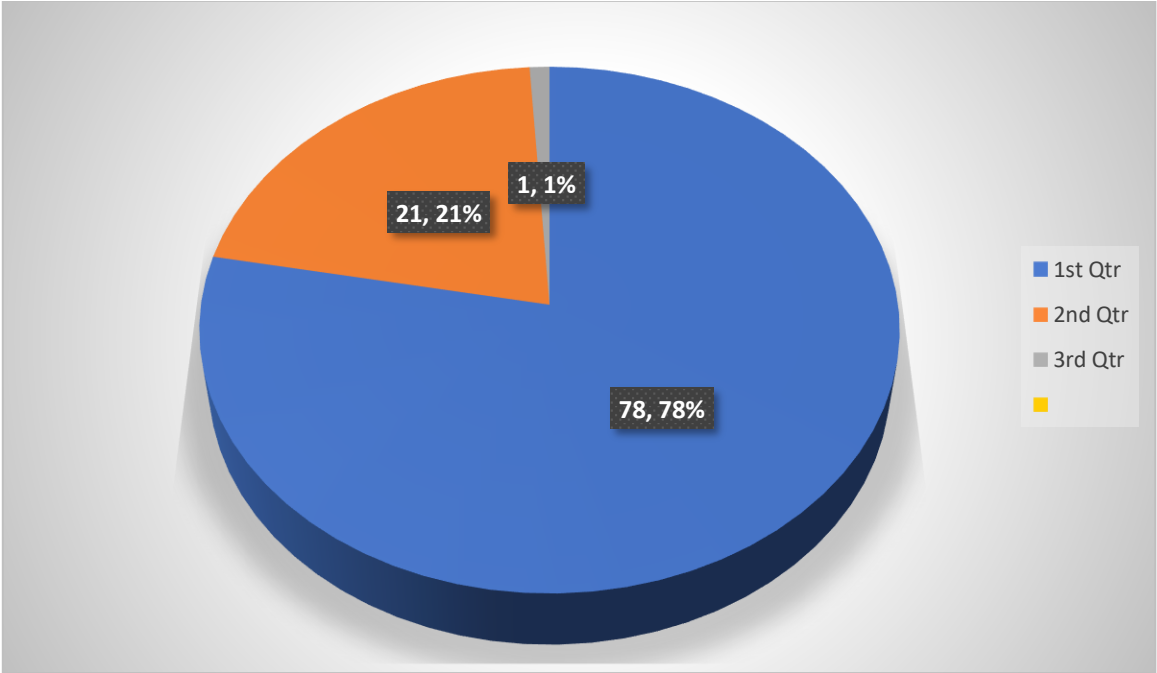
FREQUENCY AND PERCENTAGE DISTRIBUTION OF SOCIAL STATUS



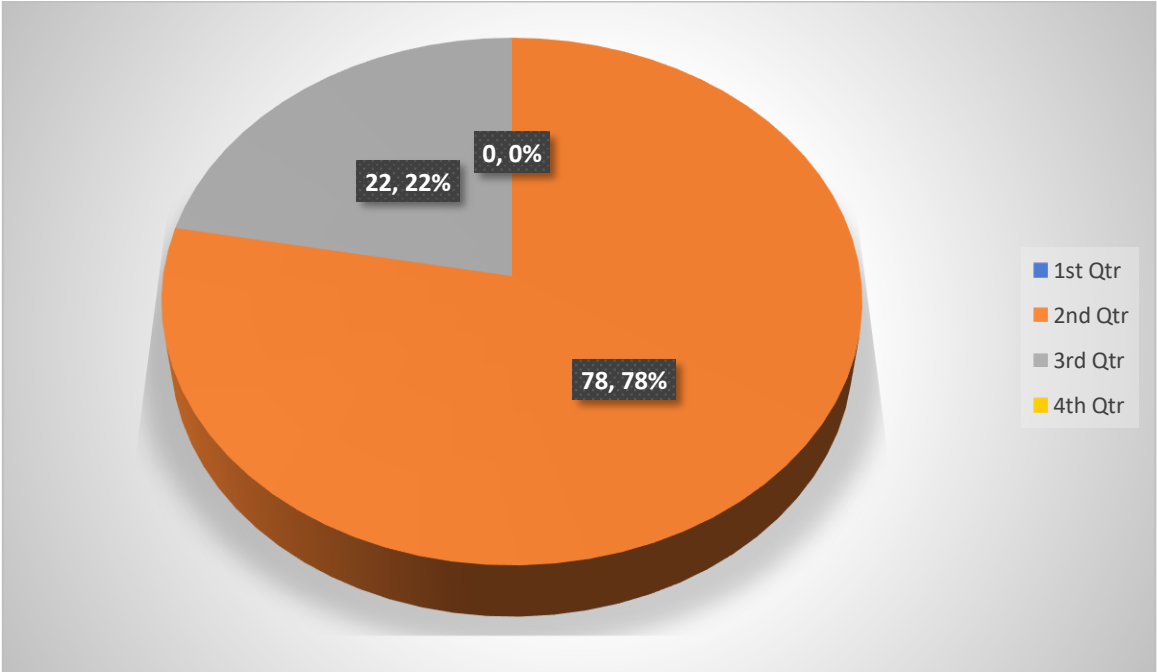
FREQUENCY AND PERCENTAGE DISTRIBUTION OF KNOWN LANGUAGE



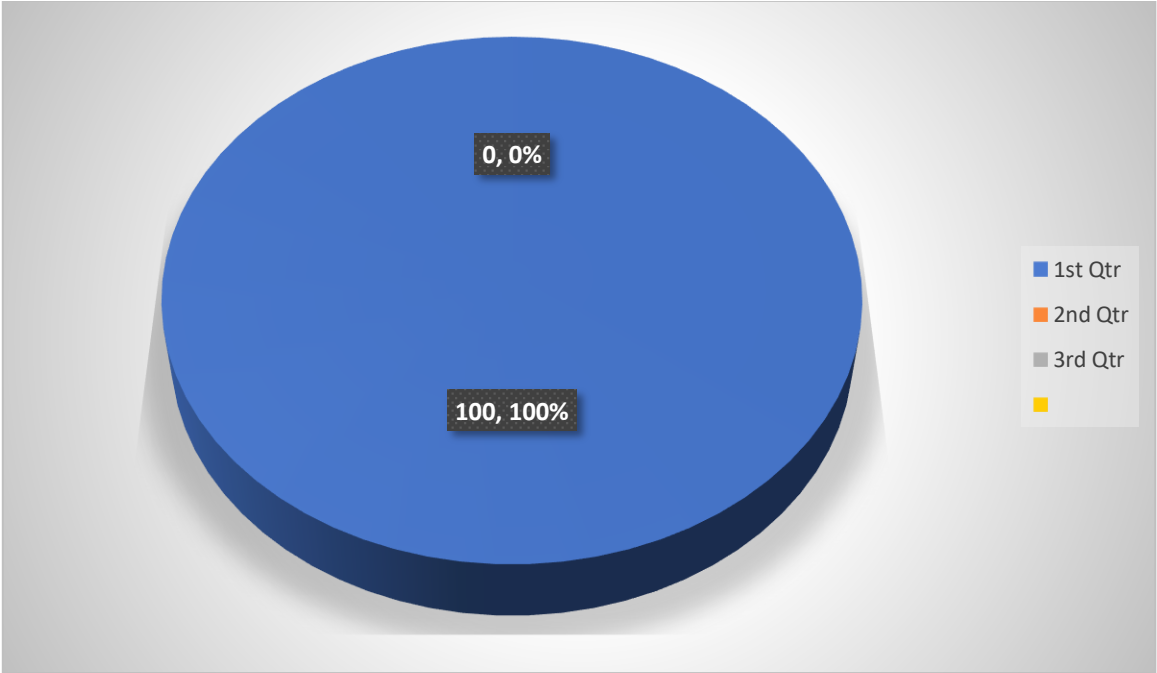
FREQUENCY AND PERCENTAGE DISTRIBUTION OF OCCUPATION



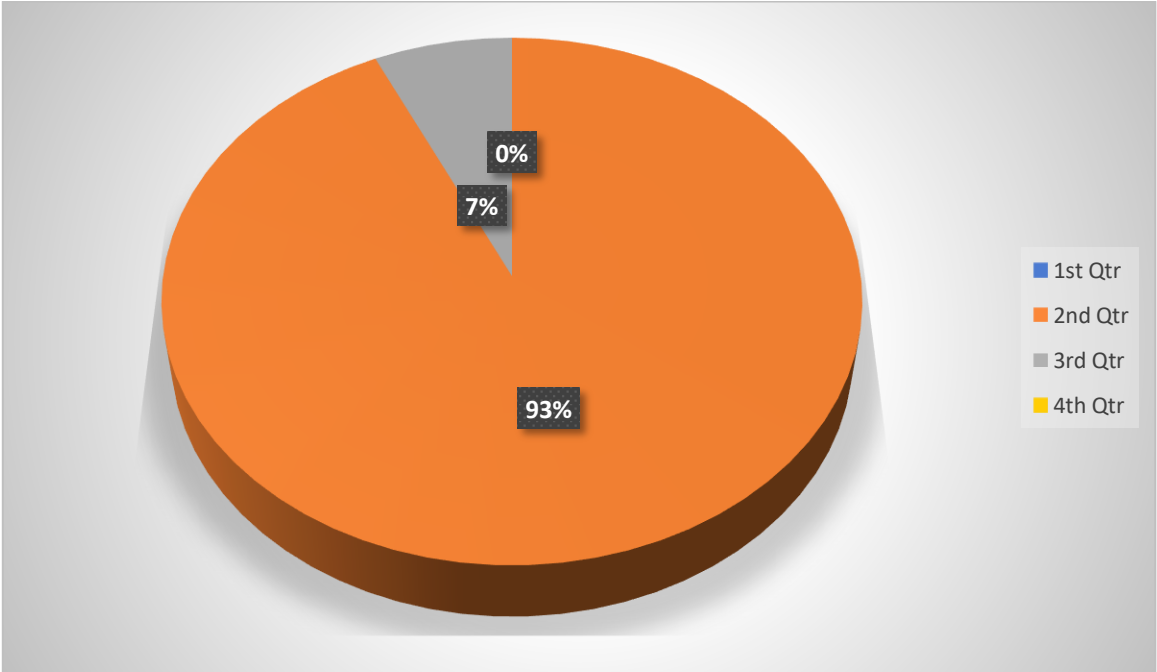
FREQUENCY AND PERCENTAGE DISTRIBUTION OF RESIDENTIAL AREA



FREQUENCY AND PERCENTAGE DISTRIBUTION OF NATIONALITY

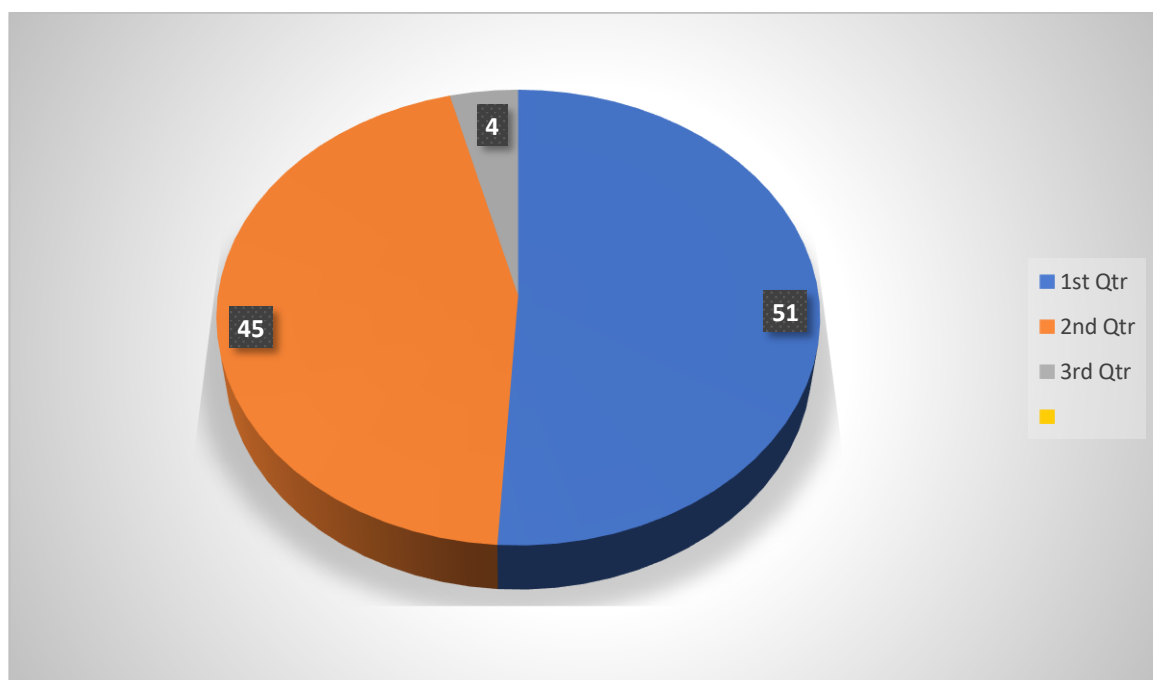


FREQUENCY AND PERCENTAGE DISTRIBUTION OF ECONOMIC STATUS



Type equation here.

FREQUENCY AND PERCENTAGE DISTRIBUTION OF NUMBER OF CHILDREN



SECTION-B

Table: 2

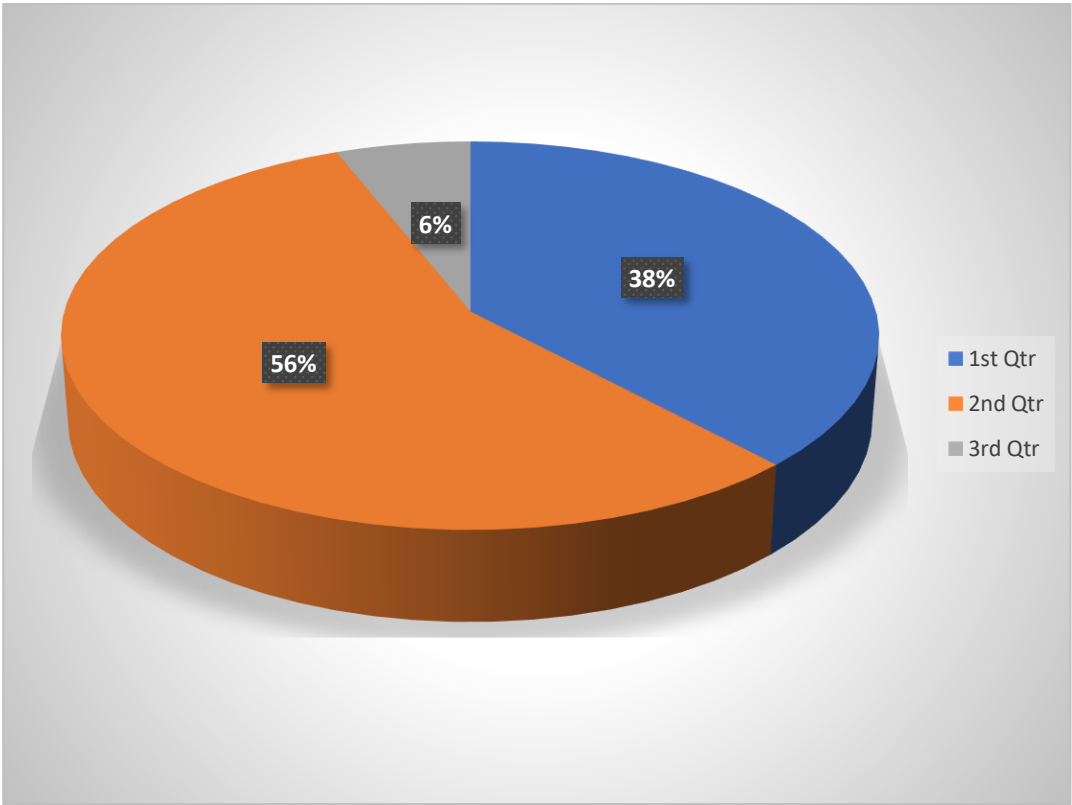
Frequency and percentage distribution of weaning practices among mother of infant 6-12 months.

N=100

S.NO	LEVEL OF KNOWLEDGE	FREQUENCY [f]	PERCENTAGE [%]
1	Adequate knowledge	38	38%
2	Average knowledge	56	56%
3	Inadequate knowledge	6	6%

Table-2 Shows that majority 56% of them were having average knowledge, 38% of them were having adequate knowledge and 6% were having inadequate knowledge.

Frequency and percentage distribution of weaning practices among mother of infant 6-12 months.



Section-III Association between the level of knowledge regarding weaning practices with their selected demographic variables.

N=100

S. No	Demographic Variable	Level of knowledge			X
		Adequate knowledge	Average knowledge	Inadequate knowledge	
1	Age				1.3490 NS DF=6
	a) <25	8	16	2	
	b)25-35	24	32	4	
	c)36-45	4	10	0	
	d) >45	0	0	0	
2	Religion				8.625 NS DF=4
	a) Hindu	22	32	5	
	b) Muslim	32	23	0	
	c)Christian	5	3	1	
3	Educational status				9.661 NS DF=6
	a) Read and write	0	0	0	
	b) Intermediate	19	38	1	
	c) secondary	12	15	2	
	d) University and above	5	5	3	
4	Medium of study				16.814 S DF=2
	a) English	17	23	3	
	b) Tamil	19	35	3	
5	Social status				4.677 NS DF=4
	a) Married	35	57	6	
	b) Divorced	0	1	0	

	c) Widow	1	0	0	
6	Known language				0 NS DF=2
	a) Tamil	36	58	6	
	b) English	0	0	0	
7	Occupation				2.887 NS DF=4
	a) Housewife	26	47	5	
	b) Employ	9	11	1	
	c) Retired	1	0	0	
8	Residential area				2.3077 NS DF=4
	a) Urban	0	0	0	
	b) Rural	25	48	5	
	c) Semi-urban	11	10	1	
9	Nationality				0 NS DF-2
	a) Indian	36	58	6	
	b) Anglo-Indian	0	0	0	
10	Economic status				3.6832 NS DF=4
	a) High level	0	0	0	
	b) Medium level	35	52	6	
	c) Low level	1	6	0	
11	Number of children				4.379 NS DF=4
	a)1	17	31	3	
	b)2	21	23	1	

	c)3	0	2	2	
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Table-2: Shows that there is non-significant association of level of knowledge regarding weaning practices with their selected demographic variables among mothers such as Age, Religion, Educational status, social status, Known language, Occupation, Residential area, Nationality, Economic status, Number of children. And there is one significant association of level of knowledge regarding weaning practices with their selected demographic variable Medium of study.

CHAPTER-V

DISCUSSION

This chapter discusses the findings of the study derived from statistical analysis and its pertinence to the objectives set for the study and related literature of the study.

OBJECTIVES OF THE STUDY

To assess the knowledge regarding weaning practice among mothers of infant 6-12 months of age in selected fishermen community in Chennai.

To find the association between the level of knowledge regarding weaning practices with their selected demographic variables among mothers of infant 6-12 months of age in selected fishermen community in Chennai.

To create awareness regarding healthy weaning practices among mothers.

Frequency and percentage distribution of the sample based on their demographic variables among mothers of infant 6-12 months of age in selected fishermen community in Chennai.

Study finding revealed that the 26% of mothers were belongs to the age group of <25 years, 58% of them between 25-35years, 16% of them between 35-45 years and 0% of them >45 years. Regarding the religion the majority of 57% belongs to Hindu religion, 23% of them Muslim religion and 20% of them are Christian. Considering the majority of 57% belongs to read and write, 28% of them belongs to intermediate and 15% of them are belongs to secondary. Regarding medium of study the majority of 56% studied in Tamil medium and 44% of them English medium. Considering the social status the majority of 97% mothers were married, 1% of them divorced and 2% of them were widow. Regarding the known language all mothers 100% known Tamil. Regarding occupation the majority 78% of them were housewife, 21% of them were employ and 1% of them were retired. Considering the residential area the majority 78% belongs to rural, 22% of them belongs to semi urban and no one of them belongs to urban area. Regarding the nationality all mothers 100% were Indian. Considering the economic level the majority 93% of them were

belongs to medium level, 7% were belongs to low level and no one of them were belongs to high regarding the number of children the majority 51% of them were having 1 child, 45% of them were having 2 child and 4% were having 3 child.

Distribution of association of level of knowledge regarding weaning practices among mother

Shows that majority 56% of them were having average knowledge, 38% of them were having adequate knowledge and 6% were having inadequate knowledge.

The frequency distribution in the study Shows that there is non-significant association of level of knowledge regarding weaning practices with their selected demographic variables among mothers such as Age, Religion, Educational status, social status, Known language, Occupation, Residential area, Nationality, Economic status, Number of children and significant association of medium of study.

THE DISCUSSION BASED ON THE OBJECTIVES SPECIFIED IN THE STUDY

Objective-1: Asses the knowledge regarding weaning practices among mothers of infant 6-12 months of age in selected fishermen community in Chennai-

The findings revealed the 56% of sample had average knowledge, 38% of sample had adequate knowledge and 6% of sample had inadequate knowledge. This study findings was constituted with the study conducted by Divya Karnawat, BS Karnawat, Avdhesh Joshi, G Kalsi Kohli on knowledge regarding weaning practices among mothers. Results showed that rural mothers had poor knowledge about choice of milk for newborn, duration of exclusive and total breastfeeding. Janam ghutti, diluted animal milk were commonly used by rural mothers. Only 20% rural mothers knew about correct ag of weaning. Knowledge and practice sources of urban mothers were better than that of rural ones. The average knowledge score of urban mothers in breast feeding and weaning was 61.6% and 64% respectively as compared to 45% and 44% respectively of rural mother.

Objective-2: To find the association between the level of knowledge regarding weaning practices with their selected demographic variables among mothers of infant 6-12 months of age in selected fishermen community in Chennai.

Shows that there is non-significant association of level of knowledge regarding weaning practices with their selected demographic variables among mothers such as Age, Religion, Educational status, social status, Known language, Occupation, Residential area, Nationality, Economic status, Number of children and significant association of medium of knowledge.

The result was supported by a study conducted Asif Khaliq, Mehek Qamar on knowledge regarding weaning practices among mothers. The research has done quantitative research approach was used with descriptive design. The sample selected were women who had at least one child and who had previously breastfed their child, non-probability quota sampling technique was used and SPSS 20 was used for data analysis with sample size being 414. Data collection was done between May 2015 to May 2016. The result showed that out of 414 participants, 207 (50%) were non-working mothers while 207(50%) were working mothers. The overall mean age was 29 years. Moreover, 277 (66.9%) mothers breastfed their young child and a significant difference was observed among the breastfeeding practices of working and non-working mothers($p < 0.05$). bottle feeding was adopted by 320 (77.9%) mothers as an alternative method although 259 (62.6%) mothers were aware about the harmful effects of bottle feeding. Home-

made products were used for weaning by 389 (94%) mothers. Knowledge and practices regarding breastfeeding showed significant difference in most of the aspects between working and non-working mothers. As for weaning both groups had the same knowledge and practices.

CHAPTER-VI

SUMMARY, CONCLUSION, IMPLEMENTATION AND RECOMMENDATIONS

OBJECTIVES OF THE STUDY WERE TO

Asses the knowledge regarding weaning practice among mothers of infant 6-12 months of age in selected fishermen community in Chennai.

To find the association between the level of knowledge regarding weaning practices with their selected demographic variables among mothers of infant 6-12 months of age in selected fishermen community in Chennai.

To create awareness regarding healthy weaning practices among mothers.

RESEARCH DESIGN:

Here descriptive design was used to understand the weaning practices among mothers of infant 6-12 months of age in selected fishermen community in Chennai.

The number of population members that are included in the sample for the purpose of assessing infant and young child feeding practices among mothers of infant 6-12 months of age 100 caregivers were considered from the selected fishermen community in Chennai.

The investigator planned to collect the data for the period of one week. Prior written permission and consent were obtained from the H.O.D.

Chi-square test was used to find out the association of level of knowledge regarding weaning practices with their selected demographic variables.

Asses the knowledge regarding weaning practice among mothers of infant 6-12 months of age in selected fishermen community in Chennai.

The frequency distribution in the study shows that majority 56% of them were having average knowledge, 38% of them were having adequate knowledge and 6% were having inadequate knowledge.

To associate between the level of knowledge regarding weaning practices with their selected demographic variables among mothers of infant 6-12 months of age in selected fishermen community in Chennai.

The frequency distribution in the study Shows that there is non-significant association of level of knowledge regarding weaning practices with their selected demographic variables among mothers such as Age, Religion, Educational status, Medium of study, social status, Known language, Occupation, Residential area, Nationality, Economic status, Number of children.

SUMMARY

Summary was derived from findings and a synthesis of findings. Forming these conclusions requires a combination of logical reasoning, creative formation of meaningful whole from the pieces of information obtained through data analysis and findings from previous studies receptivity to subtle clues in the data and the use of open context in considering alternative of the data. The following conclusion were drawn on the basis of present study to assess the knowledge regarding weaning practices of the mothers of infant 6-12 months of age in selected fishermen community in Chennai. The majority of mothers (56%) had average knowledge regarding weaning practices

There was non-significant association of level of knowledge regarding weaning practices with their selected demographic variables among mothers such as Age, Religion, Educational status, social status, Known language, Occupation, Residential area, Nationality, Economic status, Number of children. And there is one significant association of level of knowledge regarding weaning practices with their selected demographic variable Medium of study.

NURSING IMPLICATIONS

- The findings of the study have implications in the following areas
- Implication for nursing practice
- Implication for nursing education
- Implication for nursing administration
- Implication for nursing research

NURSING PRACTICE

The nurses are playing the vital role among all the health team members in educating the mothers about weaning practices. They can create better awareness among the mothers and family members. They have used the special variety of audio visual aids to create the awareness among the mothers and family members. Nurses can include the other member of the family also to be involved along with the mother in learning about weaning practices.

The teaching strategies used by the nurses should be simple, clear cut and able to follow by the mothers. Community educational program has to be planned to enrich the community awareness. The nurses and health care system should focus on the problems related to weaning practices. Strengthening the weaning practices program and policies for infants as well as mothers.

NURSING EDUCATION

Nursing curriculum should focus on the improving the strategies to strengthen the weaning practices. The nursing curriculum should consists of knowledge related to teaching strategies and various modalities. So that nursing students can use different teaching methods to impart the appropriate knowledge on weaning practices to the focus group. The students learning experience should provide an opportunity to conduct health education campaigns and supervised nursing practices.

The nursing curriculum should be explained with the evidence based practice about the benefits of healthy weaning practices. The students need to be directed towards changing the attitude of the mothers regarding the misconceptions regarding weaning. Nursing workshops and conferences to be conducted to update the knowledge about the weaning practices Research activities to be carried out on various aspects of weaning practices. Educational materials can be prepared based on the special need of the primi antenatal mothers of communities.

NURSING ADMINISTRATION

The nurse administrator should organize in service education program for the staffs to get update with the strategies in weaning practices. The nurse administrator should motivate the health care professionals to organize the awareness campaigns to the antenatal mothers and the postnatal mothers by providing adequate information about the development of healthy weaning practices advantages and techniques .Nurse administrator should also involve the mass media to take part in the educational program regarding weaning practices. The nurse administrator should plan for the education for the working and non- working group. The teaching sessions can be videotaped and played for the mothers who are waiting at the outpatient department .Nurse administrator should also motivate mother for healthy weaning practices.

NURSING RESEARCH

This findings of the study recommends to have structured educational programmes for the mothers regarding healthy weaning practices. The research can be focused on the large sample for identifying issues in weaning practices. This study will be motivating factor for the beginning researcher to conduct the study on the same theme with the different variables. The nursing research should focus on the attitude of the family members as well as the mothers in giving healthy weaning practices. The research can be focused on various intervention focused program to aim for the achievement of successful weaning.

Limitation:

The study is limited to -

- Mothers at selected fishermen community in Chennai
- mothers of children 6-12 months.
- Sample size was 100.

RECOMMENDATIONS

Based on the present study in view, the following recommendations were made:

The research study can be conducted among a larger sampling group to help validate and generalize the findings.

The research study can be conducted to assess the level of knowledge regarding the weaning practices among the mothers of infant of age 6-12 months of age in selected fishermen community in Chennai.

CONCLUSION

Based on the findings of the present study, it was concluded that the half of the mother had average knowledge regarding weaning practices. From the findings of the study it can be concluded that the awareness program was necessary to increase in the knowledge level of mothers and improve in practice of weaning practices.

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APPENDIX - I

PARTICIPANT INFORMATION SHEET (PIS)

The title of the research project is ‘ **Assessment of weaning practices among the mothers of infant 6-12 months of age in selected fishermen community in Chennai.**’ The objectives are to Assess the knowledge regarding weaning practice among mothers of infant 6-12 months of age in selected fishermen community in Chennai. To find the association between the level of knowledge regarding weaning practices with their selected demographic variables among mothers of infant 6-12 months of age in selected fishermen community in Chennai. To create awareness regarding healthy weaning practices among mothers. Non probability quantity approach with a descriptive design will be used .The information from the participant will be collected through self-structured interview schedule on demographic variables perform and level of stress among full time working mothers. Data will have collected from the participant is approximately 30 minutes. The study benefits are this research provide the baseline data, which enables the future researcher to conduct evidence based research and help to create awareness regarding weaning practices.

APPENDIX-II

LETTER SEEKING EXPERT OPINION AND CONTENT VALIDITY

From

Ms. Shubhangi jha ,

B.Sc. Nursing, III year,

Sathyabama College of Nursing,

Chennai -119.

To

The director,

Chennai.

Respected Madam / Sir,

Sub: Requisition for expert opinion and content validity regarding.

We are B.Sc.(Nursing) III year student of Sathyabama College of Nursing, Chennai ,under Sathyabama Institute of Science and Technology (deemed to be university) . As a partial fulfillment of our B.Sc. (Nursing) degree program, We are conducting a research study on “assessment of weaning practices among mothers of infant 6-12 months of age in selected fishermen community in Chennai’ I am sending the tool for content validity and for your expert & valuable opinion. I will be very thankful if you return it at the earliest. Here with I have enclosed the necessary documents.

Thanking You

Place:

Yours faithfully

Date:

APPENDIX-III

CERTIFICATE OF CONTENT VALIDITY

HG

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the tool prepared by Ms. Shubhangi jha Ms. Shruthi Thiruselvan Ms. Vidhula.S Ms. Sruthi Premanand and Mr. Surya.S, B.Sc. (N) III year students of Sathyabama College of Nursing, Sathyabama Institute of Science and Technology (deemed to be university) for the conduction of the research study on assessment of weaning practices among mothers of infant 6-12 months of age in selected fishermen community in Chennai. They can proceed in conducting data collection.

RESEARCH CONSENT F

Dear Participants,

We are Ms. Shubhangi jha, Ms. Shruthi Thiruselvan, Ms. Vidhula.S, Ms. Sruthi Premanad and Mr. Surya.S B.Sc. Nursing III year student of Sathyabama College of Nursing, Sathyabama Institute of Science and Technology, Chennai. As a part of our study, research on” assessment of weaning practices among mothers of infant 6-12 months of age in selected fishermen community in Chennai is to be conducted. The study will be helpful in gaining knowledge about weaning practices.

I hereby seek your consent and co-operation to participate in the study. Please be frank and honest in your responses. The information collection will be kept confidential and anonymity will be maintained.

Thank You

I _____ here by consent to participate and undergo the study.

Date:

Signature of the researcher

Place:

Signature of the participant

APPENDIX-V
RESEARCH TOOL
SECTION-A
SOCIO DEMOGRAPHIC DATA

- 1) Mother's age
 - a. <25
 - b. 25-35
 - c. 35-45
 - d. >45
- 2) Religion
 - a. Hindu
 - b. Muslim
 - c. Christian
- 3) EDUCATIONAL STATUS
 - a. Read and write.
 - b. Elementary
 - c. Intermediate
 - d. Secondary
 - e. University and above
- 4) OCCUPATION
 - a. Housewife
 - b. Employ
 - c. Retired
- 5) SOCIAL STATUS
 - a. Married
 - b. Divorced
 - c. Widow
- 6) MEDIUM OF STUDY
 - a. English
 - b. Tamil
- 7) KNOWN LANGUAGE
 - a. Tamil
 - b. English
- 8) RESIDENTIAL AREA
 - a. Urban
 - b. Rural
 - c. Semi-urban

9) NATIONALITY

- a. Indian
- b. Anglo- Indian

10) ECONOMIC STATUS

- a. High level
- b. Middle level
- c. Low level

11) Number of children

- a. 1
- b. 2
- c. 3

SECTION B
SELF-STANDARDIZED TOOL
RATING SCALE TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING
WEANING PRACTICES AMONG MOTHERS OF INFANT 6-12 MONTHS
OF AGE

- 1) **Age of the infant when beginning the weaning**
 - a. 1 - 3 months
 - b. 4 - 6 months
 - c. 7 - 9 months
- 2) **Amount of the first food when beginning the weaning**
 - a. 1 - 5 teaspoon size
 - b. 6 - 10 teaspoon size
 - c. Half a cup
 - d. A cup
- 3) **Best way to feed the infant the first food when beginning the weaning:**
 - a. Boule
 - b. Cup
 - c. Dish and small unsharp spoon
 - d. Other
- 4) **Giving the 1-month old Infant a cow's milk makes him stronger:**
 - a. TRUE
 - b. FALSE
- 5) **Six months old infant should be given only three meals a day:**
 - a. TRUE
 - b. FALSE
- 6) **Beginning the weaning before four months of age because the milk alone is not enough:**
 - a. TRUE
 - b. FALSE
- 7) **After beginning the weaning, breastfeeding becomes unnecessary because the infant will be satisfied with the other foods.**
 - a. TRUE
 - b. FALSE
- 8) **Six months old infant should only breastfeed twice a day because he will not be interested in the other foods if breastfed more than twice a day:**
 - a. TRUE
 - b. FALSE
- 9) **First food or supplement was given to the infant:**
 - a. Goat's or cow's milk
 - b. Fortified foods such as the cyrilac
 - c. Mashed foods such as potatoes and bananas
 - d. Others
- 10) **Beginning the weaning before three months of age will make the infant healthy:**
 - a. TRUE
 - b. FALSE

சுய தரப்படுத்தப்பட்ட கருவி

1) எந்த மாதத்தில் இருந்து குழந்தைக்கு முதல் உணவு கொடுக்கிறார்கள்?

