

Effectiveness of Community-Based Nursing Intervention Package on Self-Care Self-Efficacy among Elderly Residing in Selected Rural Community

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Abstract

Aging is a global issue that is currently posing a significant social burden. In comparison to other age groups, the elderly (those 60 years of age and over) have the fastest rate of population increase in the world today. This is because over the past few decades, advancements in medical research, improved nutrition, and the avoidance of numerous diseases have improved. The percentage of the world's senior population is expected to rise from approximately 12.3% in 2015 to approximately 21.5% in 2050, according to UN estimates. Thus, encouraging healthy aging is extremely important, especially in developing nations like India. Therefore, designing extensive programs on the participant of aging is very important.

Methodology

The researcher used a quantitative research approach in the present study. The research design that is chosen for this study is a pre-experimental, one group pre-test post-test design the population was elderly people residing in selected areas of rural community. The sample consisted of 60 pre-menopausal women residing in a selected area of the rural community. The sampling technique used was the non-probability convenient sampling technique. The setting was a selected area of rural community. Self-rated self-care scale to assess self-care, Self-Rated Abilities for Health Practices Scale developed by Becker et al to assess self-efficacy. The intervention given to the selected samples was a community-based nursing intervention package. In this study, community-based nursing intervention package typically includes three domain, health practice, physical activity, and psychological well-being.

The content validity of the tool was done and was found to be 0.98. The study was done for 27 days. Community based nursing intervention package was administered to the 40 experimental group elderly; The post-test was collected on the 27th day.

Result

The analysis of the study was done using descriptive and inferential statistics. The master sheet was prepared and coding of the responses was done. The data was presented in the form of tables and charts. Statistics were performed with the help of paired t-tests, and chi-square tests.

The percentage-wise distribution of respondents according to their pre-test and post-test levels of self-rated self-care reveals a significant improvement after the intervention. In the pre-test, 75% of respondents had poor self-care scores (53-23), while 25% had an average self-care score (84-54). Notably, none of the respondents were in the good self-care category (115-84). In the post-test, 100% of respondents moved to the good self-care category, with no respondents remaining in the poor or average categories

The percentage-wise distribution of respondents according to their pre-test and post-test levels of self-efficacy reveals a remarkable improvement after the intervention. In the pre-test, 100% of respondents had a moderate level of self-efficacy (8960), with none in the high (112-90) or low (59-30) categories. In the post-test, all 40

respondents (100%) shifted to the high self-efficacy category, with no respondents remaining in the moderate or low categories. This indicates a significant enhancement in self-efficacy levels following the intervention.

The paired t-test was conducted to compare the self-care levels before and after the implementation of community-based intervention packages among the elderly residing in the selected community. The results indicate that the mean pre-test self-care score was 52.9 (SD = 0.97), while the mean post-test self-care score increased to 103.68 (SD = 2.31).

The calculated t-value of 128.19 is much higher than the table value of 2.02 at $df = 39$ and $p \leq 0.05$, with a p-value of 0.0001, which is highly significant.

Thus, the findings suggest that there is a statistically significant improvement in the self-care levels of elderly participants after the intervention. This indicates that the community-based intervention packages were effective in enhancing self-care among the elderly.

A paired t-test was performed to compare the self-care efficacy levels before and after the implementation of community-based intervention packages among elderly residents in the selected community. The results show that the mean pre-test self-care efficacy score was 66.25 (SD = 1.26), whereas the mean post-test self-care efficacy score increased to 100.48 (SD = 1.48).

The calculated t-value of 39.13 is significantly higher than the table value of 2.02 at $df = 39$ and $p \leq 0.05$, with a p-value of 0.0001, which is highly significant.

These findings indicate a statistically significant improvement in self-care efficacy among elderly participants following the intervention. This confirms that the community-based intervention packages were effective in enhancing self-care efficacy in the target population.

KEY WORDS: Self-care self-efficacy, community-based nursing intervention package

INTRODUCTION

Aging is a global issue that is currently posing a significant social burden. In comparison to other age groups, the elderly (those 60 years of age and over) have the fastest rate of population increase in the world today. This is because over the past few decades, advancements in medical research, improved nutrition, and the avoidance of numerous diseases have improved. The percentage of the world's senior population is expected to rise from approximately 12.3% in 2015 to approximately 21.5% in 2050, according to UN estimates. Thus, encouraging healthy aging is extremely important, especially in developing nations like India. Therefore, designing extensive programs on the participant of aging is very important.

The aging process brings about a number of health changes for the old, including mental, physical, and intellectual frailty as well as a range of ailments. Additionally, the elderly will eventually face challenges linked to self-care. The World Health Organization defines self-care behaviours as those that promote health, prevent and control disease, take medications as prescribed, and, when needed, refer patients to hospitals or other healthcare facilities. An enhanced capacity for self-care among senior citizens may result in self-fulfilment.

Healthy diet, exercise, stress reduction, spiritual development, positive emotions, and personal responsibility for one's health are the most significant health-promoting self-care practices. Self-care results in more life satisfaction, lower medical expenses, and better health and quality of life.

Improving self-efficacy appears to be a means of achieving better self-care practices in addition to knowledge improvement. Increased self-efficacy enhances older adults' capacity to take care of themselves, according to studies. The belief that one can succeed in particular circumstances or complete a task is known as self-efficacy. An individual's approach to objectives, projects, and obstacles can be significantly influenced by their level of self-efficacy. The belief in one's own abilities to carry out a task, or the conviction that one can plan and carry out the necessary actions to achieve a goal, is known as self-efficacy.