- அ) 1-3 மாதத்தில்
- ஆ) 4-6 மாதத்தில்
- இ) 7-9 மாதத்தில்

2) எந்த அளவில் முதல் உணவு கொடுக்க வேண்டும்?

- அ) 1-5 தேக்கரண்டி அளவு
- ஆ) 6-10 தேக்கரண்டி அளவு
- இ) பாதி கிண்ணம்
- ஈ) ஒரு கிண்ணம்

3) எந்த முறையில் உணவின் அளவுக்கோல் இருக்க வேண்டும்?

- அ) ஒரு கிண்ணம்
- ஆ) ஒரு கோப்பை
- இ) சிறு கிண்ணம் மற்றும் கூர்மையில்லாத கரண்டி
- ஈ) மற்றவை

4) ஒரு மாத குழந்தைக்கு மாட்டின் பால் பலம் தருமா?

- அ) சரி
- ஆ) தவறு

5) ஒரு நாளைக்கு மூன்று வேளை உணவு ஆறு ஆறு மாத குழந்தைக்கு தரலாமா?

- அ) சரி
- ஆ) தவறு

6) நான்கு மாதம் முன்னரே
பால் போதவில்லை என்றால், உணவு தரலாம்

- அ) சரி
- ஆ) தவறு

7) தாய்ப்பால் ஆரம்பக் கால முதற்க்கொண்டு சரிவர கிடைக்கவில்லை என்றால் மற்ற உணவு தரலாமா?

- அ) சரி
- ஆ) தவறு

8) அரம்ப உணவுக்கு பிறகு, தாய்ப்பால் தேவையில்லை என்றால், அக்குழந்தைக்கு மற்ற உணவில் மேல் திருப்தி அளிக்கிறது

- அ) சரி
- ஆ) தவறு

9) முதல் உணவு குழந்தைக்கு எதைக் கொடுக்க வேண்டும்?

- அ) ஆடு அல்லது மாட்டின் பால்
- ஆ) உணவு செறிவூட்டல் சத்துணவு
- இ) மசித்த உருளைக்கிழங்கு அல்லது வாழைப்பழம்.
- ஈ) வேறு

10) குழந்தை மூன்று மாத முன்னரே உணவு கொடுத்தால் ஆரோக்கியமாக இருக்கும்

அ) சரி

ஆ) தவறு

APPENDIX-IV
Photographical evidence of data collection



**ASSESS THE YOUTH RISK BEHAVIOUR AMONG
MALE NURSE GRADUATES IN SELECTED
NURSING COLLEGE IN CHENNAI**



**A PROJECT WORK SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY), CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF NURSING**

2020-2024



**ASSESS THE YOUTH RISK BEHAVIOR AMONG
MALE NURSE GRADUATES IN THE SELECTED
NURSING COLLEGE IN CHENNAI**



BY

Ms. JAYASHREE.B

Ms. JANANI.S.R.T

Mr. HARIHARAN.S

Mr. HARIHARAN.J

Ms. ILEKYA.R

**A PROJECT WORK SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY), CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF NURSING**

2020-2024

CERTIFIED WORK DONE BY

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SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY

(DEEMED TO BE UNIVERSITY)

CHENNAI

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY

(DEEMED TO BE UNIVERSITY)

CHENNAI

2020-2024

RESEARCH GUIDE

for
N. D. M.

DEAN

[Signature]

Head of the Department
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Rajiv Gandhi Salai, Chennai - 600 119.

DEAN
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Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

BONAFIDE CERTIFICATE

This is a bonafide work done by **Ms.JAYASHREE.B, Ms.JANANIS.R.T, Mr.HARIHARAN.S, Mr.HARIHARAN.J, Ms.ILEKYA.R, B.Sc (N) IIIrd year** students from Sathyabama college of Nursing. Sathyabama Institute of Science and Technology, Chennai, submitted in partial fulfillment for the degree of Bachelor of science in Nursing under the Sathyabama Institute of Science and Technology (Deemed to be University), Chennai.

COLLEGE SEAL



SIGNATURE OF THE DEAN

DEAN
SATHYABAMA
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Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

ENDORSEMENT BY THE RESEARCH GUIDE

This is to certify the project work "ASSESS THE YOUTH RISK BEHAVIOUR AMONG MALE NURSE GRADUATES IN SELECTED NURSING COLLEGE IN CHENNAI" is a bonafide research work done by Ms.JAYASHREE.B, Ms.JANANI.S.R.T, Mr.HARIHARAN.S, Mr.HARIHARAN.J, Ms.ILEKYA.R in partial fulfillment of the requirement for the degree of the bachelor of science in nursing.

for N. Dm -

SEAL AND SIGNATURE OF THE RESEARCH GUIDE

Head of the Department
Department of Community Health Nursing
Sri Lanka College of Nursing
Sathyabama Institute of Science and Technology
Rajiv Gandhi Salai, Chennai - 600 119.

ACKNOWLEDGEMENT

“He makes all things beautiful in his time”

My great indebted thanks to the **lord all mighty** for his abandoned blessing, endless grace and love showered on me in providing the strength to overcome all the difficulties and made me to complete my study successfully, without which it would not have been possible. There are several hands behind in giving a shape to this research study, which would be impossible to mention all by name. There are some whom the investigator would particularly like to thank.

With the blessings of our Founder chancellor **Col. Dr. Jeppiaar** which encouraged to complete this project, We are substantially thankful to our chancellor **Dr. Mariazeena Johnson** and express our deep gratitude and heartfelt thanks to our President **Dr. Marie Johnson** for their encouragement and dedication towards the academic excellence and for providing us an opportunity to finish our project successfully.

It is my bounden duty to express my heartiest gratitude to **Dr. L Lakshmi [RN, RM, M.Sc(Nursing), Ph.D(Nursing)]**, Dean, Sathyabama College of Nursing, for her constant enthusiastic support, warmth inspiration and gave innovative ideas to incorporate in this study.

Excellent teacher is a complex matrix of builder , moulder, artist, leader and harvest. I would like to express my immense gratitude and whole hearted thanks to my clinical guide **Dr. Lakshmi, [RN, RM, M.Sc(Nursing), Ph.D(Nursing)]**, Sathyabama college of nursing , **Prof. Thivya, N [RN, RM, M.Sc (Nursing), Ph.D Scholar]** for diligent effort the best quality, peaceful, his reassuring plan and a very approachable and inspiring quote, that can never be forgotten .I consider it as a great honor and privilege to have completed under his supervision.

I wish to communicate my extraordinary credit to **Dr.Kamaraj** for providing guidance in research work and for his well-timed and opportune aid and backing in statistical analysis and presentation of data.

I extend my whole hearted thanks to all Faculty Members of Sathyabama College of Nursing for their continuous encouragement, guidance and valuable suggestions for this study.

I profusely thank all Community health Experts who validated the content and tool, which helped to incorporate their views in this study.

I am thankful to **Mr. Johnson M (Librarian)** and **Mr. Nirmal Paul T S (System Admin)** of Sathyabama College of Nursing for helping me with literature work and for extending library facilities throughout the study.

A special note of gratitude to our classmates for their co-operation and help they rendered throughout the study.

Last but not least life has blessed me with an understanding, lovable and value oriented our beloved Parents who persuaded us to pursue under Graduate study, we are ever grateful to this supportive presence all along.

This study drew upon the knowledge and help, experience and expertise of many persons of good will, though too numerous to name, each one of them is remembered for their individual contributions without which the realization and presentation of this research would not have been. So I shower my great deal of thanks to those who helped directly and indirectly in this study.

ABSTRACT

Risk behaviours represent one of the leading causes of morbidity and mortality world wide, especially in the colleges. This study used three research questions to analyze the barriers male nurses and male nursing students encountered in their nursing education. The study proposed to assess the male nurse graduates in the selected nursing college in Chennai. To objectives of this study was to assess socio demographic variables of male nursing graduates, to assess the youth risk behaviour among male nurse graduates, to find association between the socio demographic variables of male nursing graduates .

The study was conducted at selected nursing colleges in chennai. The sample for this study consists of 100 nursing students in selected nursing colleges chennai. Stratified random sampling technique was used for the sample selection. The tools used for the data collection was self-administered Multiple choice questionnaire which consist of demographic data and the self-efficacy scale. Descriptive statistics (frequency, percentage,) and inferential statistics (Chi square) were used to analyse the data.

The result shows that 19% of male nurses have adequate risk level of male nurse of youth risk behaviour and moderate risk of male nurse have 28% and majority of male nurse have 53% inadequate risk of youth risk behavior.

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CHAPTER – 1

INTRODUCTION

Lifestyle diseases and their associated risk factors are now the major causes of premature morbidity, mortality and economic loss in developed and developing countries including the younger age groups. Non communicable disease have emerged rapidly killing 38 million people (68%) each year globally, of which 16 million deaths (>40%) occur before 70 year. This lifestyle is the way a person lives. A healthy lifestyle keeps us fit, energetic and at reduced risk for disease, based on the choices we make about our daily habits, Good nutrition, daily exercise, maintenance of body weight, abstinence from smoking and alcohol and adequate sleep are the foundations for continuing good health. World Health Organization has stated that 60% of an individual's health-related quality of life depends on his/her lifestyle, showing the impact of lifestyle habits over a person's wellbeing.

Healthy lifestyles depend on early adoption of healthy living habits. Health-related behaviour in early stages of life influence the disease risks related to lifestyle in later periods of life as this is a critical period that influence both the quality of lifestyle and eating habits of the subsequent adulthood. Although it is difficult to change unhealthy habits in adulthood, many health risk factors among adults are avoidable if their behaviour are identified and changed at an early stage

Risk taking behaviors (RTB) are defined as engagement in any activity with a frequency or intensity that increases risk of disease or injury. They are considered the most serious threat to health and well-being. They are often established during adolescence and extend to adulthood contributing to the leading causes of morbidity and mortality. Everyone may engage in more than one risk behavior at the same time, thus these risk

behaviors are interrelated and might cluster together into a risky lifestyle. Risk taking behaviors can lead to negative health outcomes as unwanted pregnancy, sexually transmitted diseases, severe disability and death (1, 2). Risk taking behaviors are prevalent.

All stages of development, but they are especially noticed during adolescence and young adulthood. Adolescence and young adulthood periods are one of the most important periods of human development due to physical, psychological and sexual changes occurring in these periods World Health Organization (WHO) defined young adults as people aged 18-24 years. University students are at this category, they comprise a quarter of the world's population, and nearly 90% of them live in low-income and middle-income countries (3). University students engage in risk-taking behaviors more than any other population for several factors as being not fully capable of understanding complex concepts as the relationship between behavior and consequences, separation from their families, facing peer pressures and exposure to new experiences.

Also, university is the time for identity development. Moreover, age, socio-economic level, gender, parents' level of education, family monthly income and environmental factors such as family, school, and community characteristics are significant contributors to unhealthy lifestyles (4). The National College Health Risk Behavior Survey (NCHRBBS) and Youth Risk Behavior Surveillance System (YRBSS) have developed by CDC since 199 to monitor six categories of risk behaviors, these behaviors are: 1) Behaviors that contribute to unintentional injuries and violence; 2) Tobacco use; 3) Alcohol and drug 4) Sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, including human immunodeficiency virus infection; 5) Unhealthy dietary behaviors and 6) Physical inactivity 5) An estimated 80% of all chronic disease-related deaths occur in low or middle income countries and one of the major causes of these related deaths can be because of adoption of risk behaviors. However, chronic diseases associated with unhealthy behaviors are now the greatest public health problem in most countries of the world

Research and prevention efforts to address risk behaviors, global deaths caused by chronic diseases are expected to rise to 73% by 2020 6) Data on prevalence of risk taking behaviors among university nursing students are lacking. Understanding the mechanism of risk taking behaviors among university students can help to improve future interventions to reduce it. So, it is necessary to collect baseline information about the magnitude of the problem, prevalence rates, risk factors, and consequences of these risk behaviors among those students.

NEED FOR THE STUDY

The value of nursing has been well documented. There are plenty of reasons to study B.sc Nursing course. B.sc in nursing courses is one of the most popular nursing courses in India the courses are offered by some of the best nursing colleges in India B.sc nursing students can get Opportunities in hospitals and nursing homes. Nursing allows for a lot of flexibility which is a great advantage for men who want a versatile job As a male nurse you work based on traditional fine schedule or opt for variable shifts, night shifts or part time block. A study to assess the effectiveness of art therapy on anxiety level among hospitalized children in selected hospital Chennai To assess the level of effectiveness of calisthenic exercise in reducing stress among nursing students in a selected coverage of male nursing at Chennai.

Nursing has reached to such a level of advancement where we no longer consider that this profession used to belong to females only a female nursing student I can say this profession is more in need of skilled talented and hardworking male nurses. Nursing is worthy of being studied from private college

Risk behaviors are frequent among young adults and they are particularly relevant when considering healthcare students. Objectives: The study is aimed to examine the prevalence of smoking, binge drinking, physical inactivity, and excessive bodyweight in a population of healthcare students attending an Italian university. Methods: Healthcare students filled an anonymous multiple-choice questionnaire on the occasion of the occupational health visit that preceded their hospital internship. The questionnaire covered socio-demographic characteristics (including student's working status and cohabitation) and risk behaviors. We evaluated the prevalence of risk behaviors and their association with socio-demographic characteristics. Results: The sample consisted of 494 students (65% women): were smokers had excessive bodyweight, did not practice any physical activity and 50% reported binge drinking at least once in the last 12 months. We found associations of male sex and being nursing students with smoking habit. The frequency

of binge drinking was higher in men , working students and among those who lived without family Physical inactivity was associated with female sex and living without family . Finally, the co-presence of 2 risk behaviors or more was higher in men , in nursing students and in working students . Conclusions: Our findings regarding the prevalence of risk behaviors and their potential association with socio-demographic factors may be a clue to the definition of targeted strategies aimed at reducing of risk behaviors among healthcare students.

Risk taking behaviors are prevalent during all stages of development, but they are especially noticed during adolescence and young adulthood. Adolescence and young adulthood periods are one of the most important periods of human development due to physical, psychological and sexual changes occurring in these periods. World Health Organization (WHO) defined young adults as people aged 18-24 years. University students are at this category, they comprise a quarter of the world's population, and nearly 90% of them live in low-income and middle-income countries(3) . University students engage in risk-taking behaviors more than any other population for several factors as being not fully capable of understanding complex concepts as the relationship between behavior and consequences, separation from their families, facing peer pressures and exposure to new experiences. Also, university is the time for identity development. Moreover, age, socio-economic level, gender, parents' level of education, family monthly income and environmental factors such as family, school, and community characteristics are significant contributors to unhealthy lifestyles (4) .

These risk behaviours were correlated with one another. Having close friends who engaged in similar behaviours was found to be the major contributing factor for those kinds of risk among both groups. Our results highlighted the fact that, despite their relatively sophisticated knowledge of risks, the prevalence of risky behaviour among the medical students was no less frequent than among community youths. To diminish those risks, evaluations of actual conditions, behaviour modifications and specific preventive measures compatible with existing culture and changing lifestyles should be undertaken. Effective adolescent health programs at schools, colleges and universities should be

revised and emphasized.

Unhealthy dietary behavior was found to be the most experienced risk taking behavior among the studied students, followed by violence and unintentional injuries, then physical inactivity. Recommendations: Health education programs are strongly recommended for the university and nursing students to prevent risk-taking behaviors through encouraging them to adopt healthy lifestyle behaviors.

Data on prevalence of risk taking behaviors among university nursing students are lacking. Understanding mechanism of risk taking behaviors among university students can help to improve future interventions to reduce it. So, it is necessary to collect baseline information about the magnitude of the problem, prevalence rates, risk factors, and consequences of these risk behaviors among those students.

Physical inactivity is interrelated to unhealthy dietary behaviors as well as body mass index. It increases risk of overweight and obesity (15). In the current study, physical inactivity was the third risk behavior among the students. Slightly more than one third of the studied students practiced regular exercises. This is nearly similar to the results of Al-Naggar et al., (2013), who mentioned that more than half of the Malaysian university students never exercised (16). On the other hand, Aboufotouh et al., (2007), found that This is in accordance with Abd-El Rahim (2005), who mentioned that only 5.4% of the students at Ain Shams University drank alcohol (19). This may be because alcohol drinking is forbidden in Islamic countries including Egypt. Drug use is another risk behavior which has become of concern in Egypt especially among university students (20). However, the present study revealed low prevalence of drug use among students (2.8%). This is similar to the findings of the study conducted by Hassan et al., (2013), who reported that the prevalence of drug used among the studied students in Port Said was 2.4% (21). On the other hand, this disagrees with the results

RESEARCH QUESTION

- 1) What are the common risk taking behaviours among male nurse adolescents in the colleges?
- 2) What are the factors related to the risk taking behaviours among male nurse adolescents in the colleges?

RESEARCH OBJECTIVES

- To assess socio demographic variables of male nursing graduates
- To assess the youth risk behavior among male nursing graduates
- To find association between the youth risk behavior and socio demographic variables of male nursing graduates

HYPOTHESIS

There is a significant association between youth risk behavior among male nurse graduates in selected college in Chennai

OPERATIONAL DEFINITION

Assess:

To assess the youth risk behaviour among male nurse graduates.

Youth risk behaviour:

The behaviour we're going to assess in the male nurse graduates

Male nurse graduates:

Students who are studying Nursing from the age of 18-25

Selected nursing college:

Study was conducted at selected nursing colleges in Chennai from II year to III year.

ASSUMPTION

- 1) The interviewees will report their demographic data questionnaire honestly.
- 2) The study is determination to risk behaviours of youth male nurses graduates.
- 3) The interviewees in this study will accurately respond report and narrate their story.

LIMITATIONS

- Anxiety, inadequate instruction and supervision in the clinical area.
- Lack of support and continuity of supervision in the clinical practice

CHAPTER-2

REVIEW OF LITERATURE

INTRODUCTION

Review of literature is an important step in the development of a research project. It helps the investigator to develop a deeper insight into the problem and gain information on the problem and in what has been done. I provide basis for future investigation justified the need for replication, through light on the feasibility of the study another with hope to establish a comprehensive body of scientific knowledge in professional discipline from which, valid and pertinent theories may be developed.

Review of literature is a critical summary of research on a topic of interest generally proposed to put a research problem in context to identify gaps & weakness in prior studies & as to justify new investigation. A review of literature involves systematic identification, location, scrutinizing & summary written material that contains information on a research problem. Extensive review of literature was done by the investigator to lay a broad foundation for the study and proceed with the study under the following heading.

Laureen j . hayes ,(2018) aim of this study was to understand the job performance of male nurses in China and to identify their risk factors. This is a cross-sectional study. They contacted all the 30 public tertiary hospitals in Hunan Province and 26 of them cooperated. All the 647 male nurses in these hospitals were given questionnaires face-to-face between April 7 and August 8, 2020. The questionnaire included demographic information and the Schwirian's Six Dimension Scale. They also collected the family attitude and the main reason for choosing nursing. Then they performed descriptive analyses and liner regressions on the collected data. The result is they obtained valid questionnaires from 599 individuals. The median age of these male nurses was 26 years old and the nursing age was 4 years. They were mainly distributed in intensive care unit

(ICU) (36.12%), operating room (27.42%), and emergency department means of the total scores for work performance was 176.42 (standard deviation (SD) = 20.62). The result of the regression shows that length of service, relationship status, educational level, department, main reason for choosing nursing, and family attitude are all risk factors of male nurses' work perform.

Varrett ,(2017) aim of this study was to explore the challenges and positive aspects that undergraduate male nursing students encounter during the course of their study in selected hospitals of Delhi. A qualitative research design using inductive content analysis approach was used to explore perceptions of 20 undergraduate male nursing students in a baccalaureate nursing programme at a major public university in Delhi. The result is Content analysis revealed two major themes: challenges (academic difficulties, biased policies, no social life, negative views of nursing and negative self-view) and positive aspects (personal benefits of studying nursing, everyone needs a nurse and nursing is a science). The findings added new insights and knowledge regarding the educational experiences of undergraduate male nursing students in a developing country, which is an understudied population.

Henle ,(2015) aim of this study was to assess male nurse's mental and physical wellbeing, as well as resilience, by taking into account the occurrence of risky behaviour among nurses in Chennai district. A descriptive study was carried out between June 2015 and May 2016 among nurses (n = 1080) employed in primary healthcare or in training centres in Chennai district. The result is Over half of the nurses in the Chennai district (n = 735; 68%) had an average psychophysical mood level resulting from stress, and 179 (16.6%) nurses had a low psychophysical mood. Those with a lower psychophysical mood showed a greater tendency towards developing improper eating habits ($r = -0.23$; $p < 0.001$). Most nurses had an average (n = 649; 60.1%) or low (n = 255; 23.6%) level of resilience. Higher resilience levels were observed in nurses aged over 30 years ($p = 0.004$) and in those with additional employment ($p = 0.008$). High resilience was associated with a lower intensity of risky behaviour.

Smith ,(2015) aim of this study was to determine male nursing students' social appearance anxiety and their coping attitudes in the selected hospitals of India. A stratified random sampling method was employed. Student registration numbers were used as assigned numbers. The investigators used a table of random numbers to select these assigned numbers to obtain potential participants. The samplepopulation included 129 male nursing students who volunteered to participate in the study. Calculation was performed with 95% confidence interval and 80% power according to “Social Appearance Anxiety Scale (SAAS)” mean scores t test and SD, and sample size predicted 129. The inclusion criteria for male students was voluntary participation in the survey.The result for the male nurses in selectedhospitals in India is the mean age of the students was 20.54 ± 1.49 (Min .= 17, Max = 25) and the majority were single. In terms of body mass index (BMI), 69% were at normal weight. Students comprised of 41.1% second year (sophomores), 51.9% could make both ends meet (financial status), 34.9% lived in a dormitory, and 82.2% did not have any job. Moreover, 20.9% of them were smokers while 16.3% consumedalcohol.

Khamaiseh (2014), who assessed risk behaviors among university students in Jordan and reported that smoking, obesity and domestic violence were the most common risk behaviors among students (10). Unhealthy dietary habits include intake of fast food such as fried food, snacking, canned food and soda beverages that can adversely affect students' health status. Students often select fast food due to its palatability, availability and convenience (11,12). The present study indicated that prevalence of fast/ canned food intake was higher among males than females. This could be due to that males in general stay outside the home long times than females and are therefore exposed to the fast food more often. Similarly, the study conducted by Yahia et al., , about eating habits among Lebanese university students indicated higher prevalence of fast food among male Lebanese university students than females (13). Violence related behaviors and behaviors that contribute to unintentional injuries are the second common risk behavior among students in this study. One of the most common behaviors that contribute to unintentional injuries was neglecting wearing the seat belt. Seat belt use has been demonstrated to save lives and reduce the severity of road traffic injuries. The present

study indicated that nearly half of the students who drive a car reported never or rarely using a safety belt while driving (table 3). This result is near to the results of the study performed by El-Gendy et al., , who reported that 44.5% of the students in University of Banha did not use a seat-belt while driving (14). Physical inactivity is interrelated to unhealthy dietary behaviors as well as body mass index. It increases risk of overweight and obesity (15). In the current study, physical inactivity was the third risk behavior among the students. Slightly more than one third of the studied students practiced regular exercises. This is nearly similar to the results of Al-Naggar et al., (2013), who mentioned that more than half of the Malaysian university students never exercised (16). On the other hand, Aboufotouh et al., (2007), found that This is in accordance with Abd-El Rahim (2005), who mentioned that only 5.4% of the students at Ain Shams University drank alcohol (19). This may be because alcohol drinking is forbidden in Islamic countries including Egypt. Tobacco use is another risk-taking behavior which is a critical health problem among university students in the world (20). However, the present study indicated that only 6% of the studied students were smokers. This is supported by the results of Hassan et al., (2013), who reported that the prevalence of smoking among the studied students in Port-Said was 5.3% (21).

Laura kann (2014) Youth risk behavior surveillance Priority health-risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth and adults often are established during youth, extend into adulthood, and are interrelated. The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults: behaviors that contribute to unintentional and intentional injuries, tobacco use, alcohol and other drug use, sexual behaviors, unhealthy dietary behaviors, and physical inactivity. The YRBSS includes both a national school-based survey conducted by CDC and state and local school-based surveys conducted by state and local education agencies. This report summarizes results from the national survey, 35 state surveys, and 16 local surveys conducted am The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults: 1) behaviors that contribute to unintentional injuries and violence; 2) tobacco use; 3) alcohol and other

drug use; 4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection; 5) unhealthy dietary behaviors; and 6) physical inactivity. In addition, YRBSS monitors the prevalence of obesity and asthma. YRBSS includes a national school-based Youth Risk Behavior Survey (YRBS) conducted by CDC and state and large urban school district school-based YRBSs conducted by state and local education and health agencies. This report summarizes results from the 2011 national survey, 43 state surveys, and 21 large urban school district surveys conducted among students in grades 9-12. ong high school students from February through May 1995.

Charels W Warren (2013) Adolescence has often been construed as a difficult period in life, consisting stress. It has been termed a "period of great risk to healthy development" (Takanishi, 1993, P. 86). It is estimated that 25-50% of adolescents engage in risk behaviors with negative health and behavior outcomes such as drug abuse, unwanted pregnancy or sexually transmitted disease (Weissberg, Caplan, and Harwood, 1991). The transition from junior high school to high school is especially troubling for young adolescents (Dubow et al, 1990). During this transition, there is an increase in reporting of several problems such as depression, suicidal thoughts, and substance use (Dubow et al. 1990). Dryfoos (1991) approximated that one in four children, or 7 million children are in need of immediate intensive intervention for high-risk behavior. According to Dryfoos (1991), the majority of the high risk children are White, but when one looks at the percentages of high risk children within each ethnic group, a different picture develops. Fifty-one percent of African-American children are classified as high risk, as compared to 45% of Hispanic children, and 17% of White children

Lloyd J Kolbe (2013) variables of nursing performance include organizational factors and individual factors. Nursing environment and leadership has a great responsibility for the success of nursing performance.[5] Family support also has a negligible impact on individual performance.[6] Skills, traits, motives and attitudes all contribute to effective nursing performance. And nurses make more errors at work when they were undertaken the family role of caring for both children and elders.[7] In addition,

there was a significant positive correlation between professional communication competences,[8] information and communication technology using,[9] self-efficacy, organizational commitment, patient satisfaction[10] and nursing performance

James G Ross (2013) The unique healthcare and education backgrounds, along with the distinct cultural contexts, could lead to distinctive lived experiences of men in nursing in different countries. Thus, it is necessary to proceed with a systematic review of the lived experience of men in nursing worldwide based on previous studies, thereby providing a holistic understanding of lived experiences among men in the nursing profession. This systematic review aims to analyse and criticize the current literature on the lived experience of men in nursing and attempts to present a cogent understanding of their lived experiences. Based on qualitative evidence, it would help healthcare policymakers develop applicable and transferable strategies for improving their experience in the nursing profession and provide further recommendations.

Williams A Harris (2012) Risk taking behaviors (RTB) are defined as engagement in any activity with a frequency or intensity that increases risk of disease or injury. They are considered the most serious threat to health and well-being. They are often established during adolescence and extend to adulthood contributing to the leading causes of morbidity and mortality. Everyone may engage in more than one risk behavior at the same time, thus these risk behaviors are interrelated and might cluster together into a risky lifestyle. Risk taking behaviors can lead to negative health outcomes as unwanted pregnancy, sexually transmitted diseases, severe disability. Risk taking behaviors are prevalent during all stages of development, but they are especially noticed during adolescence and young adulthood. Adolescence and young adulthood periods are one of the most important periods of human development due to physical, psychological and sexual changes occurring in these periods. World Health Organization (WHO) defined young adults as people aged 18-24 years. University students are at this category, they comprise a quarter of the world's population, and nearly 90% of them live in low-income and middle-income countries

CHAPTER-III

METHODOLOGY

INTRODUCTION

Research methodology is a way to systematically solve the research problem. In this we study the various steps that are generally adopted by a researcher in studying his research problem along with the logic behind them. It is defined as the collection of data, explain the study population, sample & survey instrument, data analysis, sample procedure, techniques, tools & documentation aids that helps a software developer to speed up & simplify the software development process. This chapter deals with description of research & methodology adapted the study. It is the process to obtain the evidence for the study & to answer the research questions. It is discussed under the following headings research approach, research design, variable, setting population, sample & sampling technique. Data collection & the plan for data analysis interpretation of the study to assess the risk behaviour among male nurse graduates in selected nursing college , Chennai.

Research approach

Research approach enables the researchers to analysis from whom the idea to be collected & what to be collected & how to collect & analyse them the research approach quantative study. It is aimed to assess of youth risk behaviour among male nurse graduates at selected nursing colleges in Chennai.

Research design

This study is designed as a descriptive design activity to understand the level of risk youth risk behaviour among the male nurse graduates in the selected nursing college in Chennai

Study population

The study population was male nursing graduates in Chennai.

Accessible population

The accessible population was male nursing graduates in selected colleges in Chennai.

Research setting of the study

The study setting was selected nursing colleges in Chennai.

Sampling techniques

The random sample technique was used.

Sample size

In this study the sample consist of 100 nursing students from the age group of 18years to 25 years adults at selected nursing college in chennai.

Inclusion criteria

- Male nursing students who are willing to participate in the study .
- Male nursing students who are present at the time of the study.

Exclusion criteria

- Male nursing students who are physically sick at the time of study.

Data collection procedure

- The duration of the data collection for one week.
- The investigators get the informed consent after explain the study objectives.
- The investigators administer the structured questionnaires to collect the data.

Data collection tools

- 1) Socio demographic variables.

Structured questionnaires

Data analysis

Frequency and preparation will be used to describe the variables. Chi square test will be used for finding the association between the youth risk behaviour and socio-demographic variables of male nursing students.

SCORING METHOD

Each correct answer is given upto ' 1 ' marks . Based on the score obtained by the sample they are categorized as follow

SCORE	INFERENCE
21-30	High level of risk behaviour
11-20	Moderate level of risk behaviour
1-10	Low level risk of behaviour

Ethical consideration

1. Ethical clearance was obtained from Sathyabama institute of science and technology.
2. Inform consent was obtained.
3. Confidentiality of the data was maintained.
4. Privacy should provided during data collection procedure.
5. Anonymity was maintained.

CHAPTER-4

ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 100 nursing students in sathyabama college of nursing . Data was analysed on the basis of the objectives of the study. The term analysis refers to a number of closely related operations which are performed with the purpose of summarizing the collected data and organizing in such a manner that they answer the research question .

Organization of study findings

Analysis of the study findings are organized under the following headings:

Section A: To assess socio demographic variables of male nursing graduates

Section B: To assess the youth risk behavior among male nursing graduates

Section C: To find association between the youth risk behavior and sociodemographic variables of male

Table-01

Frequency, Percentage and χ^2 Distribution on youth risk behavior of male nurse graduates with Their Selected Demographic Variable

S.No	Demographic Variables	Frequency	Percentage(%)
1	Age in years		
	18-21	46	46
	21-25	54	54

2	Bread winner of the family		
	Father	52	52
	Mother	39	39
	Others	9	9
3	Educational status of their parents		
	Illiterate	43	43
	Literate	57	57
8	Mention your pocket money per week		
	1000	34	34
	500	42	42
	Below 500	24	24
9	Are you involved in any part time job		
	Yes	59	59
	No	41	41

Table.01 shows that the 54% of males were in the age group of 21-25 years. Most of the bread winner of the family were fathers (52%). Most of the parents were literate(57%). The annual income of the family were mostly 2 lakhs per year(63%).

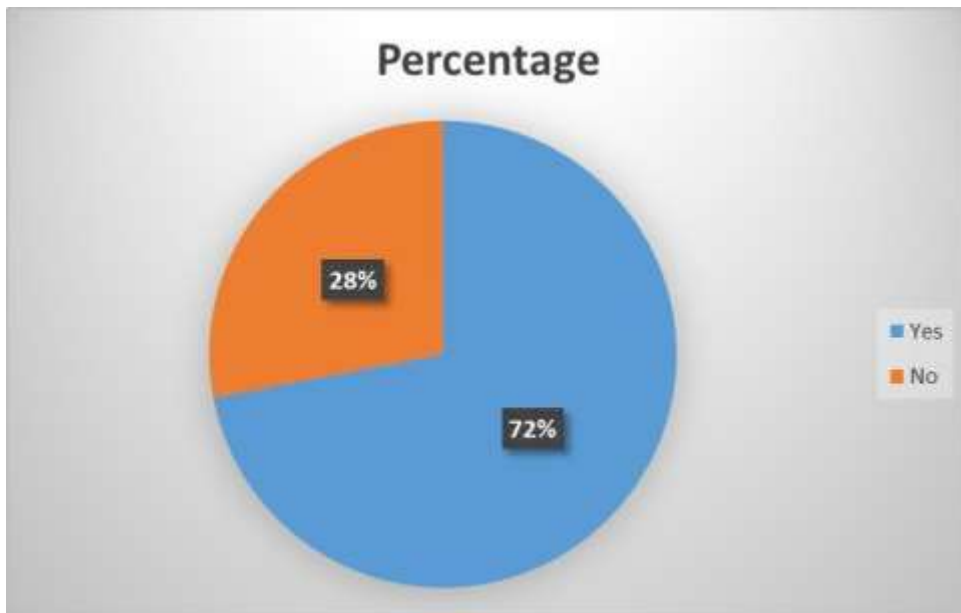


Figure 0.1. This shows the private vehicle such as YES 72%and NO 28%

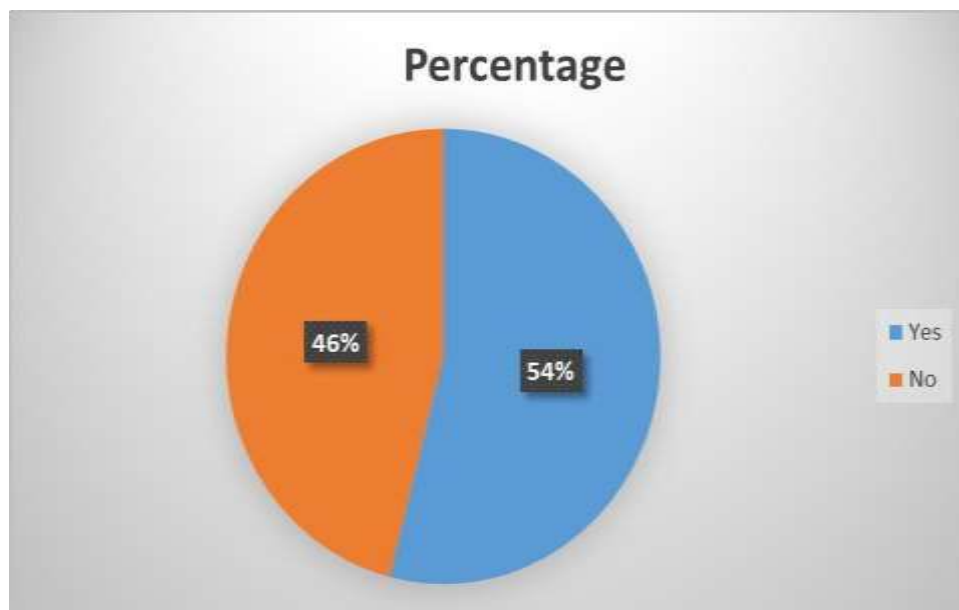


Figure 0.2: shows the Driving licence such as YES 54%and NO 46%

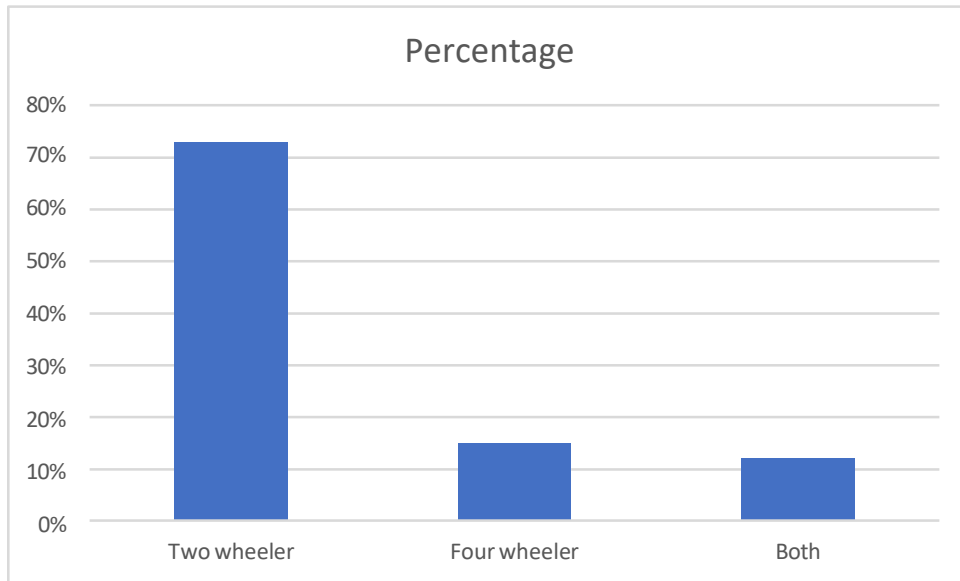


Figure 0.3 shows that type of vehicle frequency is 73% of two wheeler, 15% of four wheeler and 12% of both

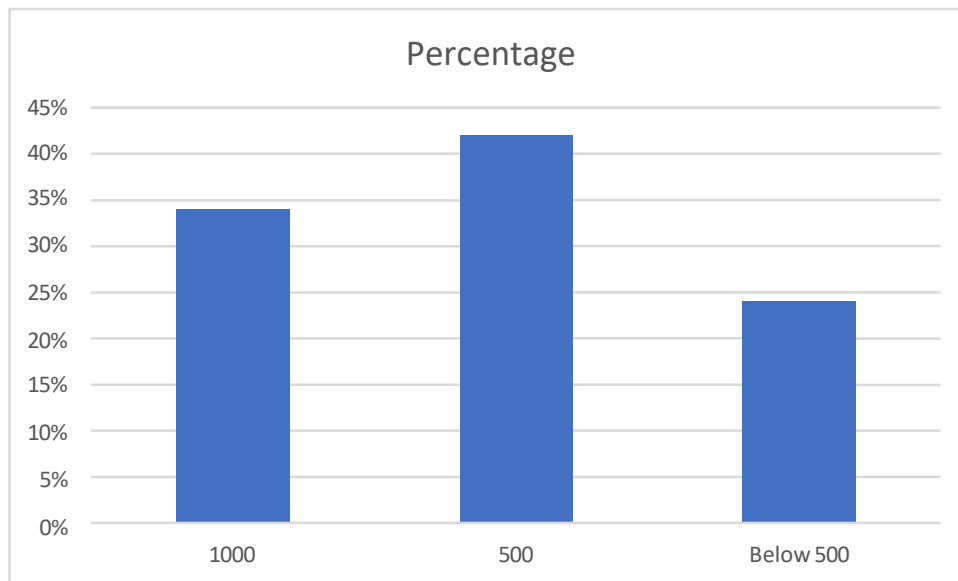


Figure 0.4 shows thatpocket money frequency is 34% of 1000, 42% of 500 and 24% of below 500

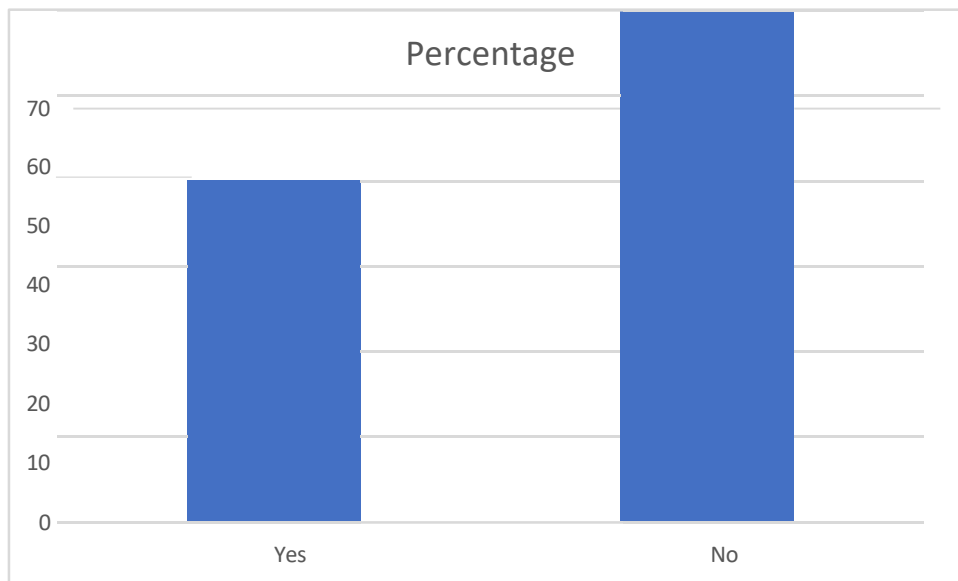


Figure 0.5 shows that part time job frequency is 59% of YES, 41% of NO

SECTION : B

ASSESSMENT LEVEL OF RISK BEHAVIOUR



S.No	Description	Frequency	Percentage
1	Low level of risk behaviour	19	23%
2	Moderate level of risk behaviour	28	35%
3	High level of risk behaviour	53	42%

The above table depicts 19 (23%) of adults having low level of risk behaviour and moderate level of risk behaviour 28(35%) and 53 (42%) majority of adults having high level of risk behaviour

S.No	Socio demographic variables	Inadequate knowledge		Moderate knowledge		Highly adequate knowledge		X ²	Table value	Level of significance
		N	p	n	p	N	P			
1	Age in years									
	I)18-21	20	20%	10	10%	16	16%	13.937		
	II)21-25	30	30%	13	13%	11	11%		5.99	S
2	Bread winner of the family									
	I)Father	34	34%	11	11%	7	7%	18.71		S
	II)Mother	19	19%	13	13%	7	7%		9.49	
	III)Others	5	5%	3	5%	1	1%			
3	Education level of parents							19.176		S
	I) Illiterate	29	29%	11	11%	3	3%		5.99	
	II)Literate	32	32%	18	18%	7	7%			
4	Annual income							20.629		S
	I) 2 L per year	31	31%	18	18%	14	14%		9.49	
	II) 4 L per year	12	12%	10	10%	4	4%			
	III) 5 L per year	7	7%	3	3%	1	1%			

5	Do you own a private vehicle I)Yes II)No	37 14	37% 14%	22 8	22% 8%	13 6	13% 6%	14.44	5.99	S
6	Do you own a driving license I) Yes II)No	29 24	29% 24%	16 13	16% 13%	9 9	9% 9%	16.185	5.99	S
7	Which type of vehicle do you own I) Two wheeler II) Four wheeler III)Both	29 7 5	29% 7% 5%	31 7 3	31% 7% 3%	13 1 4	13% 1% 4%	19.176	9.49	S
8	Mention your pocket money per week I) 1000 II)500 III)Below 500	13 28 13	13% 28% 13%	15 12 9	15% 12% 9%	6 2 2	6% 2% 2%	8.379	9.49	Non significant

9	Are you involved in any part time job						4.162			Non significant
	I) Yes	29	29%	10	10%	2		2%	5.99	
	II) No	34	34%	11	11%	14		14%		

The table depicts the Pocket money (9.49) and Part time job(5.99) is not significant. Moreover Age(5.99), Bread winner(9.49), Education level(5.99), Annual income(9.49), Private vehicle(5.99), Driving license(5.99), Type of vehicle(9.49) they are significant to demographic variables.

CHAPTER-V

DISCUSSION

DISCUSSION

A descriptive study to Assessment of youth risk behaviour among male nurse graduates

Objective

- To assess socio demographic variables of male nursing graduates
- To assess the youth risk behavior among male nursing graduates
- To find association between the youth risk behavior and socio demographic variables of male nursing graduates

Objective : 1

To Assess the socio demographic variables of male nursing graduates

In assessing the youth risk behaviour of male nurse graduates with Their Selected Demographic Variable , In regarding to the Age in years, (20%) are belongs to age group of 18-21 years, (30%) are belongs to age group of 21-25years . In regarding to the Bread winner of the family (34%) are belongs to father, (19%) are belongs to mother , (5%) are belongs to others. Education level of their parents,(29%) belongs to illiterate,(32%) belongs to literate . Annual income (31%) of 2 L per year,(12%) of 4 L per year ,(7%) 5 L per year . Do you own a private vehicle,(37%) of yes,(14%) of no. Do you own a driving license,(29%) of yes,(24%) of no. Which type of vehicle do you own,(29%) Two wheeler ,(73%) four wheeler,(15%) both(12%). Mention your pocket money per week(13%) 1000,(28%) 500,(13%)Below 500.Are you involved in any part time, (29%) of yes,(34%) of no.

Objectives:2

To assess the youth risk behavior among male nursing graduates

The findings of level of risk behaviour 19 (23%) of adults having low level of risk behaviour and moderate level of risk behaviour 28(35%) and 53 (42%) majority of adults having high level of risk behavior.

The association between the youth risk behaviour and socio demographic variables of male nursing graduates

According to data analysis ,the association between the youth risk behaviour and socio demographic variables of male nurse graduates with selected demographic variables depicts the Pocket money(9.49) and Part time job(5.99) is not significant. Moreover Age(5.99), Bread winner(9.49), Education level(5.99), Annual income(9.49), Private vehicle(5.99), Driving license(5.99), Type of vehicle(9.49) they are significant to demographic variables.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS

This chapter covers the summary, its findings, conclusions, and implications for nursing research, practice, and administration. This study begins with a few limitations and concludes with suggestions and recommendations for further research.

SUMMARY

This study was undertaken to determine the youth risk behaviour among male nurse graduates in Sathyabama college of Nursing, Chennai.

Healthy lifestyles depend on early adoption of healthy living habits. Health-related behaviour in early stages of life influence the disease risks related to lifestyle in later periods of life as this is a critical period that influence both the quality of lifestyle and eating habits of the subsequent adulthood. Although it is difficult to change unhealthy habits in adulthood, many health risk factors among adults are avoidable if their behaviour are identified and changed at an early stage

RESEARCH OBJECTIVES

- To assess socio demographic variables of male nursing graduates.
- To assess the youth risk behavior among male nursing graduates.
- To find association between the youth risk behavior and socio demographic variables of male nursing graduates

RESEARCH HYPOTHESIS

There is a significant association between youth risk behaviour among male nurse graduates in selected college in chennai.

NURSING IMPLICATIONS

The findings of the study have implications related to nursing administration, nursing practice, nursing research, and nursing education regarding the youth risk behaviour of Male nurse graduates.

NURSING ADMINISTRATION

Nursing is an evolving profession to improve the quality of care and practice should be evidence-based. The present study showed the youth risk behaviour among male nurse graduates in selected nursing college in chennai

The administrator can communicate these findings to the male nurse graduates and conduct a workshop or conference regarding risk behaviours and its management.

NURSING PRACTICE

Nursing personnel should possess sound knowledge regarding the youth risk behaviour among the male nurse graduates.

NURSING RESEARCH

Practice emerges from research. The nurse involved in student care can educate the students and enrich the evidence-based care which will enhance the nursing research.

Nursing researchers should disseminate the findings of research through conferences, seminars, and publications in nursing journals.

RECOMMENDATIONS FOR FUTURE RESEARCH

Based on the findings of the study the following recommendations are made

- The study can be conducted with a larger population with in a selected collegesetting for better generalization.
- The study can be conducted on the effectiveness of various male nurse graduatesfor better intervention
- The same study can be conducted on graduates between the age of 18-25.

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ANNEXURE – A

LETTER REQUESTING PERMISSION FOR CONDUCTING THE STUDY

From, 17.03.2023
Janani, Chennai.
B.Sc Nursing III year
Sathyabama College of Nursing,
Sathyabama Institute of Science and Technology,
Semmencheri, Chennai.

Through Proper Channel,

To,
Dean,
Sathyabama College of Nursing,
Sathyabama Institute of Science and Technology,
Semmencheri, Chennai.

Sub: Seeking permission letter for field work.

This is to bring to your kind notice that myself and team would like to conduct a study to assess youth risk behavior among male nursing graduates in Chennai. We assure you that we will conduct this survey by following ethical guidelines without harming the study participants.

Kindly grant us the permission to do the field work.

Thank you,
Yours faithfully
Janani

*Forwarded to Dean
for approval.
P-1
18/3/23*

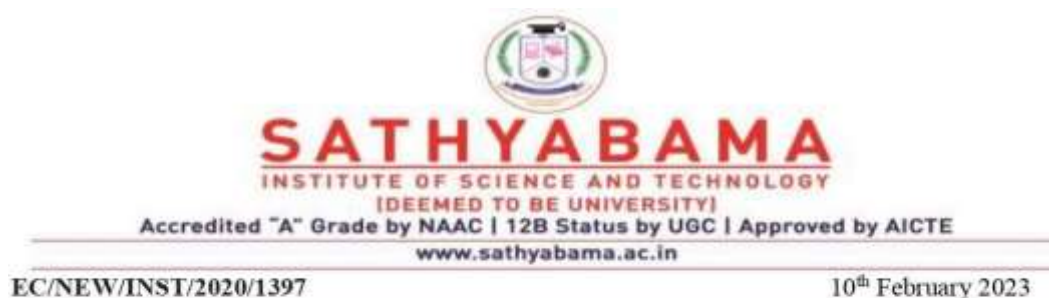
Head of the Department
Department of Research
Sathyabama College of Nursing
Sathyabama Institute of Science and Technology
Rajiv Gandhi Estate, Chennai - 600 119.

*can be permitted
D. Laha*

DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiaur Nagar, Rajiv Gandhi
Chennai - 600 119.

ANNEXURE – B

CERTIFICATE FOR ETHICAL CLEARANCE



INSTITUTIONAL HUMAN ETHICAL COMMITTEE

A **physical mode** of meeting for the Sathyabama Institutional Review Board/ Institutional Biosafety & Ethical Committee will be scheduled on 01/03/2023 (Wednesday) from 10 am onwards.

Kindly send your Research Project Proposals on or before 25th February, 2023 through email (given below). The proposal should be submitted with a filled application form along with the respective Scientific Research Committee (SRC) Approval letter and other necessary documents given in the checklist. The investigator is requested to explain in a gist of the Research project (5 minutes presentation), during the meeting.

Thank you.

Last date to submit the proposal: 25th February, 2023

Please send your Proposals and queries to: rcacsist@sathyabama.ac.in

Venue: Vice Chancellor's Office, First floor, Centre for Advanced Studies

Time: 10.00 am

Regards

Dr. Y. Swarnalatha
Secretary & Convener
IBEC, Sathyabama

Dr. T. Sasipraba
Co Chair Person
IBEC, Sathyabama

ANNEXURE – CRESEARCH TOOLSECTION-A

DEMOGRAPHIC VARIABLES

1. Age in years
 - a. 18-21
 - b. 21-25

2. Bread winner of the family
 - a) Father
 - b) Mother
 - c) Others

3. Education level of parents
 - a) Illiterate
 - b) Literate

4. Annual income
 - a) 2 L per year
 - b) 4 L per year
 - c) 5 L per

5. Do you own a private vehicle
 - a) Yes
 - b) No

6. Do you own a driving license
- a) Yes
 - b) No
7. Which type of vehicle do you own
- a) Two wheeler
 - b) Four wheeler
 - c) Both
8. Mention your pocket money per week
- a) 1000
 - b) 500
 - c) Below 500
- 9) Are you involved in any part time job
- a) Yes
 - b) No

STRUCTURED QUESTIONNAIRE

1. How old are you?
 - a) A.19 years old or younger
 - b) B.20 years old
 - c) C.21 years old
 - d) D.22 years old

2. How often do you wear a seat belt when riding in a car driven by someone else?
 - a) A.Never B.Rarely C.Sometime
 - b) D.Most of the time
 - c) E.Always

3. During the past 30 days, how many times you ride a vehicle after drinking alcohol?
 - a) One time
 - b) None
 - c) Two times
 - d) Three or more

4. Do you have a habit of alcoholic drinking?
 - a) Yes
 - b) No

5. Did you carry any type of weapons?
 - a) Yes
 - b) No

6. Did you feel any unsafe in college?
- a. Yes
 - b. No
7. If you are threatened by someone else in college till now?
- a) Yes
 - b) No
8. Did you involved in anyphysical fight?
- a) Yes
 - b) No
9. Did you involved in any physical fight in college campus?
- a. Yes
 - b. No
10. Have you ever seen someone get physically attacked beaten stabbed or shot in your neighborhood?
11. Do you ever bullied in your college campus?
- a. Yes
 - b. No

12. Do you have ever been bullied by any social media?
- a. Yes
 - b. No
13. Did you ever feel so sad or hopeless almost everyday, that affect your daily activities?
- a. Yes
 - b. No
12. Did you ever seriously consider of attempting suicide?
- a. Yes
 - b. No
14. If you considered of it, mention the total number of attempts?
- a) One
 - b) Two or more
15. Have you ever tried cigarette smoking?
- a) Yes
 - b) No

**ASSESSMENT OF LONG-TERM IMPACT ON HEALTH-RELATED
QUALITY OF LIFE AMONG COVID-19 ADULTS IN SELECTED
URBAN COMMUNITY IN CHENNAI, TAMIL NADU, INDIA.**



**A PROJECT WORK SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY), CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF NURSING**

2020-2024



**ASSESSMENT OF LONG-TERM IMPACT ON
HEALTH-RELATED QUALITY OF LIFE AMONG
COVID-19 ADULTS IN SELECTED URBAN
COMMUNITY IN CHENNAI, TAMIL NADU, INDIA.**



BY

MS. SHAHNAS.A

MS. VINISHA.S

MR. SHABIN.S

MR. VIGNESH.V

MR. VISHAL.S

**A PROJECT WORK SUBMITTED TO
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CHENNAI**

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2020-2024

CERTIFIED WORK DONE BY

MS. SHAHNAS.A

MS. VINISHA.S

MR. SHABIN.S

MR. VIGNESH.V

MR. VISHAL.S

SATHYABAMA COLLEGE OF NURSING

SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY

(DEEMED TO BE UNIVERSITY)

CHENNAI

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

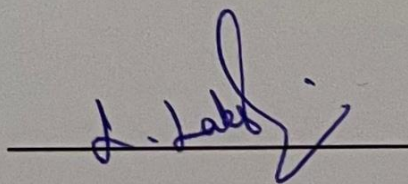
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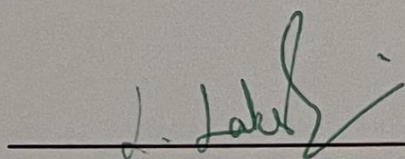
CHENNAI

2020-2024

RESEARCH GUIDE



DEAN

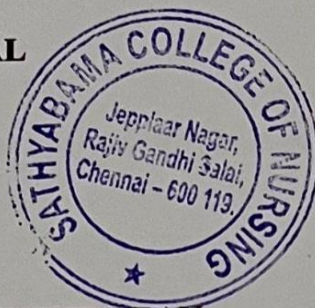


DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

BONAFIDE CERTIFICATE

This is a Bonafide work done by **Ms. Shahnas.A, Ms. Vinisha.S, Mr. Shabin, Mr. Vignesh.V and Mr. Vishal.S B.Sc (N) IIIrd** year students from Sathyabama College of Nursing. Sathyabama Institute of Science and Technology, Chennai, submitted in partial fulfillment for the degree of Bachelor of science in Nursing under the Sathyabama Institute of Science and Technology, Chennai.

COLLEGE SEAL



SIGNATURE OF THE DEAN

DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

ENDORESEMENT BY THE RESEARCH GUIDE

This is to certify the project work entitled "Assessment of long term impact on health related quality of life among COVID-19 adults in selected urban community in Chennai." is a Bonafied research work done by Ms. Shahnas.A, Ms.Vinisha.S, Mr.Shabin.S, Mr.Vignesh.V and Mr.Vishal.S in partial fulfillment of the requirement for the degree of the bachelor of science in nursing.

SEAL AND SIGNATURE OF THE RESEARCH GUIDE

DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppia Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

ACKNOWLEDGEMENT

“He makes all things beautiful in his time”

My great indebted thanks to the **lord all mighty** for his abandoned blessing, endless grace and love showered on me in providing the strength to overcome all the difficulties and made me to complete my study successfully, without which it would not have been possible. There are several hands behind in giving a shape to this research study, which would be impossible to mention all by name. There are some whom the investigator would particularly like to thank.

With the blessings of our Founder chancellor **COL. Dr Jeppiaar** which encouraged to complete this project, We are substantially thankful to our chancellor **Dr Maria Zeena Johnson** and express our deep gratitude and heartfelt thanks to our President **Dr Marie Johnson** for their encouragement and dedication towards the academic excellence and for providing us an opportunity to finish our project successfully.

Excellent teacher is a complex matrix of builder, moulder, artist, leader and harvest I would like to express my immense gratitude and whole hearted thanks to my research guide **Dr. L Lakshmi [RN, RM, M. Sc (Nursing), Ph. D (Nursing)]**, Department of Community Health Nursing, Sathyabama College of Nursing , for diligent effort the best quality, peaceful, her reassuring plan and a very approachable and inspiring quote, that can never be forgotten. I consider it as a great honour and privilege to have completed under her supervision.

I wish to communicate my extraordinary credit to **MS. PONNAMBILY CHANDY** for my research work and **Dr Kamaraj**, for his well timed and opportune aid and backing in statistical analysis and presentation of data.

I extend my whole hearted thanks to all Faculty Members of Sathyabama College of Nursing for their continuous encouragement, guidance and valuable suggestions for this study.

I profusely thank all the Community Health Nursing Experts who validated the content and tool, which helped to incorporate their views in this study.

I am thankful to **Mr. Johnson M (Librarian)** and **Mr. Nirmal Paul T S (System Admin)** of Sathyabama College of Nursing for helping me with literature work and for extending library facilities throughout the study

A special note of gratitude to our classmates for their co-operation and help they rendered throughout the study.

Last but not least life has blessed me with an understanding, lovable and value oriented our beloved Parents who persuaded us to pursue under Graduate study, we are ever grateful to this supportive presence all along.

This study drew upon the knowledge and help, experience and expertise of many persons of good will, though too numerous to name, each one of them is remembered for their individual contributions without which the realization and presentation of this research would not have been. So I shower my great deal of thanks to those who helped directly and indirectly in this study

ABSTRACT

The world is suffering a dramatic situation of catastrophic proportions due to the rapid worldwide spread of the Corona virus disease 2019 (covid-19) caused by the pathogen acute respiratory syndrome Corona virus 2 (sars-cov-2) and was discovered in December 2019 in Wuhan, China. Symptoms associated with sars-cov-2 infection are heterogeneous and affect different systems such as respiratory, musculoskeletal, gastrointestinal and neurological system. The research is about the lifestyle changes of COVID-19 adult survivors among a selected community in Chennai.

Problem statement of the study is to Assess the health related quality of life among COVID-19 adults in selected community in Chennai. The objective of this study was to find the socio demography of COVID-19 adults. To determine the long term impact of COVID-19 on health related quality of life among COVID-19 adults. To find out the association between the quality of life with their selected demographic variables such as age, gender, educational status, residential area, nationality, marital status, employment status, living status and economic status.

The methodology of the present study was conducted at selected urban communities in Chennai. The sample for this study consist of 100 COVID-19 adults in selected urban communities in Chennai. Purposive sampling technique was used for the sample selection. The tools used for the data collection was self-administered Multiple choice questionnaire which consist of demographic data and part two was structured questionnaire knowledge about quality of life. Descriptive statistics (frequency, percentage,) and inferential statistics (Chi square) were used to analyse the data and to test the hypotheses.

It was concluded that the awareness regarding the health related quality of life will be conducted among adults. This will help them identify quality of life. The results showed that 21% of adults has moderate improvement in quality of life, 3% of adults has poor quality of life, 76% of adults are, maintaining good quality of life. The present study assessed the quality of life among COVID-19 adults. Thus, the investigation was done to assess the quality of life of each sample.

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CHAPTER 1

‘We are in this together and

We will get through this together

The world is suffering a dramatic situation of catastrophic proportions due to the rapid worldwide spread of the coronavirus disease 2019 (covid-19) caused by the pathogen acute respiratory syndrome coronavirus 2 (sars-cov-2) and was discovered in December 2019 in Wuhan, China. Symptoms associated with sars-cov-2 infection are heterogeneous and affect different systems such as respiratory, musculoskeletal, gastrointestinal and neurological system. The research is about the lifestyle changes of COVID-19 adult survivors among a selected community in Chennai.

It has spread beyond borders and affected the lifestyle behaviour of people. This pandemic not only adversely affected the physical health of individuals, but also brought forth significant changes in their lifestyle.

COVID-19 is a global burden which continues to redefine daily lifestyle-related habits in a significant manner as the pandemic progresses through its different phases. Public health recommendations and government measures taken to abate infection have indirectly impacted food availability, dietary quality, normal daily activities, access to recreational public settings, social activities, work and financial security.

These factors compound over time to radically change lifestyle-related behaviours, especially daily eating, activity and sleep behaviours that are known to be independent risk factors for metabolic complications such as obesity, diabetes and cardiovascular disorders.

Three aspects of change in individuals’ lifestyle are analysed in this paper: physical health, time allocation, and food choices. Firstly, previous studies have shown that human bodyweight is closely related to their physical health. Therefore, we consider weight

change as an important indicator to reflect the change of individuals' physical health during different pandemic periods.

Secondly, during the pandemic, individuals are restricted from leaving their homes by the lockdown policy, which may affect individuals' time allocation. Finally, the pandemic and its associated lockdowns may lead to changes in food purchasing habits and snacking frequency. Experts predict that online food purchase will soon challenge the status of the conventional food retail industry that has been dominating the retail market before the COVID-19 pandemic. It is also evident that COVID-19 has led to a shift in the food supply and distribution model and eventually may also favour more online food retail. The pandemic and its associated lockdowns have caused massive stress across the society. Ref. shows that stress and anxiety lead to greater snack intake.

We also note that the three aspects of lifestyle we study are related. The combined effect of fear of contracting the disease as well as the lockdown may reduce individuals' time devoted to outdoor exercise. At the same time, lack of exercise may lead to a vicious circle of weight gain. Stress as well as more flexible time at home may all contribute to more snack intake and snacks may also lead to higher energy intake thus the risk of weight gain. Many factors may contribute to the changes in individuals' lifestyle during the pandemic.

The outbreak and evolution of COVID-19 can change individuals' risk perceptions. Even when the pandemic recedes somewhat, individuals may still worry about the possibility that the disease would break out again. Changing risk perception may further affect individuals' lifestyle choices during the pandemic. The role of social network cannot be ignored during the pandemic and the corresponding lockdowns. A social network is able to disseminate information about COVID-19 as well as allow individuals to perceive the world from others' perspectives and obtain social and moral support from each other.

This study makes three possible contributions: first, in previous research, there are few studies on individuals' lifestyle choices that are directly related to COVID-19. Survey data and second-hand data are combined in this study to explore the impact of COVID-19 on individuals' lifestyle.

Second, since the pandemic has undergone rapid changes and China has gone through different stages related to the pandemic, this study compares two pandemic periods and analyses whether they have different effects on individuals' physical health, time allocation and food choices. We define two periods: COVID-19 outbreak period (January–March 2020) and COVID-19 recovery period (April–June 2020).

Third, we explain the change of lifestyle by a series of subjective variables (risk aversion, fear of COVID-19 resurgence and size of social network) as well as objective variables (confirmed case of COVID-19, search frequency of COVID-19 related terms, as well as lockdown duration). This study conducts an empirical analysis of the change of individuals' lifestyle and associated factors during the COVID-19 pandemic. We refer to the first quarter of 2020 as the outbreak period in China and the second quarter as the recovery period. We provide evidence on three aspects of individuals' lifestyle in the two periods: physical health, time allocation, and food choices.

Need For The Study

This study helps to analyse the changes that occurred in COVID-19 adult's lives, both n mentally and physically. This study helps to identify the mental problems they had to go through throughout their COVID-19 days

This study brings out the effects of COVID-19 and demographic variables among adults in selected urban communities. This study seeks the problems among family and how did they manage all regarding COVID-19

The confinement recommended during COVID-19 pandemic could affect behaviour and health. Methods: We conducted a self-reported survey in northern Italy to observe the lockdown effects on lifestyle changes and to assess their determinants.

Prevalence Odds Ratio and Prevalence Risk Ratio were determined. Results: 490 adults (84% female) completed the survey: 13% and 43% reported improved and unchanged sleep quality, respectively, while 43% had insomnia symptoms. Among the 272 active subjects in pre-lockdown, 14% continued habitual exercising, 18% increased it and 68% reduced it; 27% of sedentary subjects started physical exercise; 34% reported an improvement in diet quality; 42% increased food intake and 13% decreased it; and 38% of the smokers increased cigarette consumption.

Age and the pre-lockdown habit of regular physical exercising were the mainly determinants of lifestyle changes whereas BMI, gender, and the presence of chronic diseases did not. Living with other people increased the likelihood of increasing the food intake ($p = 0.002$). More than a third of people were able to positively reorganize their lives during the forced home confinement. It is worth to disseminate information to preserve a healthy lifestyle even when confined at home.

Bazhina-Werq Semo, Souci Mogga Frissa (2020) conducted a study on The mental health impact of the COVID-19 pandemic: implications for Sub-Saharan Africa. The COVID-19 pandemic is leading to mental health problems due to disease experience, physical distancing, stigma and discrimination, and job losses in many of the settings hardest hit by the pandemic. health care workers, patients with COVID-19 and other illnesses, children, women, youth, and the elderly are experiencing post-traumatic stress disorders, anxiety, depression, and insomnia. Virtual mental health services have been established in many settings and social media is being used to impart mental health education and communication resources. This rapid review highlights mental health services across countries hardest hit by the COVID-19 pandemic. More needs to be done to take these services to scale and ensure equity and efficiency. The impact of COVID-19 on mental health in Saharan Africa could be immense, given the weak health care systems.

Similar to the Ebola epidemic of 2014-2016, COVID-19 is expected to cause anxiety, depression and post- traumatic stress disorders. Uptake of mental health care services is generally low, and BH communities rely on social resources. Hence, efforts to control the disease transmission should be contextualized. Low digital literacy, low smartphone penetration and limited internet connection make online mental health services a limited option for service delivery. Safeguarding social and cultural resilience factors and coping mechanisms is critical in the Saharan African context. Mass media is a feasible way of providing social resources. Community health workers can be trained quickly to provide mental health education, screening and counselling services. Toll-free mental health care workers and those needing customized care. Mental health and psycho social support services need to be integrated into the pandemic response and coordinated nationally. It is critical for these services to continue during and after the epidemic.

Research Questionnaire

What is the long term impact on health related quality of life among COVID-19 adults?

Problem Statement

Assess the long term impact on health related quality of life among COVID-19 adults in selected Urban community in Chennai

Research objectives

- To assess the socio demographic variables
- To assess the long term impact on health related quality of life among COVID-19 adults.
- To associate the health related quality of life among COVID-19 adults and selected demographic variables.

Operational definition

Long Term Impact

The impact that something has on a situation, process is a sudden and powerful effect that it has on them.

Covid-19 Adults

People who are 25 to 55 years of age infected by an infectious disease caused by the SARS-CoV-2 virus.

Quality Of Life

Quality of life here refers to dietary pattern, leisure time, sleeping pattern and physical activity.

Research Hypothesis

There is a significant association between the health related quality of life among adults & selected demographic variables.

ASSUMPTION

1. It is assumed that the people who had COVID-19 might experience organ damage affecting the heart, kidneys, skin and brain. Inflammation and problems with the immune system can also happen.
2. It is assumed that it changes their mentality to increased prevalence of psychiatric symptoms such as distress, anxiety, insomnia and depressive mood.

CHAPTER - 2

REVIEW OF LITERATURE

Bazhina-Werq Semo, Souci Mogga Frissa (2020) conducted a study on The mental health impact of the COVID-19 pandemic: implications for Sub-Saharan Africa. The COVID-19 pandemic is leading to mental health problems due to disease experience, physical distancing, stigma and discrimination, and job losses in many of the settings hardest hit by the pandemic. health care workers, patients with COVID-19 and other illnesses, children, women, youth, and the elderly are experiencing post traumatic stress disorders, anxiety, depression, and insomnia. Virtual mental health services have been established in many settings and social media is being used to impart mental health education and communication resources. This rapid review highlights mental health services across countries hardest hit by the COVID-19 pandemic. More needs to be done to take these services to scale and ensure equity and efficiency. The impact of COVID-19 on mental health in Saharan Africa could be immense, given the weak health care systems. Similar to the Ebola epidemic of 2014-2016, COVID-19 is expected to cause anxiety, depression and post- traumatic stress disorders. Uptake of mental health care services is generally low, and BH communities rely on social resources. Hence, efforts to control the disease transmission should be contextualized. Low digital literacy, low smartphone penetration and limited internet connection make online mental health services a limited option for service delivery. Safeguarding social and cultural resilience factors and coping mechanisms is critical in the Saharan African context. Mass media is a feasible way of providing social resources. Community health workers can be trained quickly to provide mental health education, screening and counselling services. Toll-free mental health care workers and those needing customized care. Mental health and psychosocial support services need to be integrated into the pandemic response and coordinated nationally. It is critical for these services to continue during and after the epidemic.

Kevin M Fit Pantrick, Casey Harris, Grant Drawve, Don E Willis (2021) conducted a study on Assessing food insecurity among US adults during the COVID-19 pandemic. This research examines the intersection of social vulnerability, risk, and their impact on individual food insecurity odds during the COVID-19 pandemic. Data come from a national, post-stratification weighted sample of U.S adults (n= 10,368). Logistic regression analysis confirms what we hypothesized - socially vulnerable, fearful, persons in poorer health, and those with higher levels of depressive and anxiety symptoms have higher food insecurity odds. Findings underscore the importance of redesigning food systems in the U.S. during health crises like the current one; alternative strategies to meet increased food needs in the face of a pandemic are discussed.

Seemab Gillani, Muhammad Nouman Shafiq (2021) conducted study on Household Food Insecurity and Mental Health amid COVID-19. The study empirically investigates the association between household food insecurity and mental health status of urban informal sector labourer amid COVID19 in five administrative divisions of Punjab .By randomly selecting the five administrative divisions of Punjab, primary data were collected from 500 labourer (heading the households as well) engaged in urban informal sector. The data were analysed by applying logistics regression technique, Likelihood of household head's mental health status as depressed was high if the head belonged to a good insecure household (OR=1.096,95%CI:1.05-1.14). In addition, results of sensitivity analysis indicate that the impact of food insecurity on depression is robust to other determination of depression. The study suggests to expand coverage of federal and municipal nutrition support programs which in turn may help to dismiss the psychosomatic influence on vulnerable population during the COVID-19.

Khansemphi K Raleng, Hemraj P Jangir (2021) conducted study on COVID-19, Migration and Health Issues Experience of Tangkhul in Delhi. This is an attempt to study the migration of the North East to Delhi and the livelihood experience of Tangkhul's in Delhi and how the global pandemic (COVID-19) affected them. And ample number of studies show that the discrimination against North Eastern (NE) people is prevalent in North India; we attempt to study how Tangkhuls experienced during the COVID-19 associated lock-down especially in access to civic services. To understand the nature of

the problem, online interviews were conducted with selected students and working Tangkhuls living in Delhi using Google Forms. The study found that educational and employment opportunities motivate Tangkhuls to migrate to Delhi; they prefer to live in the areas where NE people are in good numbers; despite facing financial issues and discrimination in day-to-day life they feel encouraged living among their people. The global pandemic also affected Tangkhuls severely in terms of mental and physical health.

Aamir Aijaz Syed, Swati Gupta, Divya Rai (2021) conducted a study on Psychological, social and economic impact of COVID-19 on the working population of India: Exploratory factor analysis approach. The purpose of this study is to unravel the effects of COVID-19 on the psychological, social, and economic well-being of the working population of India. To achieve the objectives of the study, an online survey was conducted, focusing on aspects like psycho-social well-being, safety, financial stability, and work from home implications. We have used exploratory factor analysis (EFA), t-test, and analysis of variance technique to find the underlying factors. The findings suggest that the female population of the society is more vulnerable to social psychological and organizational stress. In terms of financial stability, private employees are more unstable as compared to government employees. Based on the standard of living, people of type 1 cities are more affected by the COVID-19 outbreak compared to the people of type 2 and type 3 cities. Hence, by and large, female employees, employees working in the private sector, and employees residing in type 1 cities are more likely to have the behavioral manifestation of negative psychological states caused by this pandemic. The findings will assist policymakers in understanding and devising appropriate policies considering the psycho-social and work-related economic issues faced by the working population of India during the COVID-19 pandemic.

Audrey Lebrasseur, Noemie Fortin-Bedard, Andre Touriigny (2021), conducted a study on Impact of the COVID-19 pandemic on older adults: rapid review. This study aims to synthesize the existing research on the impact of the COVID-19 pandemic, and associated isolation and protective measures, on older adults. The secondary objective is to investigate the impact of the COVID-19 pandemic, and associated isolation and protective measures, on older adults with Alzheimer disease and

related dementia's .A rapid review of the published literature was conducted on October 6, 2020, through a search of 6 online databases to synthesize results from published original studies regarding the impact of the COVID-19 pandemic on older adults. The Human Development Model conceptual framework– Disability Creation Process was used to describe and understand interactions between personal factors, environmental factors, and life habits. Methods and results are reported following the Preferred Reporting Items for Systematic Reviews and Meta -analyses Statement. total of 135 records were included from the initial search strategy of 13,452 individual studies. Of these, 113 (83.7%) studies were determined to be of level 4 according to the levels of evidence classification by the Centre for Evidence-Based Medicine. The presence of psychological symptoms, exacerbation of ageism, and physical deterioration of aged populations were reported in the included studies. Decreased social life and fewer in-person social interactions reported during the COVID-19 pandemic were occasionally associated with reduced quality of life and increased depression. Difficulties accessing services, sleep disturbances, and a reduction of physical activity were also noted.

Shabir Ahmad Dar, Syed Quibtiya Khurshid, Hena Mustafa (2021) conducted a study on Stigma in corona virus disease-19 survivors in Kashmir, India: A cross-sectional exploratory study. Stigma in corona virus disease-19 survivors in Kashmir, India: A cross-sectional exploratory study. They aimed to assess the magnitude and correlates of stigma in these survivors, on return to their communities. Methods This was a cross-sectional, hospital-based, exploratory study conducted by the postgraduate department of psychiatry, in collaboration with the postgraduate department of chest medicine, Govt. medical college, Srinagar. The study was performed among COVID-19 survivors, who attended the outpatient department after their discharge from the hospital. Socio-demographic characteristics were recorded through semi-structured perform. Stigma was measured by the stigma questionnaire. Data was analyzed using descriptive statistics and regression analysis. Results A total of 91 survivors consented to participate in the study. Almost half (46.2%) of them were in the age group of 30–49 years and close to two-thirds (68.1%) were males. About three–fourths (74.7%) were from the urban background. The mean time from hospital discharge to study entry was 11.7 ± 5.1 [Range(R) = 7– 21] days. 98% of survivors provided at least one stigma endorsing response and the total mean stigma score

was 28.5 ± 7.1 [R = 6–39]. The mean stigma sub-scores were highest for enacted stigma (7.6 ± 1.8) [R = 2–9] and externalized stigma (15.0 ± 4.1) [R = 1–20]. Enacted stigma was significantly high in males as compared to females. Enacted stigma and internalized stigma were both associated with education. Enacted stigma, externalized stigma, disclosure concerns, and total stigma was significantly associated with the occupation. Being unemployed and time since discharge were identified as independent predictors of total stigma. Conclusion Our study results showed high levels of enacted and externalized stigma among COVID-19 survivors. Enacted stigma was more among males and in those who were highly educated. Survivor centred and community-driven anti-stigma programs are the need of the hour to promote the recovery and community re-integration of these survivors.

Subhra Rajat Balabantaray, Deepak Bangwal, Upananda Pani (2022). Asia Pacific Journal of Health Management conducted a study on Impact of covid-19 on mental health issues in India. This study seeks to evaluate how the COVID-19 pandemic is not just impacting tremendously on physical health, rather it has a serious effect on the psychological health as well as the mental health of individuals. This needs to be addressed on an urgent basis. The paper looks forward to examining the various kinds of repercussions the current pandemic is having with regards to the deterioration of mental health conditions among individuals, resulting in suicide. The outbreak of Corona virus has brought about massive changes in India. A lot of misinformation is circulating and this has subsequently led to the creation of anxiety issues among individuals.

Samuel Adjorlolo, Paul AdJjorlolo, Johnny Andoh-Arthur (2022), conducted a study on Post-traumatic growth and resilience among hospitalized COVID-19 survivor. International Journal of Environmental Research and Public Health 19, 10014, 2022. The current study investigated gender in variance on resilience and post-traumatic growth (PTG) as positive psychological changes associated with the COVID-19 pandemic. A total of 381 survivors of the COVID-19 infection completed measurements of resilience, PTG, violence and stigma experience, and mental health problems like post-traumatic stress disorder (PTSD). The data were analyzed using descriptive statistics, correlation, multivariate regression, and a latent profile analysis. The results revealed that more than

half of the participants had high scores on resilience (53.6%) and PTG (60.9%). The positive psychological changes, although independent of each other, were moderated by gender, and influenced by the negative experiences of participants such as stigma, violence, and PTSD. Latent profile analyses revealed three classes of participants, two of which were characterized by high scores on mental health problems and PTG. The clusters were invariant across gender. Surviving COVID-19 contributed to resilience and PTG. These can be targeted for intervention programs to mitigate the mental health burden occasioned by the pandemic.

Elizabeth Dean, Monica Fagevik Olsen (2022) conducted a study on A health and lifestyle framework for management of post covid-19 syndrome based on evidence-informed management of post-polio syndrome. They conducted narrative review to establish the basis for an evidence informed health and lifestyle framework, that underlies the management of post-polio syndrome, as a prototype for managing post covid-19 syndrome. Multi-morbidity, the non-communicable diseases (NCDs) and their risk factors, is strongly associated with SARS-CoV-2 susceptibility and poor outcomes including death. Poliomyelitis survivors may exhibit debilitating sequel decades after infection, thus their presentations are often confounded by limitations associated with NCDs and their risk factors. An evidence-informed health and lifestyle framework is described. Its three levels of analysis and intervention include: (1) health status; (2) lifestyle practices (smoking; nutrition; weight; sedentariness, activity/exercise; sleep; stress); and (3) the three levels of the WHO's International Classification of Functioning, Disability and Health (body structures and function consistent with the conventional biomedical approach; activity; and participation). Maximizing health practices of covid-19 survivors, like poliomyelitis survivors, augments function, and strengthens immunity and patients' capacities to heal, repair, and recover; as well as reduce manifestations of NCDs and their risk factors. Avenues for future research are proposed to complement findings from clinical trials

CHAPTER III

METHODOLOGY

INTRODUCTION

Research methodology is a way to systematically solve the research problem. In this we study the various steps that are generally adopted by a researcher in studying his research problem along with the logic behind them. It is defined as the collection of data, explain the study population, sample & survey instrument, data analysis, sample procedure, techniques, tools & documentation aids that helps a software developer to speed up & simplify the software development process. This chapter deals with description of research & methodology adapted the study. It is the process to obtain the evidence for the study & to answer the research questions. It is discussed under the following headings research approach, research design, variable, setting population, sample & sampling technique.

Data collection & the plan for data analysis interpretation of the data is the study was under taken to assess the health related quality of life among COVID-19 adults in the selected urban community in Chennai.

RESEARCH APPROACH

Research approach enables the researchers to analysis from whom the idea to be collected & what to be collected & how to collect & analyse them the research approach quantative study. It is aimed to assess the health related quality of life among COVID-19 adults in the selected urban community in Chennai.

RESEARCH DESIGN

This study is designed as a descriptive design activity to understand the assess the health related quality of life among COVID-19 adults in the selected urban community in Chennai.

RESEARCH VARIABLES

Variables are the quantities properties or characteristics of person things or situations that are changeable or unchangeable & manipulated or measured in research.

SETTING

The study was conducted at urban community in Chennai.

POPULATION

Population is the complete set group of individuals or objects having some common characteristics in this study the population is comprised of COVID-19 adults from the age group of 25 years to 55 years in selected urban community in Chennai.

SAMPLE SIZE

In this study the sample consist of 100 COVID-19 adults from the age group of 25 years to 55 years adults at selected urban community in Chennai.

SAMPLE CRITERIA

INCLUSION CRITERIA

- COVID-19 adults of 25-55 years of age who are present at the time of the study.
- Adults who are willing to participate in the study.

EXCLUSION CRITERIA

- Adults who are not willing to participate in the study.

METHOD OF COLLECTION DATA

DATA COLLECTION INSTRUMENT

Structured interview schedule consists of demographic variables.

DATA COLLECTION METHOD

Interview was conducted between 9.00 am to 4 pm depending upon the availability of the sample.

SELECTION AND DEVELOPMENT OF STUDY INSTRUMENT

As the study aimed at evaluating the quality of life. The researcher was constructed demographic variables, program, and structured interview schedule was formed to assess the health related quality of life among COVID-19 adults.

- Demographic variables
- Structured questionnaire based on the health related quality of life among COVID-19 adults.

Section-A

It consists of demographic data which includes age in year, age, gender, educational status, religion, residential area, nationality, marital status, employment status, living status, economic status.

Section-B

It consist of questions related to health related quality of life COVID-19 adults

DATA COLLECTION PROCEDURE

The researcher has planned to collect data on health related quality of life COVID-19 adults and demographic data from adults. The corresponding answer attained are marked on the data sheet by the researcher.

PLAN FOR DATA ANALYSIS

Analysis & interpretation was done based on objectives of the study. The data was analysed using objectives statistics frequency, percentage description and inferential statistics like chi square test. The significant finding were expressed in the form of tablets and figures.

SCORING METHOD

Score interpretation is categorized as follows:

SCORE	INFERENCE
<50	significant changes in quality of life
50-70	Moderate improvememnt in quality of life
70-80	Poor quality of life

ETHICAL CONSIDERATION

- Obtained clearance from sathyabama institute of science and technology.
- Obtained informed consent.
- Privacy maintained.
- Autonomy maintained.
- UG commite clearence obtained.

CHAPTER 4

ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collection of 100 COVID-19 adults in urban community in Chennai. Data was analyzed on the basis of the objectives of the study. The term analysis refers to a number of closely related operations which are performed with the purpose of summarizing the collected data and organizing in such a manner that they answer the research questions.

Organization of study findings

Analysis of the study findings are organized under the following headings:

Section A : Frequency and percentage distribution of demographic variables of COVID-19 adults

Section B: Frequency and percentage distribution of quality of life among COVID-19 adults

Section C: Association between quality of life with their related demographic variables.

Section – A Frequency and percentage distribution of demographic variables of COVID-19 adults

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE (%)
1	AGE		
	A) 25-30 Years	36	36%
	B) 30-40 Years	36	36%

	C) 40-55 Years	28	28%
2	GENDER		
	A) Male	46	46%
	B) Female	53	53%
	C) Transgender	1	1%
3	EDUCATIONAL STATUS		
	A) 7-10 STD	44	44%
	B) 11-12 STD	24	24%
	C) Illiterate	32	32%
4	RELIGION		
	A) Hindu	77	77%
	B) Muslim	8	8%
	C) Christian	15	15%
	D) Others	0	0%
5	RESIDENTIAL AREA		
	A) Urban	4	4%
	B) Rural	94	94%
	C) Semi-Urban	2	2%
6	NATIONALITY		
	A) Indian	96	96%

	B) Anglo Indian	4	4%
7	MARITAL STATUS		
	A) Married	79	79%
	B) Unmarried	14	14%
	C) Divorced	7	7%
8	EMPLOYMENT STATUS		
	A) Private	52	52%
	B) Government	8	8%
	C) Other sectors	40	40%
9	LIVING STATUS		
	A) Tenant	40	40%
	B) Owner	52	52%
	C) Lease	8	8%
	D) Others		
10	ECONOMIC STATUS		
	A) High level	0	0%
	B) Middle level	81	81%
	C) Low level	19	19%

Table 1.1 shows that 36% of adults were belongs to the age group 25-30 years, 36% of adults belongs to 30-40 years and 28% of adults belong to 40-45 years of age group.

Table 1.2 shows that 46% of adults were male, 53% of adults were female, 1% adults were transgender.

Table 1.3 shows that 44% of adults belong to 7-10 STD, 24% of adults belong to 11-12 STD, 32% of adults belong to illiterate.

Table 1.4 shows that 77% of adults were belongs to Hindu, 8% of adults were belongs to Muslims, 15% of adults were belongs to Christian and 0% of adults belongs to others.

Table 1.5 shows that 4% of adults were belong to Urban, 94% of adults were belongs to rural and 2% of adults were belongs to semi-urban

Table 1.6 shows that 96% of adults were belongs to Indian and 4% of adults were belongs to Anglo Indian.

Table 1.7 shows that 79% of adults were belongs to married, 14% of adults were belongs to unmarried, 7% of adults were belongs to divorced.

Table 1.8 shows that 52% of adults were belonged to private working sector, 8% of adults were belongs to government working sector, 40% of adults were belongs to others.

Table 1.9 shows that 40% of adults were living in tenant, 52% of adults were belongs to owned living status and 8% of adults were belongs to lease and 0% of adults were belongs to others

Table 1.10 shows that 0% of adults were belongs to high level, 81% of adults were belongs to middle level and 9% of adults were belongs to low level.

Distribution of the Age (Figure 1)

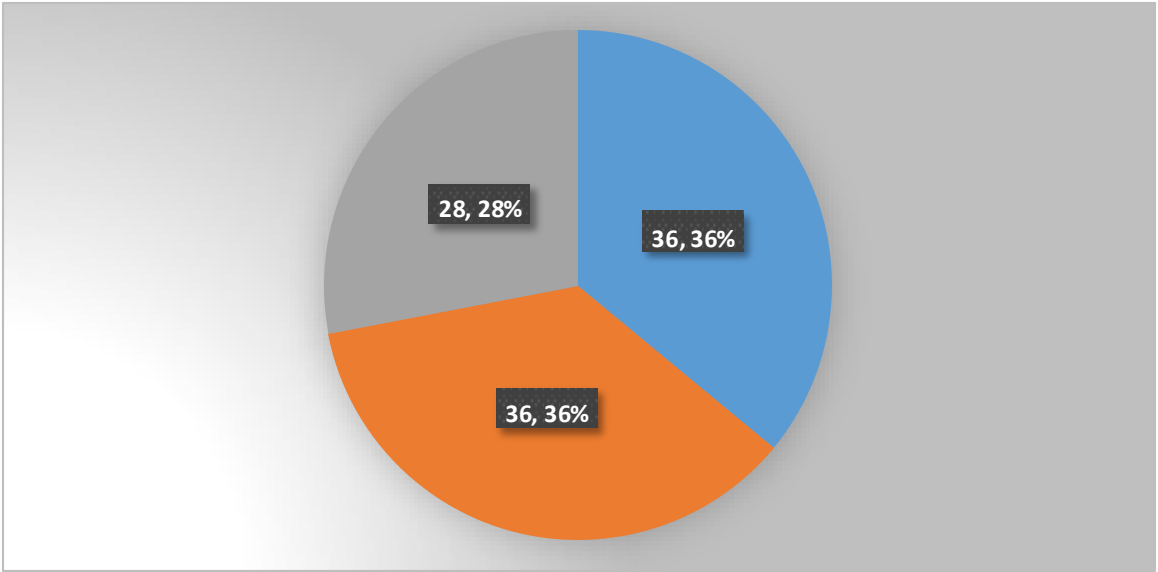


Figure1 shows that 36% of adults were belongs to the age group 25-30 years, 36% of adults belongs to 30-40 years and 28% of adults belong to 40-55 years of age group.

Distribution of Gender (Figure 2)

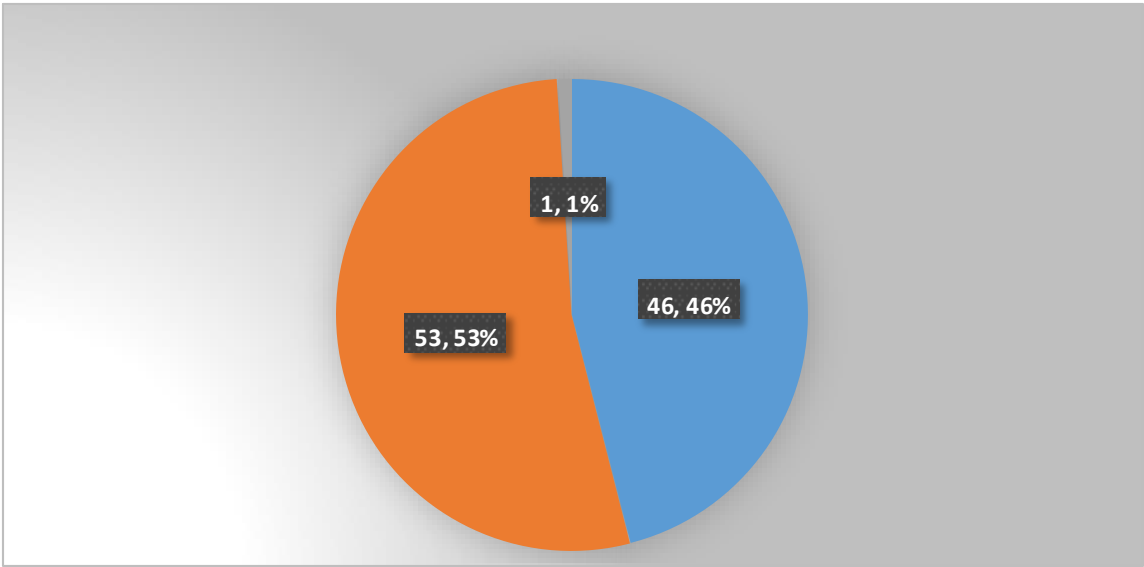


Figure2 shows that 46% of adults were male, 53% of adults were female, 1% adults were transgender

Distribution of Educational Status (Figure 3)

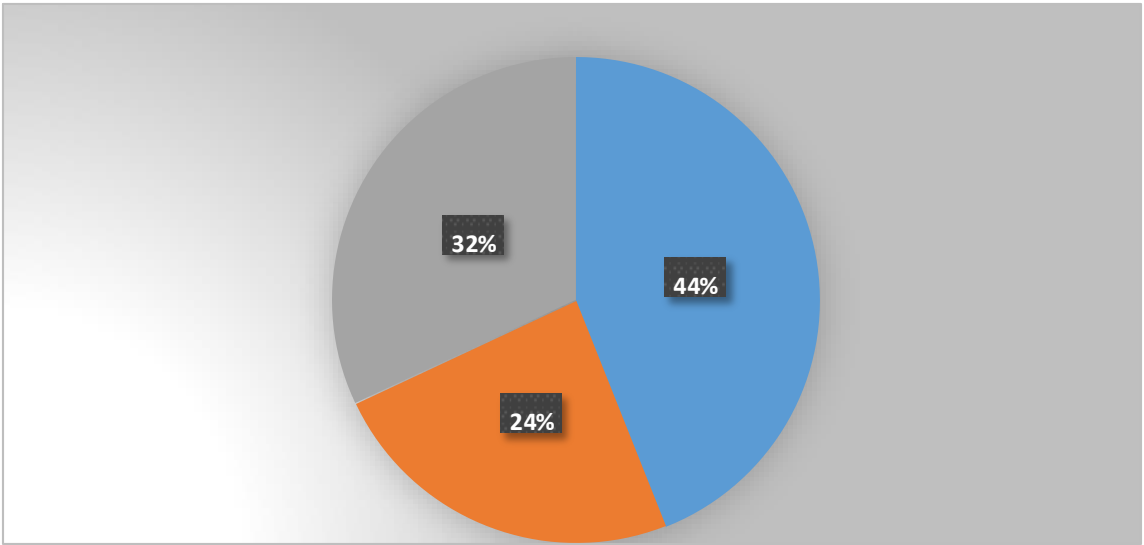


Figure 3 shows that 44% of adults belong to 7-10 STD, 24% of adults belong to 11-12STD, 32% of adults belong to illiterate

Distribution of Religion (Figure 4)

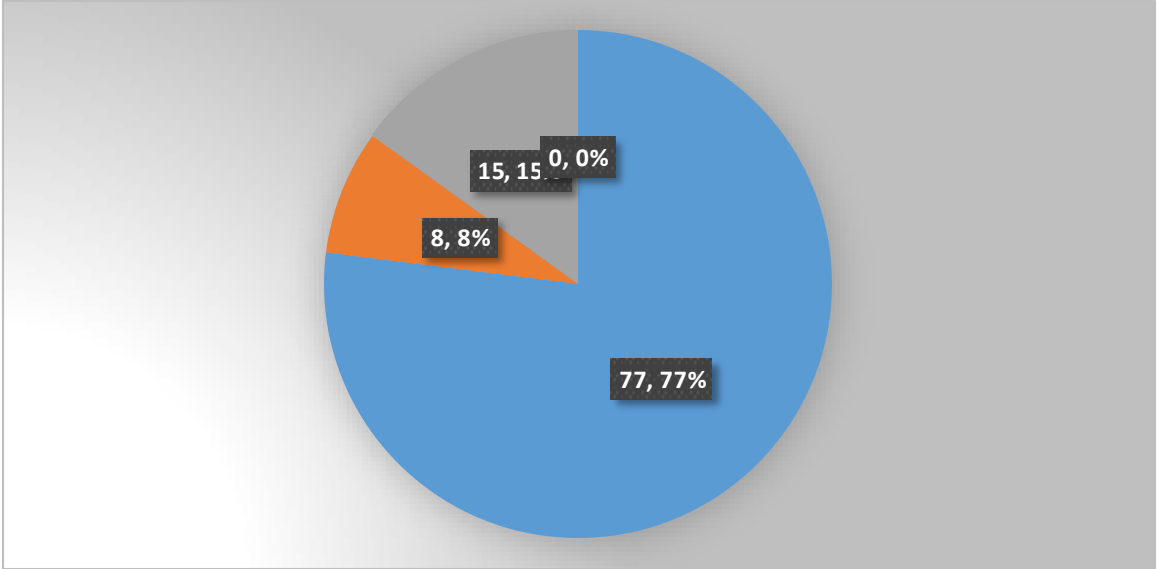


Figure shows that 77% of adults were belongs to Hindu, 8% of adults were belongs to Muslims, 15% of adults were belongs to Christian and 0% of adults belongs to others

Distribution of Residential Area (Figure 5)

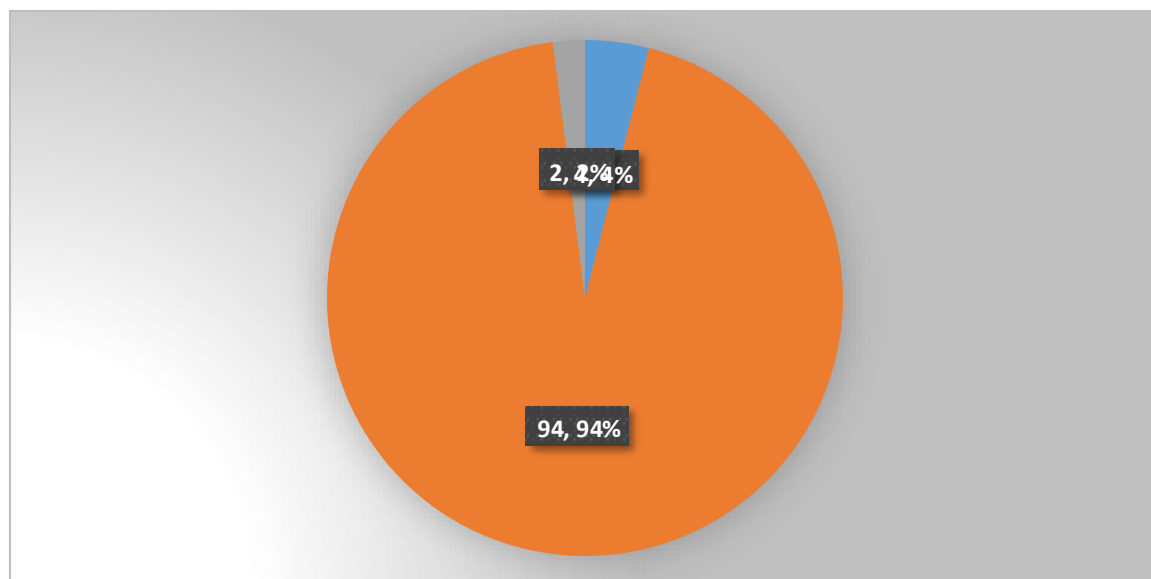


Figure shows that 4% of adults were belong to Urban, 94% of adults were belongs to rural and 2% of adults were belongs to semi-urban

Distribution of Nationality (Figure 6)

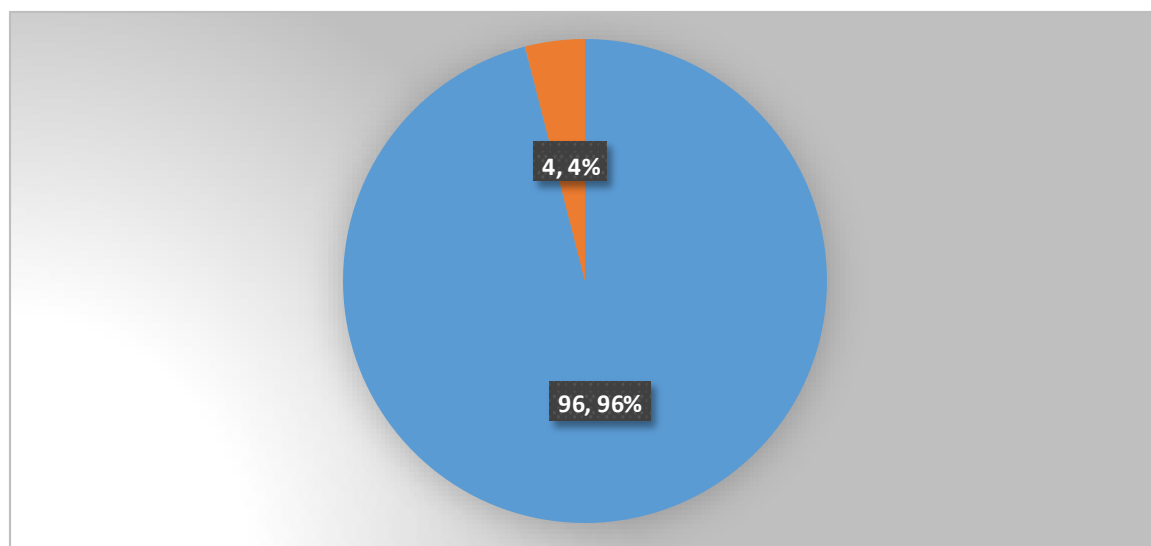


Figure shows that 96% of adults were belongs to Indian and 4% of adults were belongs to Anglo Indian.

Distribution of Marital Status (Figure 7)

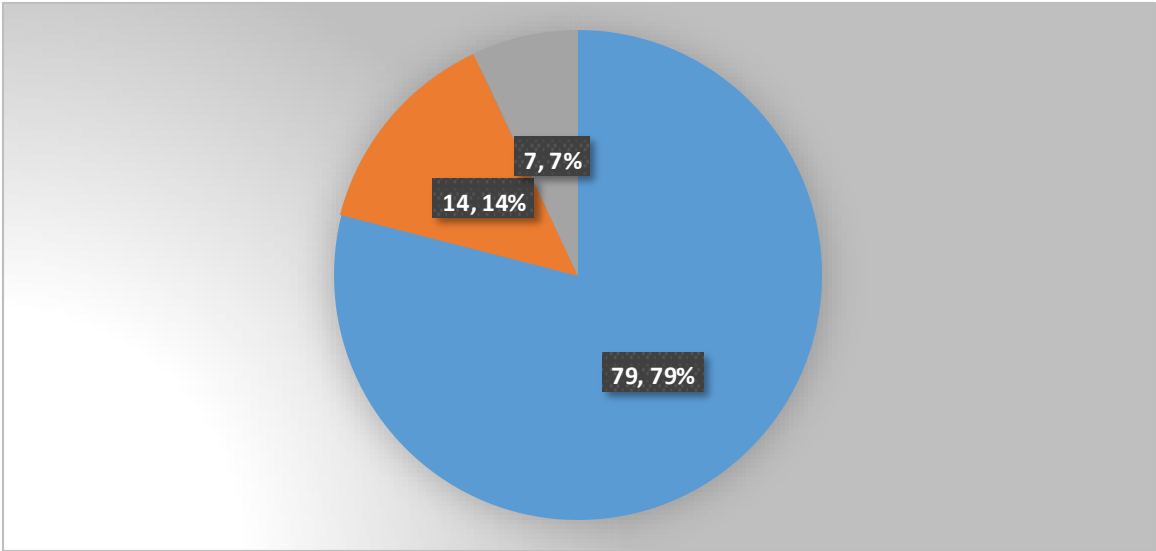


Figure shows that 79% of adults were belongs to married, 14% of adults were belongs to unmarried, 7% of adults were belongs to divorced.

Distribution of Employment Status (Figure 8)

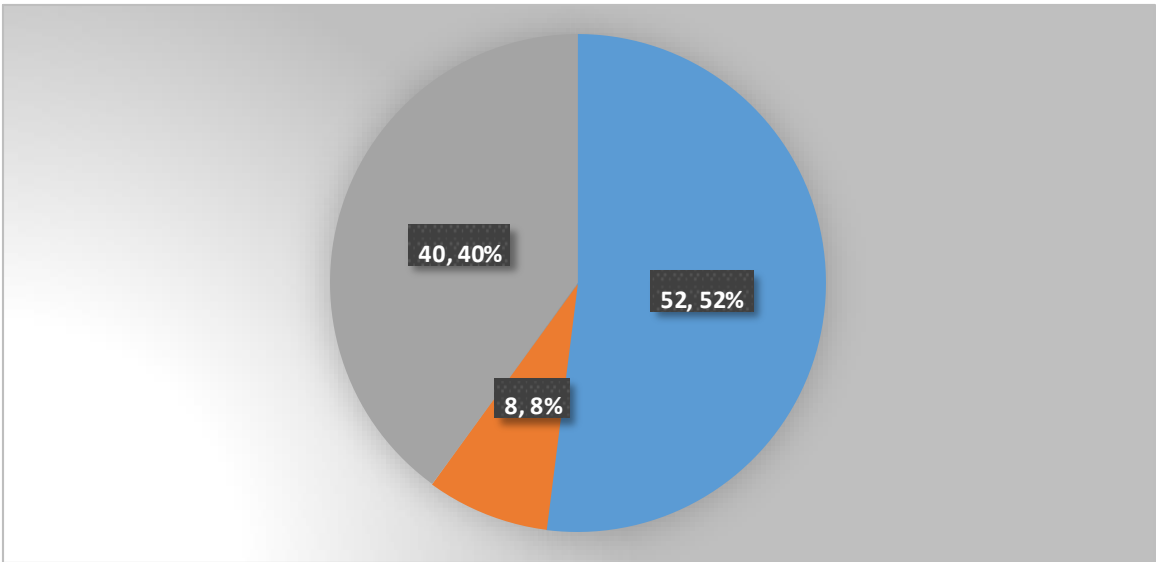


Figure shows that 52% of adults were belonged to private working sector, 8% of adults were belongs to government working sector, 40% of adults were belongs to others.

Distribution of Living Status (Figure 9)

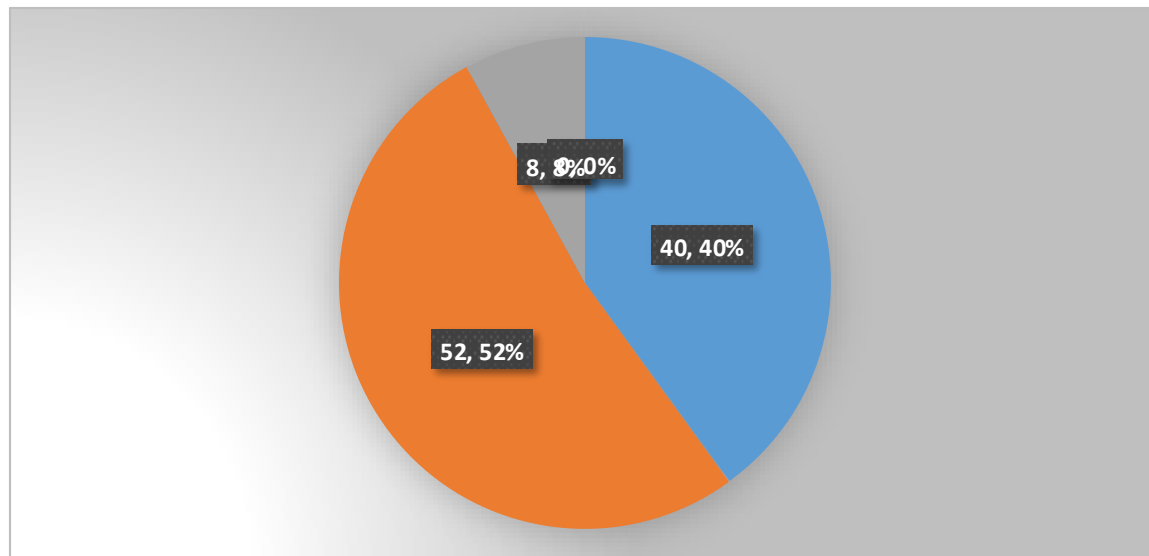


Figure shows that 40% of adults were living in tenant, 52% of adults were belongs to owned living status and 8% of adults were belongs to lease and 0% of adults were belongs to others.

Distribution of Economic Status (Figure 10)

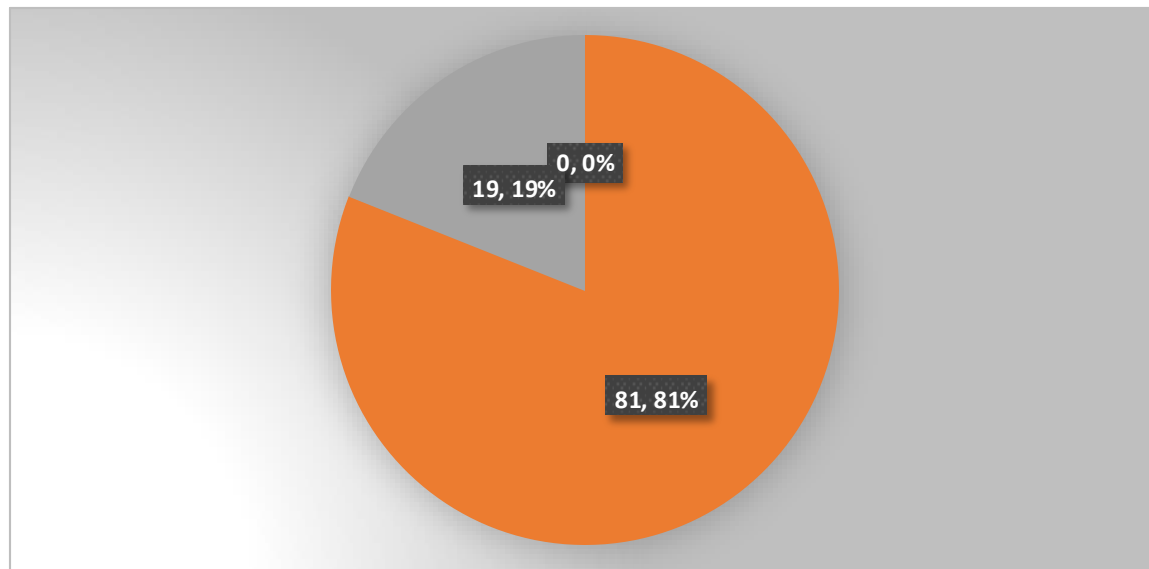


Figure shows that 0% of adults were belongs to high level, 81% of adults were belongs to middle level and 9% of adults were belongs to low level.

Section B: Frequency and percentage distribution of quality of life among COVID-19 adults

S.NO	QUALITY OF LIFE	FREQUENCY	PERCENTAGE
1.	Significant changes in quality of life	76	76%
	Moderate improvement in quality of life	21	21%
	Poor quality of life	3	3%

Table 2 shows that majority of adults has significant changes in quality of life, 21% of adults has moderate improvements in quality of life and 3% of adults has poor quality of life and 76% of adults are maintaining good quality of life.

Figure 1.1

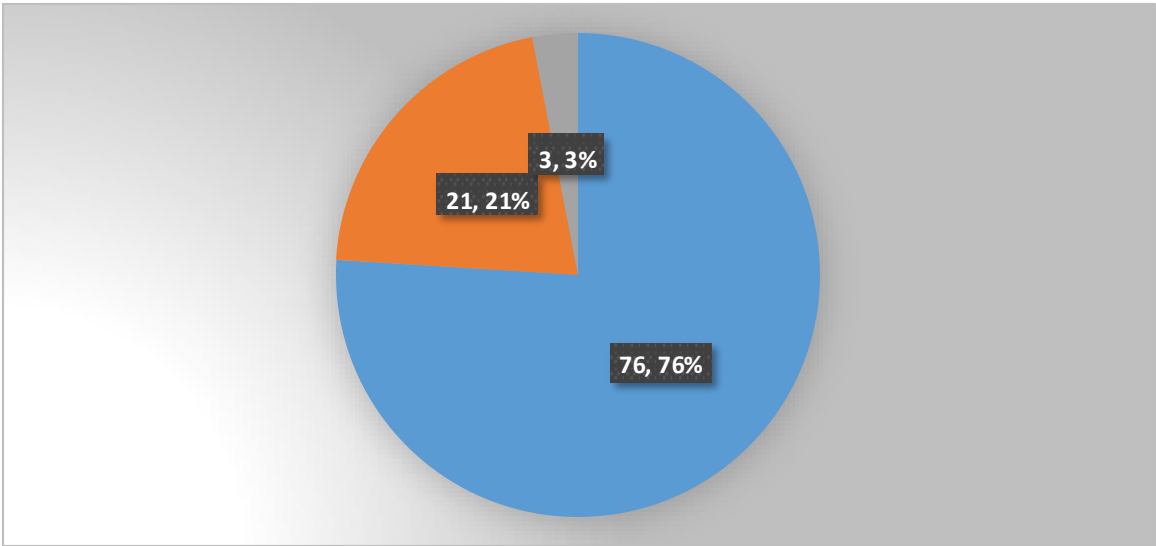


Figure 1.1 shows that majority of adults about 76% has significant changes in quality of life, 21% of adults has moderate improvements in quality of life and 3% of adults has poor quality of life.

Section C: Association between quality of life with their related demographic variables (Table 3)

S. No	Demographic variable	Quality of life			X ²	Table value	Level of significance
		Significant changes in quality of life	Moderate improvement in quality of life	Poor quality of life			
1	Age						
	a)25-30 years	30	4	1	4.670	9.49	NS
	b)30-40 years	22	11	1			
	c) 40-55 years	24	6	1			
2	Gender				0.649	9.49	NS
	a)Male	40	10	2			
	b)female	35	11	1			
	c)Transgender	1	0	0			
3	Educational status						
	a)7-10 std	35	7	1	2.931	9.49	NS
	b) 11-12 std	20	4	1			
	c) illiterate	21	10	1			
4	Religion						

	a)Hindu	58	15	1	17.139	12.59	S
	b)Muslim	8	0	0			
	c)Christian	10	5	2			
	d)Others	0	1	0			
5	Residential area				30.233	9.49	S
	a)Urban	4	1	1			
	b)Rural	70	19	0			
	c)Semi-Urban	2	1	2			
6	Nationality				1.303	9.49	NS
	a)Indian	72	21	3			
	b)Anglo- Indian	4	0	0			
7	Marital status					9.49	NS
	a)Married	56	20	2	8.134		
	b)Unmarried	14	0	0			
	c)Divorced	6	1	1			
8	Employment status						
	a)Private	37	14	2	6.674	9.49	NS
	b)Government	15	0	1			

	c)Other sectors	24	7	0			
9	Living status						
	a)Tenant	30	7	1	0.705	9.49	NS
	b)Owner	41	13	2			
	c)Lease	5	1	0			
	d)Others	0	0	0			
10	Economic status				1.359	9.49	NS
	a)High level	0	0	0			
	b)Middle level	61	14	3			
	c)Low level	15	7	0			

Table 3 shows that their selected demographic variables like religion and residential area are significantly associated with the quality of life among COVID-19 adults and selected demographic variables like age, gender, educational status, nationality, marital status, employment status, living status, economic status are non significant with quality of life among COVID-19 adults.

CHAPTER-V

DISCUSSION

DISCUSSION

This chapter discusses the findings of the study derived from statistical analysis and its pertinence to the objectives set for the study and related literature of the study on long term impact of COVID-19 on health related quality of life among COVID-19 adults.

Objectives of the study

- To assess the socio demographic variables
- To assess the long term impact on health related quality of life among COVID-19 adults.
- To associate the health related quality of life among COVID-19 adults and selected demographic variable

Objective 1: To assess the socio of demographic variables

Frequency and percentage distribution of demographic variables of COVID-19 adults

Study findings revealed that the

Age - shows that 36% of adults were belongs to the age group 25-30 years, 36% of adults belongs to 30-40 years and 28% of adults belong to 40-45 years of age group.

Gender - shows that 46% of adults were male, 53% of adults were female, 1% adults were transgender.

Educational status - shows that 44% of adults belong to 7-10 STD, 24% of adults belong to 11-12 STD, 32% of adults belong to illiterate.

Religion - shows that 77% of adults were belongs to Hindu, 8% of adults were belongs to Muslims, 15% of adults were belongs to Christian and 0% of adults belongs to others.

Residential Area – shows that 4% of adults were belong to Urban, 94% of adults were belongs to rural and 2% of adults were belongs to semi-urban.

Nationality – shows that 96% of adults were belongs to Indian and 4% of adults were belongs to Anglo Indian.

Marital status – shows that 79% of adults were belongs to married, 14% of adults were belongs to unmarried, 7% of adults were belongs to divorced.

Employment status – shows that 52% of adults were belonged to private working sector, 8% of adults were belongs to government working sector, 40% of adults were belongs to others.

Living status – shows that 40% of adults were living in tenant, 52% of adults were belongs to owned living status and 8% of adults were belongs to lease and 0% of adults were belongs to others.

Economic status - shows that 0% of adults were belongs to high level, 81% of adults were belongs to middle level and 9% of adults were belongs to low level.

Objective 2: To assess the long term impact on health related quality of life among COVID-19 adults.

Frequency and percentage distribution of quality of life among COVID-19 adults

The study findings revealed that

The majority of adults about 76% has significant changes in quality of life, 21% of adults has moderate improvement in quality of life and 3% of adults has poor quality of life.

Objective 3: To associate the health related quality of life among COVID-19 adults and selected demographic variable.

Association between quality of life with their related demographic variables

The study findings revealed that

Their selected demographic variables like religion and residential area are significantly associated with the quality of life among COVID-19 adults and selected demographic variables like age, gender, educational status, nationality, marital status, employment status, living status, economic status are non significant with quality of life among COVID-19 adults.

CHAPTER - 6

SUMMARY, CONCLUSION, IMPLICATION

RECOMMENDATION AND LIMITATION

Summary

Summary was derived from findings and synthesis of findings. Forming these conclusion requires combination of logical reasoning, creating formation of meaningful whole from the pieces of information obtained through data analysis and findings of previous study receptivity subtle calves in the data and the use of open context in considering altering of data. The following conclusion were drawn on the basis of present study to assess the health related quality of life among COVID-19 adults in selected urban community in Chennai.

There was a significantly association of quality of life with their selected demographic variables like Religion, residential area and non significant association of quality of life with their selected demographic variables like age, gender, educational status, nationality, marital status, employment status, living status, economic status.

NURSING IMPLICATION AND RECOMMENDATIONS

The findings of study have implications in the following areas

- ❖ Implication of nursing practices
- ❖ Implication of nursing education
- ❖ Implication of nursing administration
- ❖ Implication of nursing research

Nursing practice

The nurses play a vital role among all the awareness program of health related quality of life. They have special variety of Audio Visual aids to create awareness of people

especially with adults age group. Nurses can include the other members of the family in awareness programme of long term impact of health related quality of life. The teaching strategies used by the nurses should be simple clear cut audible to follow the students. And also nurses should go to urban area and conduct a program related to long term impact of COVID-19 on health related quality of life.

Nursing education

Nursing curriculum should focuses on improving the strategies to prevent the long term impact of COVID-19. The nursing curriculum should consist of knowledge related teaching strategies and various modalities. Students learning experience should provide an opportunity to conduct awareness program of health related quality of life. The students need to be directed towards changing attitude regarding the short time of quality of life. Nursing workshops and conferences should be conducted to update knowledge about quality of life. Research activities should be carried out various aspects of health related quality of life. Education material should be prepared based on the adults and their lifestyle modification.

Nursing administration

The nursing administration should organize service education for the staffs to get update of quality of life. The nurse administrator should motivate the health care professionals to organize the awareness program to the adults and their families by providing the knowledge related to quality of life of COVID-19. Nurse administrator should also involve the mass media in the awareness program regarding long term impact of COVID-19 on health related quality of life. The teaching session can be videotaped and played for the teenage students who are willing to participate in the awareness program. Nurse administrator should also motivate and develop interest regarding the health related quality of life among adults.

Nursing research

This findings of the study recommend to have awareness program for the adults age group. The research should be focuses on the large sample to identifying their quality of life. This study will be motivating factor for the beginning researcher to conduct a study on the same theme with different variables. The nursing research should focuses on attitude of adults people and their family members to know the importance of quality of life. The research can be focused on various intervention focused program to the importance of health related quality of life.

Limitations

- ❖ The study is limited to selected urban community in Chennai.
- ❖ Cooperation from the COVID-19 adults to collect data.
- ❖ Sample size will be 100.

Recommendations

Based on the finding of the study, the following recommendations are put forward for the further research.

- A similar study undertaken with the large sample to generalize finding.
- The experimental study can be conducted with different teaching method to quality of life.
- The similar study conducted to using true experimental research.
- The study can be undertaken to determine the knowledge as well as health related quality of life.
- The study on identifying the health related quality of life.
- The study conducted to make awareness of important of quality of life.

Conclusion

Based on the findings of present study, it was concluded that the most of the adults has significance changes. From findings of the study it can be concluded that awareness program was necessary to increase the knowledge regarding the health related quality of life.

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APPENDIX – I

PARTICIPANT INFORMATION SHEET (PIS)

The title of the research project is **Assessment of long term impact on health related quality of life among COVID-19 adults in selected Urban community in Chennai**. The objectives are to assess the socio demographic variables, to assess the long term impact on health related quality of life among COVID-19 adults, to associate health related quality of life among COVID-19 adults and selected demographic variables. Non probability quantity approach with a descriptive design will be use. The information from the participant will be collected through self structured interview schedule on demographic variables perform and health related quality of life among COVID-19 adults. Data will have collected from the participant is approximately 30 minutes. The study benefits are this research provide the baseline data, which enables the future researcher to conduct evidence based research and help to create awareness about health related quality of life.

APPENDIX-II

LETTER SEEKING EXPERT OPINION AND CONTENT VALIDITY

From

Ms. Shahnas.A

B.Sc. Nursing, III year,

Sathyabama College of Nursing,

Chennai -119.

To

The director,

Chennai.

Respected Madam / Sir,

Sub: Requisition for expert opinion and content validity regarding.

We are B.Sc.(Nursing) III year student of Sathyabama College of Nursing, Chennai, under Sathyabama Institute of Science and Technology (deemed to be university). As a partial fulfillment of our B.Sc. (Nursing) degree program, We are conducting a research study on **“Assessment of long term impact on health related quality of life among COVID-19 adults in selected Urban community in Chennai”**. I am sending the tool for content validity and for your expert & valuable opinion. I will be very thankful if you return it at the earliest. Here with I have enclosed the necessary documents.

Thanking You

Place:

Yours faithfully,

Date:



Sathyabama College of Nursing
**Sathyabama Institute of Science and
Technology**

(DEEMED TO BE UNIVERSITY)

Accredited with "A" grade NAAC

Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai – 600119.



Ref.No. 115/Dean/ MO/2023

Date: 15/04/2023

To,

The Medical Officer,

Primary Health Center,

Kannagi nagar, Chennai

Through Proper Channel,

Sub: Seeking permission letter for conducting data collection.

This is to bring to your kind notice that myself and team would like to conduct a study to assess the factors related to long term impact of Covid 19 severity on health related quality of life among Covid19 adult survivors in selected urban communities in Chennai. We assure you that we will conduct this survey by following ethical guidelines without harming the study participants.

Kindly grant us the permission to collect the data.

*Permission
granted*
[Signature]



[Signature]
DEAN

(Dr.L.Lakshmi)

DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai – 600 119.

APPENDIX-III

CERTIFICATE OF CONTENT VALIDITY

HG

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the tool prepared by **Ms. Shahnas.A, Ms.Vinisha. S, Mr. Sabin.S, Mr. Vignesh. V and Mr. Vishal. S, B.Sc. (N) III year students** of Sathyabama College of Nursing, Sathyabama Institute of Science and Technology (deemed to be university) for the conduction of the research study on Assessment of long term impact on health related quality of life among COVID-19 adults in selected Urban community in Chennai. They can proceed in conducting data collection.

APPENDIX-IV

RESEARCH CONSENT F

Dear Participants,

We are **Ms. Shahnas.A, Ms.Vinisha. S, Mr. Shabin.S, Mr. Vignesh. V and Mr. Vishal. S B.Sc. Nursing III year** student of Sathyabama College of Nursing, Sathyabama Institute of Science and Technology, Chennai. As a part of our study, a research on assessment of long term impact on health related quality of life among COVID-19 adults in selected Urban community in Chennai is to be conducted. The study will be helpful in knowing long term impact on health related quality of life.

I hereby seek your consent and co-operation to participate in the study. Please be frank and honest in your responses. The information collection will be kept confidential and anonymity will be maintained.

Thank You

I _____ here by consent to participate and undergo the study.

Date:

Signature of the Researcher

Place:

Signature of the Participant

INSTITUTIONAL HUMAN ETHICAL COMMITTEE

A **physical mode** of meeting for the Sathyabama Institutional Review Board/ Institutional Biosafety & Ethical Committee will be scheduled on 01/03/2023 (Wednesday) from 10 am onwards.

Kindly send your Research Project Proposals on or before 25th February, 2023 through email (given below). The proposal should be submitted with a filled application form along with the respective Scientific Research Committee (SRC) Approval letter and other necessary documents given in the checklist. The investigator is requested to explain in a gist of the Research project (5 minutes presentation), during the meeting.

Thank you.

Last date to submit the proposal: 25th February, 2023

Please send your Proposals and queries to: rcacsis@sathyabama.ac.in

Venue: Vice Chancellor's Office, First floor, Centre for Advanced Studies

Time: 10.00 am

Regards



Dr. Y. Swarnalatha
Secretary & Convener
IBEC, Sathyabama



Dr. T. Sasipraba
Co Chair Person
IBEC, Sathyabama

APPENDIX-V
RESEARCH TOOL
SECTION-A
SOCIO DEMOGRAPHIC DATA

1. AGE

- a) 25-30 Years
- b) 30-40 Years
- c) 40-55 Years

2. GENDER

- a) Male
- b) Female
- c) Transgender

3. EDUCATIONAL STATUS

- a) 7-10 STD
- b) 11-12 STD
- c) Illiterate

4. RELIGION

- a) Hindu
- b) Muslim
- c) Christian
- d) Others

5. RESIDENTIAL AREA

- a) Urban
- b) Rural
- c) Semi-urban

6. NATIONALITY

- a) Indian
- b) Anglo Indian

7. MARITAL STATUS

- a) Married
- b) Unmarried
- c) Divorced

8.EMPLOYMENT STATUS

- a) Private
- b) Government
- c) Other sectors

9.LIVING STATUS

- a) Tenant
- b) Owner
- c) Lease
- d) Others

10. ECONOMIC STATUS:

- a) High level
- b) Middle level
- c) Low level

SECTION B
STANDARDIZED STRUCTURED TOOL
RATING SCALE TO ASSESS THE HEALTH RELATED
QUALITY OF LIFE AMONG COVID-19 ADULTS

S.No	Questions	Never 0	Rarely 1	Sometimes 2	Often 3	Always 4
1	During Covid19 pandemic, has your probability of skipping one of the main meal (breakfast/lunch/dinner)changed?					
2	During Covid-19 pandemic has your habit of snacking between meal changed?					
3	During Covid-19 pandemic has your quantity/portions of meals and snacks changed?					
4	During Covid-19 pandemic has your daily intake of fruits and vegetables changed?					
5	During Covid-19 pandemic, has your intake of a balanced diet (including healthy ingredients such as whole wheat, pulses, legumes, eggs, nuts, fruits and vegetables) changed?					

6	During Covid-19 pandemic has your consumption of junk foods/fast food and fried foods changed?					
7	During Covid-19 pandemic has your intake of sugar- sweetened beverages (carbonated soft drinks, sugar-sweetened juices) changed?					
8	During Covid-19 pandemic has your consumption of sweet/candies/ chocolates changed?					
9	During Covid-19 pandemic has your participation in cooking new/ traditional recipes changed?					
10	During Covid-19 pandemic has your consumption of unhealthy food when you are bored or stressed or upset changed?					
11	During covid-19 pandemic has your intake of immunity-boosting foods (lemon, turmeric, garlic, citrus fruits and green leafy vegetables) in the diet changed?					

12	During covid-19 pandemic has your intake of nutrition supplements to boost immunity changed?					
13	During covid-19 pandemic has the support of your family and friends and eating healthy changed?					
14	During covid-19 pandemic has your interest in learning healthy eating tips from the media (newspaper articles, magazines blogs, videos, TV shows, text messages) changed?					
15	During covid-19 pandemic has your participation in aerobic exercise changed?					
16	During covid-19 pandemic has your participation in leisure and household chores changed?					
17	During covid-19 pandemic has your sitting and screen time changed?					
18	During covid-19 pandemic has your hours of sleep changed?					
19	During COVID-19 pandemic has your quality of sleep changed?					

20	During covid-19 pandemic has your anxiety level changed?					
----	--	--	--	--	--	--

SCORE INTERPRETATION

- Poor quality of life: 70-80
- Moderate improvement in quality of life: 50-70
- Significant changes in quality of life: <50

LESSON PLAN ON MANAGEMENT OF COVID-19

CENTRAL OBJECTIVES

The students will be able to gain in depth knowledge about COVID-19

SPECIFIC OBJECTIVES

At the end of the class, students will be able to

- ☞ Introduce the topic COVID-19
- ☞ Define COVID-19
- ☞ List the causes of COVID-19
- ☞ List out the risk factors of COVID-19
- ☞ List the signs and symptoms of COVID-19
- ☞ Explain the pharmacological management of COVID-19
- ☞ Explain the Non-pharmacological management of COVID-19

S.NO	Time	Specific objective	Content	Teacher's activity	Student's activity	A.V aids	Evaluation
	2mts	Students will be able to introduce the topic	INTRODUCTION Corona viruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as SARS (severe acute respiratory syndrome).				
1	3mts	Definition of COVID-19	DEFINITION OF COVID-19 The COVID-19 pandemic is a global outbreak of corona virus, an infectious disease caused by the severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) virus.	Explaining	Listening	ppt	Define COVID-19?
2	3mts	List the causes of COVID-19	CAUSES OF COVID-19 • SARS-CoV-2 • Close contact with infectious patient • Droplets released when someone with the virus coughs, sneezes breaths, talks. • Airborne transmission	Explaining	Listening	ppt	What are the causes of COVID-19?

3	3mts	List out the risk factors of COVID-19	RISK FACTORS OF COVID-19 • Older age • Lung problems • Heart diseases • Stroke • Diabetes and Obesity • Blood disorders • Weakened immune system • Down syndrome • Schizophrenia	Explaining	Listening	ppt	What are the risk factors of COVID-19
4	5mts	List the signs and symptoms of COVID-19	SIGNS AND SYMPTOMS OF COVID-19 • Fever • Cough • Shortness of breath • Muscle aches • Nausea • Vomiting • Diarrhea • Conjunctivitis	Explaining	Listening	ppt	What are the signs and symptoms of COVID-19?

			• Chest pain • Sore throat				
5	5mts	Mention the pharmacological management of COVID-19	PHARMACOLOGICAL MANAGEMENT OF COVID-19 • Remdesivir • Steroids • Tocilizumab • Favipiravir • Ivermectin	Explainin g	Listening	ppt	What are the pharmacological management of COVID-19?
6	5mts	Mention the non pharmacological management of COVID-19	NON PHARMACOLOGICAL MANAGEMENT OF COVID-19 • Stress and sleep control • Healthy diet • Physical activity • Oxygenation • Counselling	Explainin g	Listening	ppt	What are the non pharmacological management of COVID-19?

ANNEXURE – V1
PHOTOGRAPH TAKEN DURING
STRUCTURED TEACHING PROGRAMME





**A STUDY TO ASSESS THE HEALTH RELATED
PRACTICES AMONG POSTMENOPASUAL WOMEN IN TSUNAMI
COLONIES, CHENNAI.**

BY

BALAMURALI.V

MOHAMMED ADNAN

MOHAMMED SAYEM

MAHALAKSHMI.R

MUTHUMEENA.V

A PROJECT WORK SUBMITTED TO

**SATHYABAMA INSTITUTE OF SCIENCE AND
TECHNOLOGY
(DEEMED TO BE UNIVERSITY) CHENNAI.**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF**

BACHELOR OF SCIENCE IN NURSING

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BACHELOR OF SCIENCE IN NURSING
2020-2024**

CERTIFIED WORK DONE BY

BALAMURALI.V
MOHAMMED ADNAN
MOHAMMED SAYEM
MAHALAKSHMI.R
MUTHUMEENA.V

SATHYABAMA COLLEGE OF NURSING
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY), CHENNAI.

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF SCIENCE IN NURSING
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI
2020-2024

RESEARCH GUIDE

Handwritten signature of Research Guide

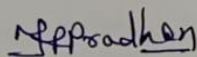
Handwritten text:
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
DEEMED TO BE UNIVERSITY
CHENNAI - 600 119

DEAN

Handwritten signature of Dean
DEAN
SATHYABAMA
COLLEGE OF NURSING
Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

ENDORESEMENT BY THE RESEARCH GUIDE

This is to certified the project work entitled "**A STUDY TO ASSESS THE HEALTH-RELATED PRACTICES AMONG POSTMENOPASUAL WOMEN IN SEMMENCHERI, CHENNAI**" is a bonafide research work done by **BALAMURALI.V, MOHAMMED ADNAN, MOHAMMED SAYEM, MAHALAKSHMLR, MUTHUMEENA.V, B.sc (N)** in partial fulfilment of the requirement for the degree of the bachelor of science in nursing.



SEAL AND SIGNATURE OF THE RESEARCH GUIDE

Head of the Department
Department of Obstetrics and Gynecology Nursing
Sathyabama College of Nursing
Sathyabama Institute of Science and Technology
Rajiv Gandhi Salai, Chennai - 600 119.

BONAFIDE CERTIFICATE

This is a Bonafide work done by **BALAMURALI.V, MOHAMMED ADNAN, MOHAMMED SAYEM, MAHALAKSHMI.R, MUTHUMEENA.V B.SC (N) IIIrd** year students from Satyabhama college of Nursing. Satyabhama Institute of Science and Technology, Chennai, submitted in partial fulfilment for the degree of Bachelor of science in Nursing under the Satyabhama Institute of Science and Technology (Deemed to be University), Chennai.

COLLEGE SEAL



SIGNATURE OF THE DEAN

DEAN
SATHYABAMA
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Jeppiaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.

ENDORESEMENT BY THE RESEARCH GUIDE

This is to certified the project work entitled “A STUDY TO ASSESS THE HEALTH-RELATED PRACTICES AMONG POSTMENOPASUAL WOMEN IN **TSUNAMI COLONIES**, CHENNAI”.

ACKNOWLEDGEMENT

“He makes all things beautiful in his time”

My great indebted thanks to the **lord all mighty** for his abandoned blessing, endless grace and love showered on me in providing the strength to overcome all the difficulties and made me to complete my study successfully, without which it would not have been possible. There are several hands behind in giving a shape to this research study, which would be impossible to mention all by name. There are some whom the investigator would particularly like to thank.

With the blessings of our Founder chancellor **COL. Dr Jeppiaar** which encouraged to complete this project, we are substantially thankful to our chancellor **Dr Maria Zeena Johnson** and express our deep gratitude and heartfelt thanks to our President **Dr Marie Johnson** for their encouragement and dedication towards the academic excellence and for providing us an opportunity to finish our project successfully.

It is my bounden duty to express my heartiest gratitude to **Dr. L Lakshmi [RN, RM, M. Sc (Nursing), Ph. D(Nursing)]**, Dean, Satyabhama College of Nursing, for her constant enthusiastic support, warmth inspiration and gave innovative ideas to incorporate in this study.

Excellent teacher is a complex matrix of builder, moulder, artist, leader and harvest I would like to express my immense gratitude and whole hearted thanks to my research guide **Asst. Prof. TRUPTI REKHA PRADHAN [RN, RM, M.Sc. (Nursing)]**, Department of Obstetrics & Gynecological Nursing, Satyabhama College of Nursing, for diligent effort the best quality, peaceful, her reassuring plan and a very approachable and inspiring quote, that can never be forgotten. I consider it as a great honour and privilege to have completed under his supervision.

I wish to communicate my extraordinary credit to **MS. PONNAMBILY CHANDY** research work and **Dr Kamaraj**, for his well-timed and opportune aid and backing in statistical analysis and presentation of data.

I extend my whole hearted thanks to all Faculty Members of Satyabhama College of Nursing for their continuous encouragement, guidance and valuable suggestions for this study.

I profusely thank all Medical and Nursing Experts who validated the content and tool, which helped to incorporate their views in this study.

I am thankful to **Mr. Johnson M (librarian)** and **Mr. Nirmal TS** (computer expert) of Satyabhama College of Nursing for helping me with literature work and for extending library facilities throughout the study

Our heartfelt thanks to **Dr Kannan MS** of Satyabhama General Hospital, who grant us permission to conduct study and supported us throughout our experiment. Finally, the soul of our study who allowed us

to handle their health for a while, I convey our gratitude to every participant who was included in the study.

A special note of gratitude to our classmates for their co-operation and help they rendered throughout the study.

Last but not least life has blessed me with an understanding, lovable and value oriented our beloved Parents who persuaded us to pursue under Graduate study, we are ever grateful to this supportive presence all along.

This study drew upon the knowledge and help, experience and expertise of many persons of good will, though too numerous to name, each one of them is remembered for their individual contributions without which the realization and presentation of this research would not have been. So, I shower my great deal of thanks to those who helped directly and indirectly in this study

ABSTRACT

Menopause means permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. Postmenopausal women should be counseled regarding lifestyle modification which includes smoking cessation and regular physical activity. In this context, A quantitative approach and descriptive design were used. the methodology of the present study was conducted at selected Semanchery colony, Chennai. The sample for this study consisted of 100 Postmenopausal women. purposive sampling technique was used for the sample selection. The tools used for the data collection was demographic structured question and postmenopausal women health related symptoms and health related practices through Green climactric scale and open-ended interview questions. The study revealed that majority (85%) of post-menopausal women had moderate health related symptoms and majority (89%) of the post-menopausal women had average health related practices. To evaluate the association between the level of health-related practices among postmenopausal women with demographic variables by using Chi square test. The study revealed that there is a Significant value at $X^2 < 0.05$ level.

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CHAPTER I

CHAPTER I

INTRODUCTION

“Admit, freely, that this is what’s going on, so we don’t feel like we’re going mad or insane or alone in any of the symptoms we are having”

GILLIAN ANDERSON

Menopause is a natural physiological stage that every women or girls will eventually reach. The incidence of menopause increases rapidly after the age of 41 years, mostly by 48–49 years of age, the prevalence rises quickly to 65%. The total number of Indian women aged 50 years and over will increase from 95 million in 2010 to 168 million in 2030. According to Dutta D.C(2005), **menopause** the clinical diagnosis is confirmed following stoppage of menstruation for six consecutive months. Where as a woman is declared to have attained menopause only retrospectively. Pre-menopause refers to the period prior to menopause and post menopause refers to the period after menopause and perimenopause to the period around menopause. Sometimes those are going through menopause confused and embarrassed by what they are experiencing. It is very challenging time for the women’s lives. So it is essential to explore the empowering materials that bring the menopausal process to light. According to top

menopause podcasts 2021, health related practices can solve many problems like constipation through dietary changes which is resulted from physiological changes during menopause.

Post menopause is the stage of life, who has had a period for 12 months or longer. The average age of post menopause for women is 51 year. They experience menopause the age of 40 to 58 year. The duration altered according to the unique of the individual's body. Generally, menopausal and postmenopausal is a very normal part of a woman's life. The post menopause can be premature because of surgery, like a hysterectomy, or other factors. Once a women reached post menopause, her hormone levels will remains constant as low level. The women will be no longer pregnant, and will not experience monthly menstrual cycles. Women may be at the risk of osteoporosis, cardiovascular disease etc, there are several health complications associated with post menopause. A women need to stay a healthy new phase of life. It's important to know about these conditions and go through such a way to reduce her risk.

According to **Dutta D.C**, Menopause means permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. Postmenopausal women should be counseled regarding lifestyle modification which includes smoking cessation and regular physical activity. Each and every women should receive periodic measurement of blood pressure and lipids. Appropriate pharmacotherapy should be initiated when indicated. Women should also receive breast cancer screening every one to two years beginning at age 40, and also colorectal cancer screening beginning at age 50. Women younger than 65 years who are sexually active should receive routine cervical cancer screening with Pap smear. Immunizations which are recommended for menopausal as well as postmenopausal women include an annual influenza vaccine, a tetanus and diphtheria toxoid booster every 10 years, and a one-time pneumococcal vaccine after the age of 65 years. Nutrition after menopause or post menopause women's nutritional needs changes according to their age before menopause or post menopause, a woman should have about 1,000 mg of calcium daily. After menopause or post menopause, a woman should have up to 200 mg of calcium per day. Vitamin D is also very important for calcium absorption and bone formation for a women after postmenopausal Vitamin D can greatly cut the risk of spinal fractures. And also too much

calcium or vitamin D can cause kidney stones, constipation, or abdominal pain, especially in case of kidney problems.

NEED FOR STUDY

To Identifying the information needs of postmenopausal women will also help in the design of practical programs, which raise the levels of awareness and improve the quality of life. It helps to promote the research in women's health in different methods and techniques then more recent ethical aspects can be analyse, in order to protect the women's safety, in the social, psychological, and biological spheres. when in a hypothetical situation, the life was in high risk. In spite the fact that each individual has characterized according to the type of ethical reasoning, is based on caring and protection for women.

Health professionals like nurses and doctors plays an active role in the prevention of diseases in the community, and they are undertaking proper care when they are in the time of illness and improving health. Therefore, health related practices and assessment is essential for the women who, are facing post menopausal symptoms. During this period woman can also experience some mental changes like mood changes along with physical changes. This may adversely affect the physical and psycho-social health status of the women. Apart from these problems it may not affect only the woman and also the family and society. In the postmenopausal period, the medical treatment only is not sufficient for the women, they may need the knowledge, experienced nurses, counsellor to educate and supported about the postmenopausal period. Training should be given on physical and psychological problems specific to the post menopause period. At the end anxiety should be decreased. and coping mechanisms of the woman must be activated.

Review of literature has shown that it is necessary to introspect health needs of postmenopausal women and specific components can be incorporated in the national health programs. So, the investigator felt the need to assess the health related practices among postmenopausal women in Semmancheri colony, Chennai.

PROBLEM STATEMENT

A descriptive study to assess health related practices among post menopausal women in Semmancheri colony, Chennai

OBJECTIVES

- To assess the demographic variables of post menopause women.
- To assess health related practices among postmenopausal women.
- To determine the association between the health-related practices of post-menopausal women with demographic variables.

HYPOTHESIS

H1. There is a significant association between the health-related practices of postmenopausal women with demographic variables.

RESEARCH QUESTION

1. What are the health-related practices done for the postmenopausal women in Semmancheri colony, Chennai?

OPERATIN DEFINITION

1. ASSESS

It refers the systemic evaluation regarding health related practices among postmenopausal women.

2. HEALTH

It refers a condition of the women's body or mind and it is a state of being well and free from of the illness

3. HEALTH RELATED PRACTICES

It refers the practices perform on everyday action, thought, emotions to achieve the good and satisfactory health.

4. POSTMENOPAUSAL WOMEN

It refers the women who experienced cessation of menstrual period for over a year.

5. SEMMANCHERI COLONY

It refers the area where the study will be conducted and data will be collected.

ASSUMPTION

- Postmenopausal women would have received adequate information regarding health-related practices.
- Postmenopausal women will experience sever menopausal symptoms
- Age and education will not influence health related practices

DELIMITATION

- This study is delimited to a sample size 100
- This study is delimited to a period of 2 weeks
- This study is delimited to health-related practices among postmenopausal women.

PROJECTED OUTCOME

1. The study will help to assess health related practices among post-menopausal women.
2. The study will help to associate between health-related practices and demographic variables among postmenopausal women.
3. The findings of the study will help to make recommendations on health-related practices to help post-menopausal women to reduce the menopausal symptoms.

CHAPTER - II

CHAPTER - II

REVIEW OF LITERATURE

The review of the literature is traditionally systemic critical review of the most important published scholarly literature on a particular topic. It is a description and analysis of the Literature relevant to a particular field or topic, which gives an overview of what has been done and report on their finding.

This chapter is discussed under the following headings:

- **Studies related health related practices among postmenopausal women**

Studies related health related practices among postmenopausal women

Mahlagh dehghan et al.,(2022), A cross sectional study conducted on menopause symptoms in women and its relation with using complementary and alternative medicines. This study aimed to investigate the relationship the use of complementary medicine (cam) and menopausal women. Data were collected using a demographic questionnaire, the cam questionnaire, and the menopause rating scale (MRS), this is the mean score for the menopausal symptoms of the participant was 8.73 ± 6.11 only 28.8% of the participants had No/ little symptoms, about

65.3% of the participants used at least one type of cam in the previous year. The most commonly used type of cam were nutritional supplements, prayer and medicines herbs, dry cupping relaxation & medication, women experiencing menopausal symptoms used more CAM methods.

Jonnifer G.H.,(2022), A cross sectional study conducted on Quality of life of menopausal women in rural area at Chengalpattu. The study aimed to asses and determine the factor associate with the Quality of the life among Post-menopausal women. Data was collected from 100 women aged 45-60 Years, were selected by convenient sampling method, who wore willing to give a consent were include and those who had regular bleeding were excluded. Primary data were collected using semi structure questionnaire with MENQOL scale by interview method; analysed using SPSS. Software I6V.descriptive Statistics mean, SD and percentages were calculated and chi square test used to determine the factors at 5% .This result is 30% of women attained their menopause before 40 years, 10% were in premenopausal period,18 % had Hysterectomy. 35% had vasomotor symptoms, 47% Psychosocial symptoms, 67% physical symptoms, and 14% sexual problems.

Sariah hajesmaeel Gohari et al., (2021) A cross sectional study was conducted on women health information needs in menopausal age. The study aimed specific questionnaire was used to identify menopausal women's health information needs, resources and challenges related to finding information about menopause. Data were analysed using negative binomial regression and chi-square test. The result showed that there is essential for policy makers and decision makers to provide reliable and accurate information to increase awareness and reduce anxiety of women experiencing menopause

Janaka Lenora et al., (2019), A cross sectional study was conducted on prevalence and severity of menopausal symptoms and the quality of life in middle aged Pre and post menopausal women in Galle district, Sri Lanka.The aim of the study was to evaluate the prevalence and severity of menopausal symptoms and the quality of living (QOL). Mmenopausal symptoms were evaluated using the menopause rating scale under three subscales psychological symptoms somato vegetative symptoms and urogenital symptoms . The quality of living was evaluated using the short form 36 survey under eight domains. The somato vegetative symptoms score mental exhaustion (49.5%) joint and muscular discomforts

(48.5%), irritability (41.3%) physical and mental exhaustion (53%) and Hot flushes (42.2%) , psychological symptoms score and vigorous physical activity scores , and monthly income were associated with the quality of living (QOL) in postmenopausal women (adjusted (R² ,0.38) . The current study showed that the prevalence and severity of menopausal symptoms and impaired quality of living (QOL) were significantly higher among postmenopausal women. Menopausal symptoms mostly contributed to the poorer quality of living (QOL) in both pre and postmenopausal women.

Ruma Dutta, Pantaj shah et al., (2019), A Cross sectional study was conducted on women's Health in midlife, Factors influencing menopausal symptoms among Rural women at Tiruvallur district in Tamil Nadu.. The study aimed to estimate the various symptoms that occur during the menopausal period and to determine the various Factors like, Socio demographic details Influencing menopausal Symptoms among Postmenopausal women in a rural Population .The study was conducted among 780 Post-menopausal women using cluster sampling method. A descriptive Statistics was calculated for all background variables univariate analysis was done using chi square test. The result showed that the mean age of the 780 postmenopausal women included in the study was 50.20 Years. Their mean ages at menarche and at menopause were 12. 16 years & 44. 49 years respectively. 475 (61%) experienced vasomotor symptoms, 93 (24.74%) reported depressive mood 276 (35.4 %) reported anxiety, irritability was reported by 71 (9%) and sleep related problems were reported by 313 (40. 4.)

women Vasomotor symptoms were reported more among those with duration of menopausal > 8 years (P<0.05).

Samreen khan et al.,(2016), A cross sectional study conducted on health seeking behaviour among postmenopausal women. This study aimed to identify the major health problems of postmenopausal women, to determine the level of knowledge attitude and practice of postmenopausal women in term of seeking health care facilities for their problems and to determine the utilization pattern and barrier to utilization of health care services by these women. The study tools consisted of pre tested and semi structured perform and standard menopausal rating scale (MRS) questionnaire. The result is psychological symptoms by 60.1% and urogenital symptom by 59.6% of the study population. to deal with these problems , majority in urban areas said that a doctor should be consulted whereas majority in rural areas either said that they did not know the what could be done or traditional or home based measures.

Akanksha Singh, et al.,(2014), A cross sectional study conducted on menopausal symptoms of postmenopausal women in a rural community of Delhi, India. The study aimed to determine the mean age at attaining menopause and the prevalence of various self-reported menopausal symptoms complained by postmenopausal women (40-54 years) to determine the prevalence of anxiety and depression among postmenopausal women a pretested self-designed semi structured interview based oral questionnaire was used. The statistical package for social sciences software version 21.10 (spss) was used for analyses these result is the is the mean age at attaining menopause was 46.24 (standard deviation =338) years .only 4(1.6%) postmenopausal women had premature menopause a total of 225 (89.3%) postmenopausal women experienced at least one or more menopausal symptom,the most common complaints of postmenopausal women were sleep disturbance (62.7%) muscle or joint pain (59.1%) hot flushes (46.4%) and night sweats (45.6%) a total of 32.1% (n=81) post-menopausal women suffered from depression and 21.0% (n=53) post-menopausal women suffered from anxiety .

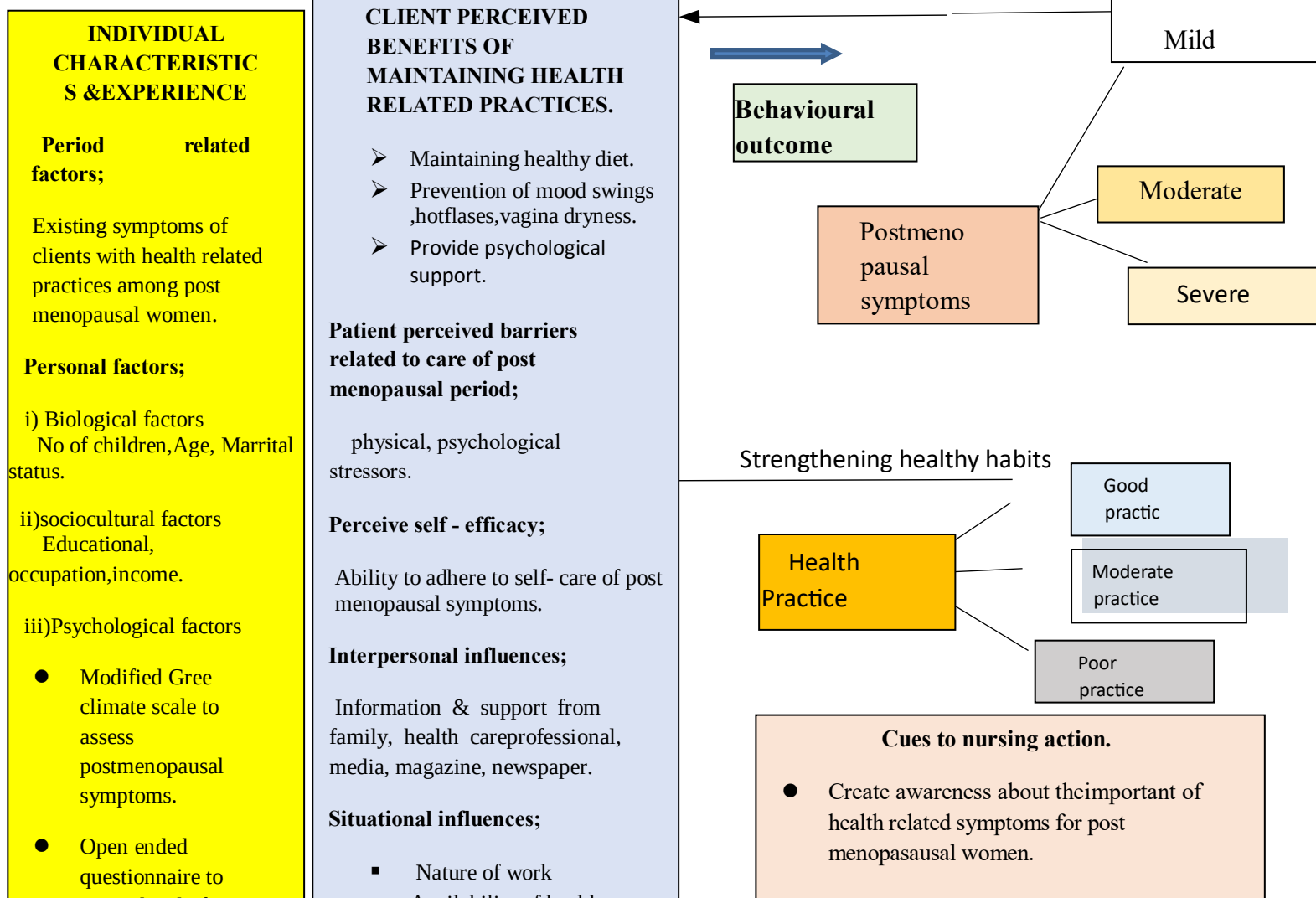
Shamina aktermd Islam et al.,(2013), A cross sectional study was conducted on metabolic syndrome among Pre and post – menopausal rural women living in rural setting at Bangladesh. The study aimed was to determine the prevalence of metabolic syndrome and related risk factors in Bangladesh. A metabolic syndrome was defined according to the criteria of NCEP-ATP III. Logistic regression was used to estimates the association between menopausal status & metabolic syndrome and its components. The result showed that metabolic syndrome was presented in 25.6% respondents and it was more prevalent among post-menopausal (39. 3 %.) as compared to pre-menopausal (16.8 %.) women. Logistic regression analysis reveal that prevalence of metabolic syndrome was 1.78 times higher in post-menopausal women than pre-menopausal women (p= 0.001)

CONCEPTUAL FRAMEWORK (MODIFIED HEALTH BELIEF MODEL)

Individual factors

Modified factors

likelihood factors



CHAPTER III

CHAPTER III

METHODOLOGY

RESEARCH METHODOLOGY

Methodology deals with the research approach, research design, setting of the study, population, criteria for selection of sample, sample size, sampling technique, description of tool, scoring procedure, pilot study, data collection procedure, plan for data analysis and protection of human rights.

RESEARCH APPROACH

Quantitative research approach will be used.

RESEARCH DESIGN

Descriptive research design will be used for health-related practices among postmenopausal women.

VARIABLES

A variable is an attribute of a person or object that varies, that is, takes on different

values. Variables are measurable characteristics of a concept and consist of logical group of attributes.

DEPENDENT VARIABLES

Dependent variable is that which is hypothesized to depend on (or) been caused by another variable. In this study the dependent variable is the level of health related practices among post-menopausal women.

INDEPENDENT VARIABLE

Independent variable is manipulated and it intends to cause a change in the dependent variables. In this study the independent variable is health related symptoms among post-menopausal women.

SETTING OF THE STUDY

The study setting will be selected area at Semmencheri colonies in Chennai.

STUDY POPULATION

The study population will be postmenopausal women in Tamilnadu.

ACCESSIBLE POPULATION

The accessible population will be postmenopausal women in selected area in Semmencheri colonies in Chennai.

SAMPLING TECHNIQUE

The purposive sample technique were used.

SAMPLE SIZE

The sample size will be 100.

CRITERIA FOR SELECTION OF SAMPLES

INCLUSION CRITERIA

- Postmenopausal women who were willing to participate in the study.
- Postmenopausal women who were available during data collection period.

EXCLUSION CRITERIA

- Postmenopausal women with existing infections of the perineum.
- Postmenopausal women other medical complicated condition like prolapse uterus etc.

DATA COLLECTION PROCEDURE

1. The duration of the data collection for 1 week.
2. The investigation get the informed consent after explain the study objective.
3. The investigators administer the structural questionnaires to collect the data.

SECTION A

DESCRIPTION OF TOOL PART A

It consisted of semi structured questionnaires to elicit the demographic variables of postmenopausal women like no of children, age, marital status, religion educational status occupation, family monthly income, economic status, type of family and place of residence.

SECTION B

It consisted of 13 question based on modified green climate scale questionnaire by post-menopausal women regarding health-related symptoms. Each symptom marked by client as, 0 – never do, 1 – nearly do, 2 – sometimes do, 3 – often do, 4- very often do. Based on their answers the grading is none, mild, moderate and severe.

SCORING AND GRADING

SCORE	GRADE
0	NONE

< 50%	MILD (1)
51%-71%	MODERATE (2)
72%-75%	SEVERE (3)
>76%	EXTREME SEVERE (4)

SECTION C

It consisted of open-ended interview questions on health-related practices by the postmenopausal women. It consisted of total 13 questions, each correct question marked as 1 and wrong answer marked as 0, and the scoring & grading is interpreted as poor practice, average practice and good practice.

SCORING	GRADING
1 – 4	POOR PRACTICE
5 – 8	AVERAGE PRACTICE
9 – 13	GOOD PRACTICE

VALIDITY

According to Burns and Groove., (2005) “the validity of an instrument is the determination of the extent to which the instrument reflects the abstract construct that is being examined”.

Five experts in nursing and two experts in medicine evaluated the content validity of the instrument.

RELIABILITY

According to De Vos., (1998) reliability refers to “the accuracy and consistency of a

measuring instrument”. An instrument can be considered reliable if it yields similar results on separate occasions.

In this study chi square test was used to assess level of knowledge of health-related practices among post-menopausal women.

PILOT STUDY

Polit and Beck., (2004) denote that “pilot study is a small-scale version or trial run done in preparation of major study

The researcher conducted pilot study among 100 in Semmencheri colony Chennai after obtaining the written permission. The purpose was to find out the feasibility of the study. It was found to be feasible.

DATA COLLECTION PROCEDURE

The data collection procedure was done for a stipulated period of 4 weeks in Semmencheri colony Chennai. Permission to conduct the study was obtained from the dean of the college. The samples were informed by the researcher about the nature and the purpose of the study. The informed written consent was obtained as per rule on the 1st day. On the day 1 the questionnaire was given to the nursing students to assess the symptoms and health related practices among post-menopausal women.

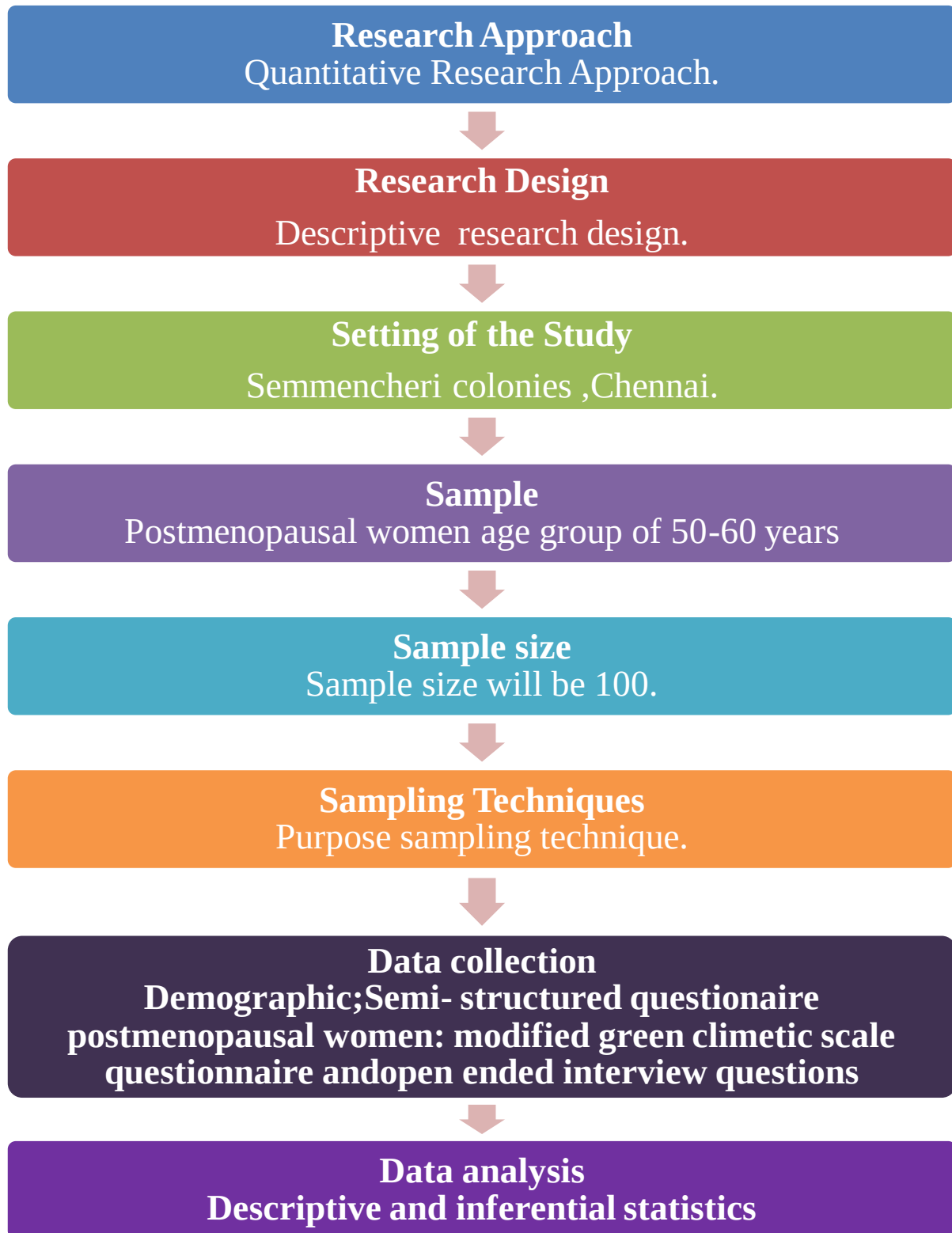
DATA ANALYSIS

- Frequency and percentage will be used to describe the variables.
- Chi square test will be used finding association between health-related practices among post-menopausal women with socio demographic variables.

ETHICAL CONSIDERATION

- Ethical clearance will be obtained from Sathyabama Institute of science and technology.
- Informed consent will be obtained.
- Confidentiality data will be maintained.

Privacy will be provided during data collection procedure. Anonymity will be maintained



**Figure 2: Schematic Diagram of Research
Methodology**

CHAPTER -IV

CHAPTER -IV

DATA ANALYSIS AND INTERPRETATION

This chapter deal with the data analysis and interpretation, collected from Urban area of Semmencheri to assess the health-related practices among postmenopausal women. Analysis of a data is a process by which quantitative information is summarized organized, evaluated, interpreted and communicated in meaningful way. The analysis and interpretation of data of the study are based data collected among postmenopausal women. The result was computed descriptive and inferential statistics based on the objectives of the study.

Data analysis is the practice of working with data to glean useful information, which can then be used to make informed decisions.

It is divided into four parts;

- Data on demographic variables of postmenopausal women.
- Data on level of health-related symptoms among post-menopausal women.
- Data on level of health-related practices among post-menopausal women
- Data on association between level of health-related practices of post-menopausal women with demographic variables.

SECTION I: DATA ON DEMOGRAPHIC VARIABLES OF POST MENOPAUAL WOMEN

**Table 1: Frequency and percentage distribution of demographic variables of
postmenopausal women.**

S.NO	SOCIO DEMORAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1	NUMBER OF CHILDREN • One • Two and More	31 69	31% 69%
2	AGE IN YEARS: • Up to 40 Years • 40 to 43 Years • 44 to 47 Years • 48 to 55 Years	25 27 23 25	25% 27% 23% 25%
3	MARITAL STATUS • Married. • Unmarried.	98 2	98% 2%
4	RELIGION • Hindu • Christian • Islam • Others	74 16 10 0	74% 16% 10% 0%

5	EDUCATIONAL STATUS - Primary School - High School - Higher Secondary School - Degree - Others	62 12 11 9 6	62% 12% 11% 9% 6%
6	OCCUPATIONAL STATUS - Employed - Unemployed	38 62	38% 62%
7	FAMILY MONTHLY INCOME: 5000 and less 5000-10000 10000-15000 15000 and above	54 42 3 1	54% 42% 3% 1%
8	ECONOMIC STATUS - Middle Level - High Level - Low Level	83 6 11	83% 6% 11%
9	TYPES OF FAMILY - Nuclear Family - Small Family - Joint Family - Extended Family	42 32 23 3	42% 32% 23% 3%
10	RESIDENCY OF PLACE - Own House - Rented House	65 35	65% 35%

The data given in **Table-1** showed that,

Regarding the number of children majority 69% were in two and more, remaining 31% were in one child.

Regarding to age, majority 27% female were in the age group of 40-43 years, remaining 25% of female were upto-40 years and 48-55years, 23% of female were in the age group of 44-47 years.

Regarding marital status majority of 98% female were Married and remaining 2% female were unmarried.

Regarding Religion majority 74% of the female were in Hindu, remaining 16% of the female were in Christian and 10% of the female were in Islam and others 0%

Regarding education majority 62% of the female were in Primary school, remaining 12% of the female were in High School, 11% of the female were in the Higher secondary school, 9% of the female were in the Degree and 6% of the female were in the others educational status.

Regarding Occupational majority 62% of the female were in Unemployed and remaining 38% of the female were in Employed.

Regarding Family monthly income majority 54% of them were in Rs 5000 and less, remaining 42% of them were in the Rs 5000-10000, 3% of them were in Rs 10000-15000 and 1% of above Rs 15000.

Regarding Economic status majority 83% of them were in the middle level, remaining 6% of them were in the High level and 11% of them were in the Low level of economic status.

Regarding Types of family majority 42% of them were in Nuclear family, remaining 32% of them were in Small family, 23% of them were in Joint family and 3% of them were in Extended family.

Regarding Residency of place majority 65% of them were in Own house and remaining 35% of them were in the Rented house.

SECTION II:DATA ON LEVEL OF HEALTH-RELATED SYMPTOMS AMONG POSTMENOPAUSAL WOMEN

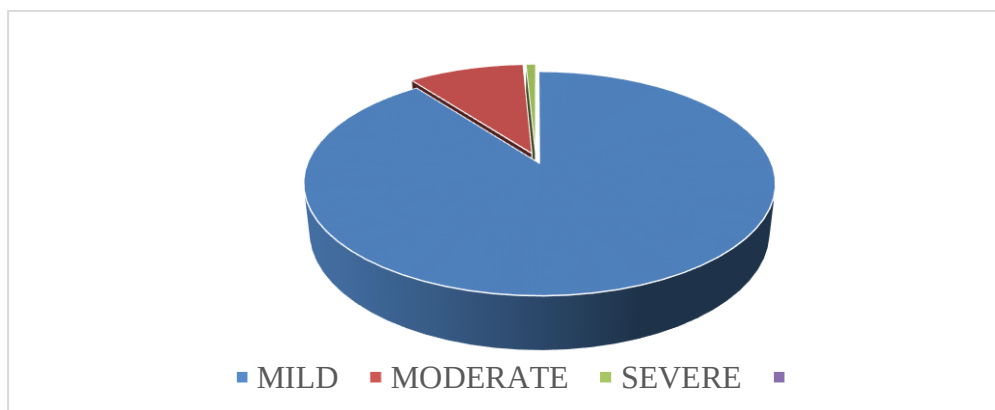
Table:2

Frequency and percentage assess the health-related symptoms among postmenopausal women using green climatic scale.

S.NO	LEVEL OF SYMPTOMS	FREQUENCY (F)	PERCENTAGE (%)
1.	Mild	8	8%
2.	Moderate	85	85%
3.	Severe	7	7%

The above the table shows that among postmenopausal women received,8 (8%) had mild,85 (85%) had moderate and 7(7%) had severe.

PERCENTAGE

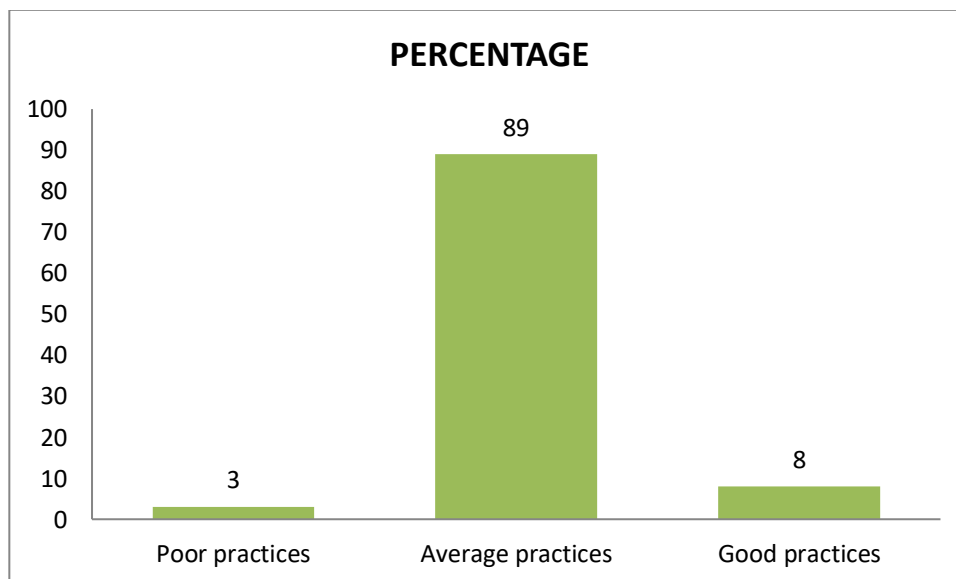


SECTION III: DATA ON LEVEL OF HEALTH-RELATED PRACTICES AMONG POST MENOPAUSAL WOMEN.

Table 3: To determine the health-related practices among post-menopausal women using open ended questionnaire.

S.NO	LEVEL OF HEALTH-RELATED PRACTICES	FREQUENCY (F)	PERCENTAGE (%)
1.	Poor practices	3	3%
2.	Average practices	89	89%
3.	Good practices	8	8%

The above the table 3 shows that among postmenopausal women received,3(3%) had poor practices,89(89%) had average practices and 8(8%) had good practices.



SECTION IV: DATA ON ASSOCIATION BETWEEN LEVEL OF HEALTH-RELATED PRACTICES OF POST MENOPAUSAL WOMEN WITH DEMOGRAPHIC VARIABLES.

Table 4: Frequency, Percentage and x2 Distribution on Level of symptoms associated with Demographic variables.

[illegible]

[illegible]

	5 y e a r s													
Ma rit al Sta tus	a) M a r r i e d b) U n m a r r i e d	9 8 2	0 0	0 0	6 0	6 0	8 5 1	8 5 0	7 1	7 1	0 0	0 0	4 . 8 8 1 d f - 4	9. 4 8 8 N S

Religion	a) Hindu b) Chris- tians c) Islam d) Others	7216	0000	0222	641390	641390	611000	601000	496df-12	21.026NS
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[illegible]

	o ol d) D e gr e e e) O th er s													
Oc cu pat ion al sta tus	a) E m pl o y e d b) U n e m pl o y	3 6 6 4	0 0	0 0	1 5	1 5	2 9 5 7	2 9 5 7	6 2	6 2	0 0	0 0	6 .4 1 d f - 4	9. 4 8 8 N S

	s 1 0 0 0 0- 1 5 0 0 0 d) R s 1 5 0 0 0 a b o v e													
Ec on om ic sta tus	a) M id dl e le v el	8 3 5 1 2	0 0 0 0	0 0 0	5 0 1	5 0 1	7 1 5 1 0	7 1 5 1 0	7 0 1	7 0 1	0 0 0	0 0 0	0 0 9 4 1	1 5. 5 0 7

	b) H ig h le v el c) L o w le v el												d f - 8	N S
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[illegible]

	n d e d fa m il y													
Re sid en cy of pla ce	a) O w n h o u se b) R	6 4 3 6	0 0	0 0	5 1	5 1	5 1 3 5	5 1 3 5	8 0	8 0	0 0	0 0	6 . 3 d f - 4	9. 4 8 8 N S

	e nt e d h o u se													
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Table-4: It represents that in group the calculated value of the selected demographic variables such as number of children, age in years, marital status, religion, educational status, occupational status, family monthly income, economic status, types of family and residency of place higher than the table value which indicates there was no significant association between health-related practices among post-menopausal women

Table 5: Frequency, Percentage and x2 Distribution on Level of health-related practices associated with Demographic variables.

Age	a) Up to 40 Years	2 7	0	0	26	2 6	1	1	2	1
	b) 40-43 Years	2	1	1	21	2	2	2	.	2
	c) 44-47 Years	4	1	1	20	1	3	3	7	.
	d) 48-55Years	2 4	1	1	21	2 0	3	3	9 d f - 6	5 9 2 N S
		2 5				2 1				
Ma rita l Stat us	a) Married	9	3	3	86	8	9	9	1	5
	b) Unmarrie d	8 2	0	0	2	6 2	0	0	.	.
									9	9
									0	9
									5 d f - 2	1 N S
Reli gio n	a) Hindu	7	1	1	64	6	7	7		
	b) Christian	2	2	2	14	4	2	2	5	1
	c) Islam	1	0	0	10	1	0	0	.	2
	d) Others	8	0	0	0	4	0	0	9	.
		1				1			9	5
		0				0			6	9
		0				0			d f - 6	2 N S

Educational status	a) primary school b) High school c) Higher secondary school d) Degree e) Others	6 2 1 2 11 9 6	1 0 1 0 1	1 0 1 0 1	56 9 10 8 5	5 6 9 1 0 8 5	5 3 0 1 0	5 3 0 1 0	1 1 .7 3 0 7 d f - 8	1 5 . 5 0 7 N S
Occupational status	a) Employed b) Unemployed	3 8 6 2	1 2	3 8 6 2	35 53	3 5 5 3	2 7	2 7	1 3 .4 4 d f - 2	5 .9 9 1 * S

Familymonthly income	a) Rs 5000and less b) Rs 5000- 10000 c) Rs 10000- 15000 d) Rs 15000abov e	5 4 4 2 3 1	1 2 0 0 0	1 2 0 0 0	51 34 3 0 0	5 1 3 4 3 0	2 6 0 1 1	2 6 0 1 1	1 4 .7 d f - 6	1 2 .5 9 2 * S
Economic status	a) Middle level b) High level c) Low level	8 5 1 2	2 1 0	2 1 0	73 4 11	7 3 4 1 1	8 0 1	8 0 1	8 . 5 1 5 d f - 4	9 . 4 8 8 N S
Type of family	a) Nuclear family b) Small family c) Joint family d) Extended family	4 4 3 2 2 2 2	1 1 1 0	1 1 1 0	39 28 19 2	3 9 2 8 1 9 2	4 3 2 0	4 3 2 0	4 . 2 5 5 9 d f	1 2 .5 9 2 N S

									- 6	
Resi den cy of plac e	a) Own house	6 5	2 1	2 1	58 30	5 8	5 4	5 4	0 . 6 2 1 d f - 2	5 . 9 9 1 N S
	b) Rented house	3 5				3 0				

Table-5.1: It represents that in group the calculated value of the selected demographic variables such as occupational status and family monthly income is lesser than the table value which indicates there is a significant association with level of health related practices among post-menopausal women.

CHAPTER V

CHAPTER V

DISCUSSION

This chapter discusses the findings of the study derived from statistical analysis and its objectives set for the study and related literature of the study.

Findings of the study are presented based on the objectives:

The **first objective** is to assess the demographic variables of post-menopausal women.

The study findings were similar to the findings of **Mahlagh dehghan et al., (2022)** a cross-sectional study conducted on menopause symptoms in women and its relation with using complementary and alternative medicines. This study aimed to investigate the relationship between the use of complementary medicine (cam) and menopausal women. Data were collected using a demographic questionnaire, the cam questionnaire, and the menopause rating scale (MRS), this is the mean score for the menopausal symptoms of the participant was 8.73 ± 6.11 only 28.8% of the participants had No/ little symptoms, about 65.3% of the participants used at least one type of cam in the previous year.

The **second objective** of the study was to assess health-related practices among post-menopausal women. The study revealed that moderate 85% of post-menopausal women had moderate health-related symptoms and 89% of the post-menopausal women had average health-related practices.

Nazarpore sohela., et.al., (2020) cross-sectional study was conducted among 405 postmenopausal women selected using a multi-stage randomized sampling. The data-collection tools were the WHO Quality of Life-BREF (WHOQOL-BREF), the Menopause Rating Scale (MRS), and a researcher-designed questionnaire. The relationship between QoL and its potentially correlated factors was examined using *t*-test, ANOVA, Pearson's correlation, Spearman's correlation coefficient, and multiple linear regression. Personal and social factors along with the severity of menopausal symptoms affect QoL post-menopause. These factors need to have a bearing on any effort to improve QoL among postmenopausal women.

The study findings were similar to the findings of **Jonnifer G.H.,(2022)**, a cross sectional study conducted on Quality of life of menopausal women in rural area at Chengalpattu. The study aimed to assess and determine the factors associated with the Quality of life among Post-menopausal women. Data was collected from 100 women aged 45-60 Years, were selected by convenient sampling method, who were willing to give a consent were included and those who had regular bleeding were excluded. Primary data were collected using semi structured questionnaire with MENQOL scale by interview method; analysed using SPSS. Software I6V. descriptive Statistics mean, SD and percentages were calculated and chi square test used to determine the factors at 5%. This result is 30% of women attained their menopause before 40 years.

The **third objective** of the study was to determine the association between health-related practices among post-menopausal women with demographic variables. The study revealed that there is a significant association between the health-related practices among postmenopausal women with socio demographic variables.

The study findings were similar to the findings of **Sariah hajesmaeel Gohari et al., (2021)** a cross sectional study was conducted on women health information needs in menopausal age. The study aimed specific questionnaire was used to identify menopausal women's health information needs, resources and challenges related to finding information about menopause. Data were analysed using negative binomial regression and chi-square test. The result showed that there is essential for policy makers and decision makers to provide reliable and accurate information to increase awareness and reduce anxiety of women experiencing menopause

CHAPTER VI

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATION

SUMMARY

The aim of the study is to assess the health-related practices among postmenopausal women. A review of literature enabled the research to develop the conceptual frame work and methodology for the study. Quantitative research approach was used. Descriptive design was assessed the level of the health-related practices among postmenopausal women. The study was conducted in the Sathyabama college of nursing, Chennai. The purposive sampling techniques was used to select 100 samples.

Data collection was done by using the demographic variables. The data gathered were analysed by descriptive and inferential statistics method and interpretation were done on the basis of the objectives of the study.

TOOL

MODIFIED GREEN CLIMATE SCALE

The main study was conducted in the month of April in selected Semmencheri, urban area in Chennai district, Tamil Nadu. 100 Samples were selected by using purposive sampling technique. Collected information of demographic characteristics of postmenopausal women and assess the symptoms of health-related practices among postmenopausal women. The data is collected on the above sections were analysed using descriptive and inferential statistics and further interpreted in terms of the objectives formulated for the studies. The finding revealed that the level of health-related symptoms is not statistically significant with demographic variables.

OPEN ENDED QUESTIONNAIRE

The main study was conducted in the month of April in selected Semmencheri, urban area in Chennai district, Tamil Nadu. 100 Samples were selected by using purposive sampling technique. Collected information of demographic characteristics of postmenopausal women and assess the level of health-related practices among postmenopausal women. The data is collected on the above sections were analysed using descriptive and inferential statistics and further interpreted in terms of the objectives formulated for the studies. The finding revealed that the level of health-related practices is statistically significant with demographic variables.....

MAJOR FINDING OF THE STUDY

- Regarding health-related symptoms among postmenopausal women 0 (0%) have None health related symptoms, 8 (8%) have Mild health related symptoms, 85 (85%) have Moderate health related symptoms, 7(7%) have Severe health related symptoms, 0(0%) have Extreme severe health related symptoms.
- Regarding health-related practices among postmenopausal women 3 (3%) have poor practices, 89 (89%) have average practices, 8(8%) have good practices.
- Regarding association between health-related practices among postmenopausal women with demographic variables. There was a significant association between.....

CONCLUSIONS

The study was done to evaluate the health-related practices among postmenopausal women. It is concluded that adequate health related practices useful for postmenopausal women.

NURSING IMPLICATIONS

The findings emerged out of the study got implicated in the field of nursing education, nursing practice, nursing administration, nursing research.

NURSING PRACTICE

- Nurses should create awareness on benefit of postmenopausal women, promote and encourage healthy practices.

NURSING EDUCATION

- Nursing curriculum should focus on improving the strategies to health-related practices.
- The nursing curriculum should consist of knowledge related teaching strategies and various modalities.
- Students learning experience should provide an opportunity to conduct awareness program of health-related practices of postmenopausal women.
- The postmenopausal women need to be directed towards changing attitude regarding the long-time health related practices.
- Nursing workshops and conferences should be conducted to update knowledge about health-related practices.
- Research activities should be carried out various aspects of health practice.
- Education material should be prepared based on the need of the postmenopausal women and their lifestyle modification.

NURSING ADMINISTRATION

The nursing administrator has the responsibility to increase knowledge of nurses in identification and gaining knowledge in all aspects, she can organize an education program providing information about the level of health-related practices among postmenopausal women that is to make them aware, by latest research findings. And then implement program based on new data in day to day practices.

NURSING RESEARCH

- The essence of researcher is build-up of knowledge in nursing as an evolving profession more and more study can be done to assess the level of health related practices among postmenopausal women in urban area setting and effects of structured teaching program and management can be assessed.
- The findings can be generalized with large sample and used to increase body of knowledge in nursing.

- The researcher finding should be utilized in practice and the result can be calculated.
- The nurse researcher will be help to know the postmenopausal women with health-related practices and give them guidance to get relieve from problems.

LIMITATIONS

- The data collection period was limited for one week.
- Large number of samples could not be obtained due to women adequacy.

RECOMMENDATIONS

Based on the finding of the study, the following recommendations are put forward for the further research.

- A similar study undertaken with the large sample to generalize finding.
- The similar study can be contented in the different setup like hospitals and suburban Areas,
- The experimental study can be conducted with different teaching method to know the level of health-related practices.
- The similar study conducted to using true experimental research.
- The study can be undertaken to determine the knowledge as well as effects of level of health-related practices.
- The study on identifying the cause of health-related practices.
- The study conducted to make awareness of important of health-related practices,
- The Comparative study conducted between married and unmarried.

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REFERENCES

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APPENDIX - I

PARTICIPANT INFORMATION SHEET (PIS)

PRINCIPAL INVESTIGATOR: MOHAMMAD SAYEM

Co-investigators: Guide: Trupti Rekha (HOD, Department of Obstetrical and Gynaecological Nursing)

1.Balamurali.V 2. Muthumeena 3. Mohammad Adnan 4.Mahalakshimi

CONTACT NUMBER: 7563069054

Title of study is a “descriptive study to assess health related practices among postmenopausal women in Tsunami colonies, Chennai”. The research objectives are: To assess the demographic variables of postmenopausal women, To assess health related practices among postmenopausal women, To determine the association between the health related practices among postmenopausal with demographic variables. We will use descriptive design. Each study subject will participate approximately 30 minutes. Confidentiality of study subject and data will be maintained. The study subject will be free from risk/injury. The study subject is free to participate/ withdraw at any point of time from the research project.

Name and signature of study participant: Mohammed Sayem

Name and signature of PI

APPENDIX -II
Authorization Letter

From,
Principal Investigator,
Sathyabama College of Nursing,
Sathyabama Institute of Science and Technology,
Chennai.

To,
Co-Chair Person,
Institutional Biosafety & Ethical Committee (IBEC),
Sathyabama Institute of Science and Technology,
Chennai.

Respected Madam,

I hereby declare that the following study which is proposed for the ethical committee clearance has not yet been started. The proposal was presented to Institutional Review Board on 21.12.2012.

Study Topic: A study to assess the health-related practices among post-menopausal women in tsunami colonies, Chennai.

Name of Principal Investigator: Mohammad Sayem (PI),

Mohammad Adnan,

Balamurali,

Mahalakshmi R,

Muthumeena V

Name of Guide/Co-I: Mrs. Trupti Rekha Pradhan

Name of HOD: Ms. Ponnambily Chandy

Signature of PI

HOD

DEAN

Seal

Seal

APPENDIX-III

CERTIFICATE OF CONTENT VALIDITY

HG

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the tool prepared by Mr. Mohammad Sayem Mr .Mohammed Adnan Mr. Balamurali Ms. Muthumeena Ms. Mahalakshm, B.Sc. (N) III year students of Sathyabama College of Nursing, Sathyabama Institute of Science and Technology (deemed to be university) for the conduction of the research study on assess the health related practice among postmenopausal in Chennai They can proceed in conducting data collection.

APPENDIX -IV

EC/NEW/INST/2020/1397
2023

10th February

INSTITUTIONAL HUMAN ETHICAL COMMITTEE

A **physical mode** of meeting for the Sathyabama Institutional Review Board/ Institutional Biosafety & Ethical Committee will be scheduled on 01/03/2023 (Wednesday) from 10 am onwards.

Kindly send your Research Project Proposals on or before 25th February, 2023 through email (given below). The proposal should be submitted with a filled application form along with the respective Scientific Research Committee (SRC) Approval letter and other necessary



SATHYABAMA

INSTITUTE OF SCIENCE AND TECHNOLOGY

(DEEMED TO BE UNIVERSITY)

Accredited "A" Grade by NAAC | 12B Status by UGC | Approved by AICTE

www.sathyabama.ac.in

Venue: Vice Chancellor's Office, First floor, Centre for Advanced

Studies Time: 10.00 am

Regards



Dr. Y. Swarnalatha
T.Sasipraba

Secretary & Convener

IBEC, Sathyabama
Sathyabama



Dr.

Co Chair Person

IBEC,

SECTION - A
SOCIO DEMOGRAPHIC VARIABLES

1.NUMBER OF CHILDREN:

- a) One
- b) Two and more

2.AGE IN YEARS:

- a) up to 40 years
- b) 40 to 43 years
- c) 44 to 47 years
- d) 48 to 55 years

3.MARITAL STATUS:

- a) Married
- b) Unmarried

4.RELIGION:

- a) Hindu
- b) Christian
- c) Islam
- d) Others

5.EDUCATIONAL STATUS:

- a) Primary school
- b) High school
- c) Higher secondary school
- d) Degree
- e) Others

6.OCCUPATIONAL STATUS:

- a) Employed
- b) Unemployed

7.FAMILY MONTHLY INCOME:

- a) Rs 5000 and Less
- b) Rs 5000-10000
- c) Rs 10000-15000
- d) Rs 15000 above

8.ECONOMIC STATUS:

- a) Middle Level
- b) High level
- c) Low level

9.TYPES OF FAMILY:

- a) Nuclear Family
- b) Small Family
- c)Joint Family
- d)Extended Family

10.RESIDENCY OF PLACE:

- a) Own house
- b) Rented house

SECTION –B

MODIFIED GREENE CLIMATE SCALE

Kindly put (v) mark in the appropriate column

Client interactions for each question, give a score from 0– never do, 1- nearly do 3-sometimes do, 4-often do, 5-very often do	N o n e 0	M i l d 1	Mod er at e 2	Se ve re 3	Ext re me sev ere 4
• Do you ever feel hot flashes?					
• Do you ever feel urgency of urine?					
• Do you ever fear anxious?					
• Do you ever feel sad?					
• Do you ever feel forgetting your memory?					
• Do you ever feel headache?					
• Do you ever feel knee pain on joint?					
• Do you ever feel restless?					
• Do you ever feel mood swing?					
• Do you ever feel vaginal dryness?					
• Do you ever feel sleeping disturbance?					
• Do you ever feel consulting Doctor for your problems?					
• Have you ever been to the counsellor?					

SCORING AND INTERPRETATION

SCORING	GRADING
0	NONE
< 50%	MILD
51 – 71 %	MODERATE
72 – 75 %	SEVERE
➤ 76%	EXTREME SEVERE

SECTION-C

OPEN ENDED QUESTIONNAIRE

Sl no	Question	Answer
1.	What will you do when you feel hot flushes?	a) Avoiding caffeine
		b) walk outside
		c) fan
		d) Bath
2.	. How do you prevent the urgency of urine?	a) Bladder control
		a) Avoiding drinking fluids before bed
		b) Frequency emptying of bladder
		c) Controlling diabetic
3.	How do you control your anxiety level?	a) Yoga
		b) Eat healthy
		c) Reading
		d) Medication
4.	How do you overcome your sad?	a) meditation
		b) Relaxation
		c) Praying
		d) Reading books
5.	. How do your relief yourself from getting headache?	a) Reduce stress
		b) Yoga

		c) Keep body hydrated
		d) Relaxation
6.	How often do you forget your memory?	a) Sleep well
		b) Eat a healthy diet
		b) Stress
		c) Illness
7.	How do you relieve from knee pain?	a) Rest
		b) Exercise
		c) Healthy food
		d) Medication
8.	What you do when feel restless?	a) Yoga
		b) Anxious
		c) Deep breathing exercise
		d) Anger
9.	How you relieve from mood swing?	a) Exercise
		b) talking with friends
		c) meditation
		d) Take rest
10.	What do you do to prevent vagina from dryness?	a) Lubricant
		b) Medication
		c) Healthy diet
		d) Regular exercise
11.	What can you do to have a good sleep?	a) Eat meals before 2 hours of bed time
		b) Take medicine
		c) regular sleeping pattern
		d) Don't drink too much water before bed time
12.	How often do you consult doctor for your problems?	a) During illness
		b) once in a month
		c) once in a year
		d) during health check up
13.	when you will consult the counsellor?	a) Mood swings
		b) Depression
		c) stress
		d) Anxiety

SCORING AND INTERPRETATION

1-4	Poor practice
-----	---------------

5-8	Average practice
9-13	Good practice

திறந்த கேள்வித்தாள்கள்

1) உங்களுக்கு சூடு ஏற்பட்டால் என்ன செய்வீர்கள்?

அ) காஃபினைத் தவிர்ப்பது

ஆ) மின்விசிறி

இ) வெளியே நடக்கவும்.

ஈ) குளியல்

2) சிறுநீர் அவசரமாக வெளியேறுவதை எவ்வாறு தடுப்பது?

அ) சிறுநீர்ப்பை கட்டுப்பாடு

ஆ) சிறுநீர்ப்பையின் அதிர்வெண் காலியாக்குதல்

இ) படுக்கைக்கு முன் திரவங்களை குடிப்பதைத் தவிர்ப்பது

ஈ) நீரிழிவு நோயைக் கட்டுப்படுத்துதல்

3) உங்கள் கவலை அளவை எவ்வாறு கட்டுப்படுத்துவது?

அ) யோகா

ஆ) ஆரோக்கியமாக சாப்பிடுங்கள்

இ) படித்தல்

ஈ) மருந்து

4) உங்கள் சோகத்தை எப்படி சமாளிப்பது?

அ) தியானம்

ஆ) பிரார்த்தனை

இ) தளர்வு

ஈ) புத்தகங்களைப் படித்தல்

5) தலைவலியிலிருந்து விடுபடுவது எப்படி?

அ) மன அழுத்தத்தைக் குறைக்கவும்

ஆ) யோகா

இ) உடலை நீரேற்றமாக வைத்திருங்கள்

ஈ) தளர்வு

6) உங்கள் நினைவாற்றலை எத்தனை முறை மறந்து விடுகிறீர்கள்?

அ) நன்றாக தூங்குங்கள்

ஆ) ஆரோக்கியமான உணவை உண்ணுங்கள்

இ) நோய்

ஈ) மன அழுத்தம்

7) முழங்கால் வலியிலிருந்து எவ்வாறு விடுபடுவது?

அ) ஓய்வு

ஆ) உடற்பயிற்சி

இ) ஆரோக்கியமான உணவு

ஈ) மருந்து

8) அமைதியற்றதாக உணரும்போது நீங்கள் என்ன செய்வீர்கள்?

அ) யோகா

ஆ) கவலை

இ) ஆழ்ந்த மூச்சுப் பயிற்சி

ஈ) கோபம்

9) நீங்கள் எப்படி மனநிலை மாற்றத்திலிருந்து விடுபடுகிறீர்கள்?

அ) உடற்பயிற்சி

ஆ) நண்பர்களுடன் பேசுதல்

இ) தியானம்

ஈ) ஓய்வெடுங்கள்

10) பிறப்புறுப்பில் வறட்சி ஏற்படாமல் இருக்க என்ன செய்ய வேண்டும்?

அ) மசகு எண்ணெய்

ஆ) மருந்து

இ) ஆரோக்கியமான உணவு

ஈ) வழக்கமான உடற்பயிற்சி

11) நல்ல தூக்கத்தைப் பெற என்ன செய்யலாம்?

அ) உறங்குவதற்கு 2 மணி நேரத்திற்கு முன் உணவு உண்ணுங்கள்

ஆ) மருந்து எடுத்துக் கொள்ளுங்கள்

இ) வழக்கமான தூக்க முறை

12) உங்கள் பிரச்சனைகளுக்கு எத்தனை முறை மருத்துவரை அணுகுகிறீர்கள்?

அ) நோயின் போது

ஆ) ஒரு மாதத்திற்கு ஒரு முறை

இ) வருடத்திற்கு ஒரு முறை

ஈ) சுகாதார பரிசோதனையின் போது

13) நீங்கள் எப்போது ஆலோசகரை அணுகுவீர்கள்?

அ) மனநிலை மாற்றங்கள்

ஆ) மனச்சோர்வு

இ) மன அழுத்தம்

ஈ) பதட்டம்

**ASSESS THE SELF EFFICACY OF PHYSICAL ACTIVITY
AMONG ADOLESCENTS AT SELECTED SCHOOLS, CHENNAI**



**A PROJECT WORK SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF NURSING
2020-2024**



Edit with WPS Office



**ASSESS THE SELF EFFICACY
OF PHYSICAL ACTIVITY AMONG ADOLESCENTS
AT SELECTED SCHOOLS, CHENNAI.**

BY

**MS. BALA ABIRAMI.D
MS. SHEABAH CAROLIN K.R
MS. PRIYADHARSHINI.K
MS. RITU KUMARI
MR. RANDHIR KUMAR**

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**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
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2020-2024**



Edit with WPS Office

CERTIFIED WORK DONE BY

MS. BALA ABIRAM.D

MS. SHEABAH CAROLINE K.R

MS. PRIYADHARSHINI.K

MS. RITU KUMARI

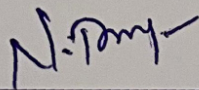
MR. RANDHIR KUMAR

**SATHYABAMA COLLEGE OF NURSING
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)
CHENNAI**

**SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF BACHELOR OF SCIENCE IN NURSING
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY), CHENNAI**

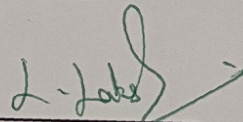
2020-2024

RESEARCH GUIDE



**Head of the Department
Department of Community Health Nursing
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Sathyabama Institute of Science and Technology
Rajiv Gandhi Salai, Chennai - 600 119.**

DEAN



**DEAN
SATHYABAMA
COLLEGE OF NURSING
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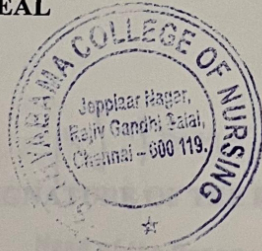


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BONAFIDE CERTIFICATE

This is a Bonafide work done by **MS. BALA ABIRAM I.D, MS. SHEABAH CAROLIN K. R, MS. PRIYADHARSHINI. K, MS. RITU KUMARI** and **MR. RANDHIR KUMAR, B. Sc (N) IIIrd** year students from Sathyabama college of Nursing, Sathyabama Institute of Science and Technology, Chennai, submitted in partial fulfillment for the degree of Bachelor of science in Nursing under the Sathyabama Institute of Science and Technology, Chennai.

COLLEGE SEAL



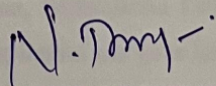
SIGNATURE OF THE DEAN

DEAN
SATHYABAMA
COLLEGE OF NURSING
Jepplaar Nagar, Rajiv Gandhi Salai,
Chennai - 600 119.



ENDORESEMENT BY THE RESEARCH GUIDE

This is to certified the project work entitled "Assess the Self-efficacy of physical activity among adolescents at selected schools Chennai." is a Bonafide research work done by MS. BALA ABIRAMILD, MS. SHEABAH CAROLIN K. R, MS.PRIYADHARSHINI.K, MS. RITU KUMARI and MR. RANDHIR KUMAR in partial fulfillment of the requirement for the degree of the Bachelor of science in nursing.



SEAL AND SIGNATURE OF THE RESEARCH GUIDE

Head of the Department
Department of Community Health Nursing
Sathyabama College of Nursing
Sathyabama Institute of Science and Technology
Rajiv Gandhi Park, Chennai - 600 119.



ACKNOWLEDGEMENT

"He makes all things beautiful in his time"

My great indebted thanks to the **lord all mighty** for his abandoned blessing, endless grace and love showered on me in providing the strength to overcome all the difficulties and made me to complete my study successfully, without which it would not have been possible. There are several hands behind in giving a shape to this research study, which would be impossible to mention all by name. There are some whom the investigator would particularly like to thank.

With the blessings of our Founder chancellor **COL. Dr Jeppiaar** which encouraged to complete this project, We are substantially thankful to our chancellor **Dr Maria Zeena Johnson** and express our deep gratitude and heartfelt thanks to our President **Dr Marie Johnson** for their encouragement and dedication towards the academic excellence and for providing us an opportunity to finish our project successfully.

It is my bounden duty to express my heartiest gratitude to **Dr. L Lakshmi [RN, RM, M. Sc (Nursing), Ph. D(Nursing)]**, Sathyabama Institute Of Science And Technology , Dean, Sathyabama College of Nursing, for her constant enthusiastic support, warmth inspiration and gave innovative ideas to incorporate in this study.

Excellent teacher is a complex matrix of builder, moulder, artist, leader and harvest I would like to express my immense gratitude and whole hearted thanks to my research guide **Prof . THIVYA. N [RN, RM, M. Sc (Nursing)]**, Department of Community Health Nursing, Sathyabama College of Nursing , for diligent effort the best quality, peaceful, her reassuring plan and a very approachable and inspiring quote, that can never be forgotten. I consider it as a great honour and privilege to have completed under his supervision.



I wish to communicate my extraordinary credit to **MS. PONNAMBILY CHANDY** for my research work and **Dr Kamaraj**, for his welltimed and opportune aid and backing in statistical analysis and presentation of data.

I extend my whole hearted thanks to all Faculty Members of Sathyabama College of Nursing for their continuous encouragement, guidance and valuable suggestions for this study.

I profusely thank all the Community Health Nursing Experts who validated the content and tool, which helped to incorporate their views in this study.

I am thankful to **Mr. Johnson M (librarian)** and **Mr. Nirmal TS** (computer expert) of Sathyabama College of Nursing for helping me with literature work and for extending library facilities throughout the study

A special note of gratitude to our classmates for their co-operation and help they rendered throughout the study.

Last but not least life has blessed me with an understanding, lovable and value oriented our beloved Parents who persuaded us to pursue under Graduate study, we are ever grateful to this supportive presence all along.

This study drew upon the knowledge and help, experience and expertise of many persons of good will, though too numerous to name, each one of them is remembered for their individual contributions without which the realization and presentation of this research would not have been. So I shower my great deal of thanks to those who helped directly and indirectly in this study



ABSTRACT

Problem statement of the study is to Assess the Self efficacy of physical activity among adolescents at selected schools in Chennai. The objective of this study was Assessment of self-efficacy of physical activity. To correlate the self-efficacy of physical activities with their body mass index. To find out the association between the level of physical activity with their selected demographic variables such as age, religion, education, type of family and height and weight.

The methodology of the present study was conducted at selected schools in Chennai. The sample for this study consist of 120 school students in selected schools Chennai. Stratified random sampling technique was used for the sample selection. The tools used for the data collection was self-administered Multiple choice questionnaire which consist of demographic data and part two was standard questionnaire knowledge about physical activity . Descriptive statistics (frequency, percentage, mean, and standard Deviation) and inferential statistics (Chi square, correlation) were used to analyse the data and to test the hypotheses.

The mean of the self efficacy of physical activity is 13.21 and the body mass index is 1.81 and it was found that there is the significant association between the self efficacy of physical activity and body mass index .

It was concluded that the awareness regarding the physical activity will be conducted among students . This will help them to lead the healthy life style.



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CHAPTER 1

**'If you don't make time for Exercise you will probably
have to make time for illness'**

Regular physical activity plays an role in healthy and in the quality of life across the life span . Thus assessing and understanding the physical activity behaviours with in the adolescence age group . Those students are at risk for engaging in or extending their involvement in unhealthy behaviours such as smoking .Drinking alcohol and irregular physical activity

The school setting. However is an environment that provides students with skills and knowledge about healthy life styles. Further the school setting provide sample opportunities to participate in regular physical activity or exercise through sport and fitness programs. Physical education classes and intramural sports programs. This is especially important because health beliefs and practices are still developing during these formative years.

Physical activity may be defined as “any bodily movement produced by skeletal muscles that results in energy expenditure” The national institutes of health (NIH) consensus development panel on physical activity has described the amount of physical activity indicated for health promotion purposes.



Wheeler (1993) used data from the BPFSS in South Carolina to evaluate physical activity. Data from 5,932 adults participating in the 1988 to 1990 survey were examined. The prevalence of sedentary lifestyle for Black individuals was 76.3% (confidence interval 74.9% to 77.7%), and 64.9% (confidence interval 63.3% to 66.5%) for White individuals. Similar differences by race were found for each age specific group. Siegel (1995) examined walking for exercise using data from the 1990 BRFSS. Secondary individuals were more likely those with lower incomes, the unemployed, and obese individuals.

Physical activity being a sub category of physical education is the educational program that teaches the adolescents school students the physique of human kinetics produced by the musculoskeletal systems. When undertaken regularly from moderate to vigorous physical activity can also improve not only the physiological but also the psychosocial health. Caspersen (1995) analysed trends in physical activity 26 states participating in the BRFSS from 1986 to 1990. The number of people participating in this service ranged from 34,439 in 1986 to 48,689 in 1990. In 1990, physical inactivity was significantly ($p < .05$) less for men and women when compared to individuals in the 1986 cohort. Women in all age groups reported a significant increase in intensive LTPA ($p < .05$). Only men in the 65 and older category significantly increased their intense activity levels. With regard to race, only White individuals significantly ($p < .05$) decreased by physically inactive status. Physical inactivity was significantly ($p < .05$) less in college graduates and individuals with some college experience in 1990 versus 1986.

Physical activity can also be expressed as a human kinetics or movement producer rejected by the musculoskeletal system which then



under taken regularly for a prolonged period of time from moderate to vigorous physical activities devoid of injuries to the tissues of the muscles, ligaments, tendons, joints and bones, improve the physiological and psychological health and wellness and holistic wellbeing of individual.

Physical activity is a protective factor against chronic non-communicable disease. Nevertheless many people do not have adequate physical activity and sedentary life style has become an important public health issue in all age groups, including adolescents. Because of increasing consumption of high calorie food. Use of digital technologies and adopting a sedentary lifestyle in old age. Physical activity promotion has become more important in adolescents. In your study of all cause death rates in 32,421 participants, investigators found the death rate considerably lower in fit individuals than in low fit individuals (Blair, 1989). Death rates range from 17 % to 39% lower for moderately fit men and from 48% to 67% lower for moderately fit women.

Nowadays about 80% of adolescents have neither severe nor mild physical activity more than 60 min per day. Many studies show that self-efficacy is one of the major determinants of physical activity. This construct plays an important role as the predictor of exercise and people who have more confidence about their ability show greater participation in physical activity.

NEED FOR THE STUDY:

Adolescence is a key period of human development as psychological and biological changes occur rapidly during the phase of life. Adolescence and young adulthood represent a significant transition in responsibility and lifestyle in many cultures as young



people shift from school settings to a variety of different pathways including higher education family.

Two schools in Chennai. One at Thiruvottiur urban and one at chrompet (semi urban) where chosen for conducting a cross sectional survey among school going adolescent during the period of Nov-Dec 2022. The adolescents aged between 13-17 years of both sex were included in the Study.

According to study data were collected from 1,421 sixty grades 73% African American 54% females 71% of few measures for emotional Social support, instrumental social support, instrumental social support and adolescents.

Centers for disease control and prevention that collects information from the surveys and from physical examinations to assess health. The research highlights the correlation between the obesity and sedentary lifestyles. The percentage of women reporting no physical activity jumped percent from 19% to 52% in the year of 2010. The inactive men from 11% to 43% over the same year. Obesity also increased from 25% to 35% in women and 20% to 35% in men. The lack of physical activity leads to increase number of calories in sedentary life style.

Adolescents who were sedentary received a graded exercise test to determine their current fitness level. A personalized exercise program was developed for each adolescent based upon individual fitness level and exercise preferences, pre-test and protest measures of exercises. Self-efficacy, benefits and barriers to exercise, family support were completed.



Adolescents should do atleast an average of 16 minutes / per day of moderate to vigorous intensity, mostly aerobic , physical activity across the week . Adolescent should limit the amount of time spend being sedentary. particularly the amount of recreational screen time.

- WHO

According to centers for disease control and prevention 2010 collects information from surveys & from physical examination to asses health. The percentage of a adolescent reporting no physical activity jumped from 19% to 52 % . Obesity among adolescents also increased from 25% to 30% so that the lack of physical activity leads to increased number of calories in sedentary life style.

RESEARCH QUESTIONNAIRE:

What is the level of self-efficiency of physical activity in adolescents?

PROBLEM STATEMENT:

Assess the self-efficacy of physical activity among adolescents at selected schools in Chennai.

RESEARCH OBJECTIVES:

- To assess the self-efficacy of physical activity among adolescents at selected schools.
- To correlate the self-efficacy of physical activities with their body mass index among adolescents.
- To associate the self-efficacy of physical activity among adolescents and & selected demographic variables.



OPERATIONAL DEFINITION:

ASSESS:

To evaluate the self- efficacy of physical activity.

SELF EFFICACY:

Self-efficacy refers to an individuals belief in his or her capacity to execute behaviours necessary to produce specific performance attainment which will be assessed by self-efficacy scale.

PHYSICAL ACTIVITY:

Physical activity of adolescents will be assessed by the type of activity over the past four weeks intensity will be measured by using quick physical activity rating scale.

ADOLESCENTS:

It refers to the age group of adolescents from 13 years to 18 years.

1. RESEARCH HYPOTHESIS:

There is a significant association between the self-efficacy of physical activity among adolescents & selected demographic variables.

2.ASSUMPTION:

It is assumed that the adolescents have the lower level of physical activity due to prolonged sitting process in the school.



CHAPTER - 2

REVIEW OF LITERATURE

SAMUAL JOSEPH BELEY Et all conducted study on physical exercise self- efficacy for college students in China and the study is aimed at scoring the measured evaluated factors under physical exercise self- efficacy for college students level of motivation [which is the process or approach that deals with internal or intrinsic motivation and external or extrinsic motivation that possesses both the factor of nature .The tool which has been in the research is physical exercise self-efficacy scale Questionnaire to assess the self-efficacy and exercise ,SCHWARZER et al ,with good item total correlations ranged from $[r=0.4\text{-to}0.76]$ and with excellent internal consistency of $[\text{Cronbach's } \alpha=0.88]$.validity was supported by a moderate correlation with exercise intention $[r=0.33]$ and physical activity behaviour $[r=0.39]$ at a 6-months follow – up. The sampled participants were each interviewed rand or questioned their respective college campuses with in the study scope of location using the on the spot face to face method for the measurement and evaluation in adherence to the instructions provided for by the research instrument.AS The result the demographic mean and the standard deviation $[M==SD]$ Values of both the height and the weight by institution were recorded in descending order .participants from NJALA university and from Eastern polytechnic respectively .The survey process mostly from NJALA university ,responded more positively with higher scores to physical activity self-efficacy with respect to college students and physical activity and in the constructs of the trans theoretical model and exercise .



MOHAMMAD HADA ABASI et al conducted study on self-efficacy questionnaire regarding leisure time physical activity; psychometric properties among male adolescents in Iran. The study was carried out in order to design and determine psychometric characteristics of a questionnaire for evaluation of self-efficacy about leisure time physical activity [SELPA] among Iranian adolescent boys, with an emphasis on regulatory self-efficacy. The analytical study was conducted in 734 male adolescents aged 15-19 years in Isfahan. After item generation and item selection based on review of literature and other questionnaires content validity index [CVS] and content validity ratio [CVR] were determined by members of target group [N =35].Exploratory factors analysis [EFA] was operated on sample 1[N1 =325] and confirmatory factors analysis [CFA] on sample 2[N2=347].Reliability of SELPA was estimated via internal consistency method .As the result according to EFA, barrier self – efficacy and scheduling self –efficacy are the two main aspects of SELPA with the total variance of 65%.The suggested model was confirmed by CFA and all fitness indices of the corrected model were good. Cronbach’s alpha was totally estimated as 0.89 and for barrier and scheduling self – efficacy, it was 0.86 and 0.81, respectively. The results provide some evidence for acceptable validity and reliability of SELPA in Iranian adolescent boys. However, further investigation especially for evaluation of predictive power of the questionnaire, are necessary.

A.M RUMAVAN HASAN et al conducted the cross sectional study on the challenges for promoting physical activity among school children in Bangladesh .This study aimed to physical activity confers a multitude of health benefits unfortunately ,Bangladesh school student .Children get little physical activity .The current study assessed the barriers to promotion . The tools finding from systemic study was conducted between January –June 2018 in Dhaka city fourteen school were



sampled to represent different school types. We used qualitative methods 14 key format interviews (Teachers, size focus, group discussion (parent) and 14 observation of school environments. Thematic analysis was performed. As a result physical activity was not prioritized at most school for two primary reasons. 1: There was a general lack of understanding of the importance of physical activity. 2: Physical education classes did not contribute to grades little time and resources were allotted. For physical education classes because little priority was given to physical by school authorities. Outside school, lack of adequate safe open spaces undermined access to physical activities . There were social barriers to physical activities including lack of parental support due to concerns about tiredness and injury and the perception that PA was determine to academic achievement. Many parents choose screen –based activities for children over physical activities. physical activity from the respective of school authorities and parents in Bangladesh.

KIRAN THAPA conducted the cross-section study on physical activities and its correlates among higher secondary school students in urban of Nepal. This study aimed to assess the level of physical activity its correlates and the sedentary behaviour of high school students and the data on adolescent's physical activity. This tools findings from this is a cross-sectional study. Participants were related using two stages cluster sampling techniques we used global physical activity questionnaire to collect information regarding physical activity and sedentary behaviour. Collected information is about socio-demographic, academic, environment and lifestyle related factors. Data from 945 high students from 23 randomly was used to identify correlates of low physical activity separately for male & female behaviour. As a result based on GPAQ



classification, one out of five reported low physical activity. The prevalence of low physical activity. The prevalence of low physical activity was 81 for male and 31% for female. About 31% of the adolescents and 14%. Of young adults did not meet with recommendations of physical activity. partially-seven parent of the total physical activity was born by recreational activities. Correlate of low physical activity included school type and mode of transport among females, family support and drinking among male and playground / park around home among both.

ZIA ULTRA et al 2019 conducted the cross-sectional study of less than on fifth of Pakistan adolescents aged (3-15) years achieve recommended activity levels. This systemic review and meta-analysis was conducted to determine on physical activity pooled estimate of the prevalence of PA and to systemically evaluate the literature available among in adolescents Pakistan. A systemic search of databases was conducted in addition search of reference of all the included result publications was performed .All studies were conducted the in school setting ,with a total sample size of 10,651 weighted pooled prevalence of physical activity among adolescent was 36.0% the tools finding from this a systemic reviews of published studies reporting physical activity among adolescents in Pakistan was undertaken between January 2019 and November 2019 .The PRISMA referred reporting items for systemic reviews and data analysis statement for reporting systemic reviews and data analysis was used as a afraid for reporting this systemic review . As a result search criteria identified a total of 1198 in respective source compressing of embase, medline CINAHL. Additionally 43 records were identified through hand search n=33 removing duplicates 756 titles and abstract were 51 articles were selected.



STEPHAN BEHEN et al conducted the cross section study of this paper was to investigate whether physical self-efficacy mediates the relationship between movement competence fundamental movement skills and received movement skill competence and physical activity in children .The tools findings from a purposive sample were recreated and complete assessment for physical self - efficiency fundamental movement skills a bootstrap medication analysis was employed using movement competence as the predictor variable and physical activity as the outcome variable and physical activity as the potential mediation of relationship as the result from a bootstrap mediation analysis yielded a statistically significant mediation effect for physical self-efficacy with the entire model explaining approximately 10.3.1 of variance of physical activity .The indirect effect of perceived movement skill competence through physical self-efficacy was significantly larger than the indirect effects of fundamental movement skills through physical self –efficacy.

RAVI KUMAR et al conducted the cross sectional study on physical activity & depression among adolescents in west Godavari district , Andhra Pradesh . The study is on the relationship between physical activity & depressive characteristics among the adolescents population is important in addressing two major public health concern depression &lack of physical activity .The present study was conducted with the aim to estimate the level of physical activity & depression & find out the association between them .The tools finding from school based cross –sectional study was conducted among students of 6th to 10th standards government & 2 private schools in Eluru city. The sample size is calculated by taking adequate physical activity prevalence 40% with 95% CI & relative prevalence of 12% physical activity. Physical activity & depression was measured using Beck's depression inventory (BDI II)



questionnaire by interview methods. As the result among 43% subjects correlation between the physical activity & depression was $r=0.252$.

RAJITHA (Alva et al) conducted a cross-sectional study on the physical activity self-efficacy & its correlation with cardiorespiratory fitness. Physical activity level & sedentary time among urban school going adolescents were addressed in the study to assess the relationship between physical activity self-efficacy & cardiorespiratory fitness (CRF), physical activity levels & sedentary time. Methods and analysis following ethical approval, CTRI registration, and school and parent consent, 272 adolescents volunteered to participate in the study. They completed self-efficacy for daily physical activity questionnaire (SEPA), physical activity questionnaire for adolescents (PAQ-A), and adolescents sedentary activity questionnaire (ASAQ). CRF was assessed using a 20-m multistage shuttle run test and VO_2 max was estimated using leger's formula. Descriptive statistics and correlations (Pearson's and Spearman's rank) between the variables were done in SPSS v.20. Children (54% boys) had a mean age and body mass index of 12.8 ± 0.9 years and $20.7 \pm 5 \text{ kg/m}^2$, respectively. Mean of SEPA, ASAQ and VO_2 max were 58.2 ± 23.2 , 2662 ± 1024 min, and $41 \pm 5.2 \text{ mL/kg/min}$ respectively. Majority (51%) had moderate levels of PA. There was a weak correlation of SEPA with PAQ-A ($r^2=0.31$; $p<0.001$), whereas there was no significant correlation of SEPA with other variables.

Mr. VENKATESH VINAYALE et al conducted the study with the objective to assess the nature and extent of physical activity among the adult population of rural KANCHEEPURAM and also to study the individual (Socio demographic, biological and psychological factors) and environment correlates (Social, physical and policy factors) of their physical activity. It was a cross sectional study among adults (20-64 years)



wherein random selection of eight panchayat village in CHITHAMOOR block was followed by random selection of 50 houses from each village. Kish methods used for selecting one eligible individual from each selected household. Physical activity was measured using the validated global physical activity questionnaire (GPAQ). Data was collected from 348 individuals using structural interviews scheduled and physical measurements. Results 26.4% of studied population sample had low levels of total physical activity. 84.2% of total physical activity comprised of work related activity. Majority (89.1%) of participants felts physical activity being somewhat/not important for health. Barriers significantly associated with insufficient physical activity were feeling too old ($p<0.001$) and lack of energy ($p<0.001$). On multivariate analysis, female sex [OR (95%CI) =2.85 (1.56-5.18)], age beyond 60[OR (95%CI)=3.26 (1.16-9.13)], high socioeconomic status [OR(95%CI)=1.98 (1.09-3.60 and lack of energy [OR(95CI)=3.45(1.57-7.58)] were positively associated with insufficient physical activity.

Mr. TARUN REDDY et all conducted the study on physical inactivity in children and youth in INDIA is a major public health problem. The 2016 Indian report card on problem activity for children and youth has been conceptualized to highlight this epidemic by appraising behaviours, contexts, strategies, and investments related to physical activity of Indian children and youth. An international research collaboration resulted in the formation of a research working group (RWG). RWG determined key indicator; developed criteria for assigning grades; and, finally, assigned grades to indicators based on consensus. Overall physical activity levels were assigned a grade of C-Active transportation and sedentary behaviours were both assigned a grade of C. Government strategies and investments was assigned a grade of D. Six other



indicators, including the country-specific indicator physical fitness were graded as INC incomplete due to the Lack of nationally representative evidence.

CHAPTER III

METHODOLOGY

INTRODUCTION:

Research methodology is a way to systematically solve the research problem. In this we study the various steps that are generally adopted by a researcher in studying his research problem along with the logic behind them. It is defined as the collection of data, explain the study population, sample & survey instrument, data analysis, sample procedure, techniques, tools & documentation aids that helps a software developer to speed up & simplify the software development process. This chapter deals with description of research & methodology adapted the study. It is the process to obtain the evidence for the study & to answer the research questions. It is discussed under the following headings research approach, research design, variable, setting population, sample & sampling technique.

Data collection & the plan for data analysis interpretation of the data is the study was under taken to assess the self-efficacy of physical activity among adolescents in the semmencherry schools in Chennai.

RESEARCH APPROACH:

Research approach enables the researchers to analysis from whom the idea to be collected & what to be collected & how to collect & analyse



them the research approach quantitative study. It is aimed to assess the self-efficacy of physical activity among adolescents at selected schools semmencherry in Chennai.

RESEARCH DESIGN:

This study is designed as a descriptive design activity to understand the level of self-efficacy of physical activity among adolescents at selected schools in Chennai.

RESEARCH VARIABLES:

Variables are the quantities properties or characteristics of person things or situations that are changeable or unchangeable & manipulated or measured in research.

SETTING:

It is the physical location & condition in which data collected take place in study. The study will be conducted in semmencherry at school in Chennai.

POPULATION:

Population is the complete set group of individuals or objects having some common characteristics in this study the population is comprised of adolescence students from the age group of 13 years to 18 years in selected schools, semmencherry in Chennai.

SAMPLE SIZE:



In this study the sample consist of 120 school students from the age group of 13 years to 18 years adolescence at selected schools semmencherry in chennai.

SAMPLE CRITERIA:

INCLUSION CRITERIA:

- Children who are studying between 8th std to 12th std children who are present at the time of the study.
- Student assent lack of health problems that prevented them from performing physical activities.

EXCLUSION CRITERIA:

- Students are being a member of professional sports team.
- Children who are not willing to participate in the study.

METHOD OF COLLECTION DATA:

DATA COLLECTION INSTRUMENT:

Structured interview schedule used for data collection.

DATA COLLECTION METHOD:

Interview was conducted between 9;00 am to 4 pm depending upon the availability of the sample.

SELECTION AND DEVELOPMENT OF STUDY INSTRUMENT:

As the study aimed at evaluating the level of knowledge. The researcher was constructed demographic variables, program, and structured interview schedule was formed to assess the level of self-efficacy of physical activity adolescents.



1. Demographic variables

2. Standard questionnaire based on the self-efficacy of physical activity among adolescents.

Section-A

It consist of demographic data which includes age in year, sex, educational status, type of family, religion, socio economic data, weight & height and BMI of children.

Section-B

It consist of questions related to self efficacy of physical activity among adolescents.

DATA COLLECTION PROCEDURE:

The researcher has planned to collect data on self efficacy of physical activity among adolescents and demographic data from school children. The corresponding answer attained are marked on the data sheet by the researcher.

PLAN FOR DATA ANALYSIS:

Analysis & interpretation was done based on objectives of the study. The data was analysed using objectives statistics frequency, percentage description mean & standard deviation and inferential statistics like chi square test. The significant finding were expressed in the form of tablets and figures.

SCORING METHOD:

Each correct answer is given upto ' 3 ' marks. Based on the score



obtained by the sample they are categorised as follow:

SCORE	INFERENCE
21 – 30	High level of physical activity
11 – 20	Moderate level of physical activity
1 – 10	Low level of physical activity

ETHICAL CONSIDERATION:

- Will Obtain clearance from sathyabama institute of science and technology.
- Will get informed consent.
- Privacy will be maintained.
- Autonomy will be maintained.
- UG commite clearence will be obtain.



CHAPTER 4

ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 120 school students in Jeppiaar Matric Higher Secondary school. Data was analysed on the basis of the objectives of the study. The term analysis refers to a number of closely related operations which are performed with the purpose of summarizing the collected data and organizing in such a manner that they answer the research questions.

Organization of study findings

Analysis of the study findings are organized under the following headings:

Section A: Assessment of Self efficacy of physical activity

Section B: To correlate the self-efficacy of physical activities with their body mass index.

Section C: To associate the level of physical activity with their selected demographic variables.

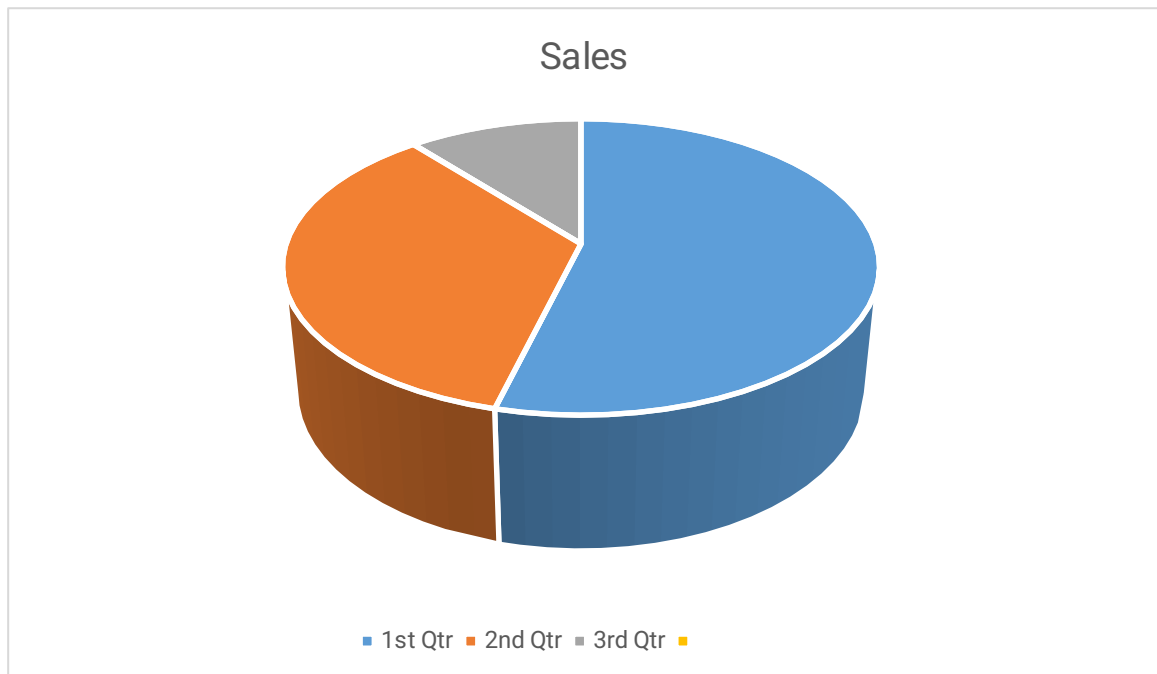
SECTION – A

Assessment of level of self-efficacy of physical activity

S. No	Description	frequency	Percentage
1	Low level of physical activity	42	35%
2	Medium level of physical activity	65	54.16%
3	High level of physical activity	13	10.8%

Regarding the section A it contain three table. Each table explain about the level of physical activity. First table explain about the percentage of low level of physical activity in the students with the frequency of 42 (35%) out of total number of students. The second table explain about the percentage of medium level of physical activity in the students with the frequency of 65 (54.16%) out of total number of students. The third table explain about the percentage of high level of physical activity in the student with frequency of 13 (10.8%) out of total number of student sample.





SECTION – B

Table: 2 To correlate the self-efficacy of physical activities with their body mass index .

Variables	Mean	Standard deviation	Correlation Coefficient
Self-efficacy of physical activities	13.21	29.45	6.1514
Body mass index (BMI)	1.81	114.45	

Table: 2 Shows the mean of the self-efficacy of physical activity is 13.21 and body mass index shows 1.21. The standard deviation of self-efficacy of physical activity is 29.45 and for body mass index is 114.45. As the result of the correlation with self-efficacy of physical activity and their BMI is POSITIVE CORRELATION. Therefore,

increase in the BMI decreases the self-efficacy of physical activities in the student.

S. No	Demographic variable	Level of self-efficacy of physical activity			X^2	Table value	Level of significance
		Low	Medium	Severe			
1	Age						
	a)13-15 years	34	5	13	13.937	9.49	S
	b)15-17 years	7	5	2			
	c) 18 years	1	8	0			
2	Gender						
	a) Male	8	14	1	18.71	9.49	S
	b) female	35	49	14			
	c)Transgender	0	0	0			
3	Standard of study						
	a)6-8 th std	16	26	7	19.176	9.49	S
	b) 9-10 th std	18	21	5			
	c)11-12 th std	8	16	3			
4	Types of family						
	a) Nuclear family	34	48	9	20.629	10.7	S
	b) Joint family	8	15	6			
5	Monthly Income						
	a) Below 5000 per month	3	0	1	14.44	9,49	S
	b) More than 10000	39	63	14			
6	Dietary habits						
	a) Vegetarian	5	6	4	16.185	10.7	S
	b) Non-Vegetarian	37	57	11			
7	Height						
	a) 130-145cm	16	26	7			

	b) 146-160cm	18	21	5	19.176	9.49	S
	c) 161-175cm	8	16	3			
8	Weight						
	a)30 -45kg	16	22	7	8.379	9.49	S
	b)46-60kg	21	32	6			
	c)61-75kg	5	9	2			
9	BMI						
	a) Below 18.5	11	19	5	4.162	9.49	S
	b) Normal 18.5 – 24.9	27	37	6			
	c) More than 25	4	7	4			

TABLE 3.1

According to age $\chi^2 = 13.937$ were as the table value= 9.49.

TABLE 3.2

Regarding gender $\chi^2 = 18.71$ were the table value = 9.49.

TABLE 3.3

The standard of study $\chi^2 = 19.176$ and the table value= 9.49

TABLE 3.4

Associated with the types of family $\chi^2 = 20.629$ were as the table value=

TABLE 3.5

According to the monthly income the $\chi^2 = 14.44$ as the table value =

TABLE 3.6

The Dietary pattern $\chi^2 = 16.185$ and the table value =.

TABLE 3.7

The height $\chi^2 =$ and the table value is

TABLE 3.8

The weight $\chi^2 = 8.379$ and the table value = 9.49

TABLE 3.9

According to BMI $\chi^2 = 4.162$ and the table value is 9.49



CHAPTER-5

DISCUSSION

DISCUSSION:

The level of physical activity among the school students seems to be in moderate range in their daily activity. Particularly adolescents students lack in their physical activity and face many problems to stay participate in regular physical activity. The present study was taken up in an effort to assess the self efficacy of physical activity among adolescents at selected school to Create a awareness about the physical activity in relation to increase the quality of life.

Objective 1

Assessment of level of self-efficacy of physical activity.

Finding of present study showed the self-efficacy of physical activity explain about the percentage of low level of physical activity in the students with the frequency of 42 (35%) out of total number of students. The percentage medium level of physical activity in the students with the frequency of 65 (54.16%) out of total number of students. The percentage of high level of physical activity in the student with frequency of 13 (10.8%) out of total number of student sample.

Objective 2:

To correlate the self-efficacy of physical activities with their body mass index.

Finding the present study show the correlation between the self-efficacy of physical activity with their body mass index. The mean of self-efficacy of Physical activity is 13.21 and body mass index shows 1.81. The standard deviation of self-efficacy of physical activity is 29.45 and for body mass index is 114.45. As the result of the



correlation with self-efficacy of physical activity and their BMI is POSITIVE CORRELATION. Therefore increase in the BMI decreases the self-efficacy of physical activities in the students.

Objectives 3:

To associate the level of physical activity with their selected demographic variables. Finding the present study shows their was no statistical significance association of age , gender, standard of study, type of family, monthly income ,dietary habits , height , weight ,but there was statistical significance association of average time of doing physical activity .

Chapter-6

SUMMARY, CONCLUSION, IMPLICATION

RECOMMENDATION AND LIMITATION

Summary:

Summary was derived from findings and synthesis of findings. Forming these conclusion requires combination of logical reasoning, creating formation of meaningful whole from the pieces of information obtained through data analysis and findings of previous study receptivity subtle calves in the data and the use of open context in considering altering of data. The following conclusion were drawn on the basis of present study to assess the relationship between self-efficacy of physical activity among adolescents at selected school in Chennai.

There was a significantly association of level of physical activity with their selected demographic variables like age, height, weight, type of family and also create



awareness regarding physical activity.

NURSING IMPLICATION AND RECOMMENDATIONS

The findings of study have implications in the following areas

- ❖ Implication of nursing practices
- ❖ Implication of nursing education
- ❖ Implication of nursing administration
- ❖ Implication of nursing research

Nursing practice

The nurses play a vital role among all the awareness program of physical activity. They have special variety of Audio Visual aids to create awareness of people especially with adolescent age group. Nurses can include the other members of the family in awareness programme of physical activity and the causes of health problems. The teaching strategies used by the nurses should be simple clear cut audible to follow the students. And also nurses should go to urban area and conduct a program related to physical activity.

Nursing education

Nursing curriculum should focus on improving the strategies to prevent the effects that caused by physical activity. The nursing curriculum should consist of knowledge related teaching strategies and various modalities. Students learning experience should provide an opportunity to conduct awareness program of physical activity to adolescence students. The students need to be directed towards changing attitude regarding the short time of physical activity. Nursing workshops and conferences should be conducted to update knowledge about physical activity. Research activities should be carried out various aspects of physical activity. Education material should be prepared based on the need of the



teenage students and their lifestyle modification.

Nursing administration

The nursing administration should organize service education for the staffs to get update of different modes of physical activity. The nurse administrator should motivate the health care professionals to organize the awareness program to the teenage students and their families by providing the knowledge related to importance of physical activity. Nurse administrator should also involve the mass media in the awareness program regarding physical activity. The teaching session can be videotaped and played for the teenage students who are willing to participate in the awareness program. Nurse administrator should also motivate and develop interest regarding the importance of physical activity in adolescence students.

Nursing research

This findings of the study recommend to have awareness program for the adolescent students. The research should be focuses on the large sample to identifying their level of physical activity. This study will be motivating factor for the beginning researcher to conduct a study on the same theme with different variables. The nursing research should focuses on attitude of adolescent people and their family members to know the importance of physical activity. The research can be focused on various intervention focused program to the importance of physical activity.

Limitations

- ❖ Sample size was small hence the generalization of finding in limited
- ❖ Study conducted in one nursing college, there by restricting the generalization of finding.

Recommendations

Based on the finding of the study, the following recommendations are put forward for the further research.



- *A similar study undertaken with the large sample to generalize finding.
- *The experimental study can be conducted with different teaching method to physical activity.
- * The similar study conducted to using true experimental research.
- * The study can be undertaken to determine the knowledge as well as level of physical activity.
- * The study on identifying the level of physical activity.
- *The study conducted to make awareness of important of physical activity.
- *The Comparative study conducted between studying and non -studying adolescent students.

Conclusion

Based on the findings of present study, it was concluded that the most of student are in medium level of physical activity . From findings of the study it can be concluded that awareness program was necessary to increase the knowledge regarding the importance of physical activity.

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ANNEXURE – A

LETTER REQUESTING PERMISSION FOR CONDUCTING THE STUDY

From
Ms. Bala abirami.D
Ms. Sheabah Carolin.KR
Ms.Priyadharshini.K
Mr.Radhir kumar
Ms.Rithu jha
III rd year, B.sc Nursing
Sathyabama college of Nursing.

To
The Dean
Sathyabama college of Nursing
Sathyabama Institute of Science & Technology
Chennai-119.

Respected Sir / Madam,

Sub.: Requesting for permission to conduct research study

We are third year, Bachelor of Nursing students studying in Sathyabama college of Nursing. We have selected the under mentioned topic for the research project to be submitted to Sathyabama Institute of Science & Technology in a partial fulfillment of university requirement for the award of the B.Sc, Nursing Degree.

Topic:

“ASSESS THE SELF EFFICACY OF PHYSICAL ACTIVITY AMONG ADOLESCENCE”

Here by we assure that all the information collected for the research study will be kept confidentially. We kindly request you to grant permission to conduct this research study.

Thanking you



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ANNEXURE – B

ETHICAL CLEARANCE

CERTIFICATE FOR ETHICAL CLEARANCE

This is to certify that Reg.no. 40904009, 40904047, 40904040, 40904041 and 40904042, B.sc nursing III year students, Submitted the protocol on study as ,

“ASSESS THE SELF EFFICACY OF PHYSICAL ACTIVITY AMONG ADOLESCENCE”

The above protocol was received by ethical committee approved and mentioned that the study is feasible to carry out under the guidance of an eligible guide.

SIGNATURE OF THE CHAIRMAN



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DEMOGRAPHIC VARIABLES

1 . Age:

A) 13-15 years

B) 15-17 years

C) 18 years

2 . Gender :

A) Male

B) Female

C) Transgender

3 . Standard of study:

A) 6-8 standard

B) 9-10 standard

C) 11-12 standard

4 . Types of family:

A) Nuclear family

B) Joint family

5 . Monthly income :

A) Below 5000 per month

B) More than 10,000

6 . Dietary habits

A) Vegetarian

B) Non – vegetarian

7. Height:

.....cm



8. Weight.

.....Kg

9. BMI

1)வயது

அ) 13-15 ஆண்டுகள்;

ஆ) 15-17 ஆண்டுகள்

இ) 18 ஆண்டுகள்

2) பாலினம்

அ) ஆண்

ஆ) பெண்

இ) திருநங்கை

3) கல்வியின் தரநிலை

அ) 6-8 தரநிலை

ஆ) 9-10 தரநிலை

இ) 11-12 தரநிலை

4) குடும்ப வகைகள்

அ) தனிக் குடும்பம்

ஆ) கூட்டு குடும்பம்

5) மாத வருமானம்

அ) மாதம் 5000 க்கு கீழே

ஆ) 1000 க்கு மேல்

6) உணவு பழக்கம்

அ) சைவம்

ஆ) அசைவம்

7) உயரம்____செ.மீ

8) எடை____கிலோ

9) BMI