BACKGROUND OF STUDY

There was a phenomenon known as the "gray population" in the second part of the 20th century. By 2050, there will be 3.5 times as many elderly people worldwide, primarily in developing nations. During the past 20 years, the Iranian population has been aging quickly. The repercussions of old population development, influencing resources of health and medical care, are important in Iran and rest of the world. The biggest obstacle to providing medical care for older adults is their diminished functional ability, which makes them more reliant on friends and family. Many people struggle with self-care to some extent, and in order to avoid mishaps, they must take care of themselves and follow an efficient care pattern. The perception of one's own abilities is a powerful indicator of conduct. This study sought to determine how nurse home visits affected the elderly's self-care self-efficacy in rural locations, given the significance of health-promoting self-care activities in improving quality of life.

NEED OF STUDY

India recorded a significant improvement in life expectancy at birth, which was 47 years in 1969, growing to 60 years in 1994 and 69 years in 2019. The share of population of elderly was 8% in 2015 i.e., 106 million (10 crores plus) across the nation, making India the second largest global population of elderly citizens. Further, it has been projected that by 2050, the elderly population will increase to 19%. Therefore, to identify the health needs of the elderly.

Seniors who live longer experience loneliness and neglect due to the breakdown of the social fabric, drop in joint families, and increase in longevity. Healthy living is advised, including regular exercise, a balanced diet, and abstaining from alcohol, tobacco, and other habit-forming substances. A positive outlook and mental health support a high quality of life as one ages.

Self-care and self-efficacy are crucial for elderly individuals in rural communities for several reasons. Firstly, self-care helps maintain physical and mental well-being, allowing them to better cope with the challenges of aging. In rural areas, limited access to healthcare facilities makes self-care practices vital for preventive health.³

Additionally, self-efficacy, or one's belief in their ability to accomplish tasks, enhances independence. This is particularly important in rural settings where support services may be scarce. Empowering elderly individuals with a sense of self-efficacy promotes autonomy, resilience, and the ability to navigate daily life, contributing to improved overall quality of life.

As people age, their health varies in many ways, including physical, mental, and intellectual weakness, as well as a number of ailments. They also face challenges linked to self-care to some extent. The World Health Organization defines self-care practices as promoting health, preventing and controlling disease, taking medications as prescribed, and, if required, referring patients to medical facilities like hospitals.

It appears that raising self-efficacy and enhancing knowledge are both necessary for bettering self-care practices. Research indicates that older adults who have higher levels of self-efficacy are better able to take care of themselves. Self-efficacy is the conviction that one can succeed in particular circumstances or complete a task. How someone tackles objectives, projects, and obstacles can be significantly influenced by their feeling of self-efficacy. Self-efficacy is the conviction that one possesses the necessary talents to complete a task and the ability to plan and carry out the necessary actions to achieve a goal.

Self-care and self-efficacy are necessary for elderly people for several reasons:

Maintaining Independence: - Self-care empowers seniors to handle daily tasks independently, promoting a sense of autonomy and dignity in their lives. Health Promotion: - Regular self-care practices, such as exercise, proper nutrition, and adequate rest, contribute to maintaining physical health, preventing illness, and supporting overall well-being

Emotional Well-being: - Engaging in self-care activities can have positive effects on mental health, helping elderly individuals manage stress, anxiety, and depression, and fostering a more positive outlook on life.

Adaptation to Change: - Aging often comes with changes in physical abilities and lifestyle. Self-efficacy, or belief in one's capabilities, helps seniors adapt to these changes, promoting resilience and a proactive approach to challenges. Reduced Dependency: - Cultivating self-efficacy reduces the dependency on others for basic needs, enabling seniors to take charge of their lives and make decisions that align with their preferences. Enhanced Quality of Life: - By focusing on self-care and fostering a sense of self-efficacy, elderly individuals can experience an improved quality of life, characterized by a sense of purpose, satisfaction, and overall well-being.

In summary, self-care and self-efficacy are vital for maintaining physical and mental health, adapting to changes, and promoting a fulfilling and independent lifestyle for elderly individuals.

METHODOLOGY

The current research was used to assess the Effectiveness of community-based nursing intervention package on self-care self-efficacy among elderly residing in selected rural community.

The researcher used a quantitative research approach in the present study. The research design that is chosen for this study is a pre-experimental (one group pre-test and post-test design). The population was elderly residing in selected areas of rural community. The sample consisted of 40 elderly residing in a selected area of the rural community. The sampling technique used was the non-probability convenient sampling technique. The setting was a selected area of rural community. Self-rated self-care scale to assess self-care, Self-Rated Abilities for Health Practices Scale developed by Becker et al to assess self-efficacy. In this study, community-based nursing intervention package typically includes three domain, health practice, physical activity, and psychological well-being.

The content validity of the tool was done and was found to be 0.98. The study was done for 27 days. Community based nursing intervention package was administered to the 40 experimental group elderly; The post-test was collected on the 27th day.

STEPS OF INTERVENTION

1. Data will be collected using asses the socio demographic data.
2. Written Consent will be taken from all the participants.
3. Elderly people who fill in the criteria will be selected and others will be skipped.
4. Objective of study will be discussed and consent will be obtained from all the sample participating the in study.
5. assess the self-care self-efficacy using self-rated self-care scale and Self-Rated Abilities for Health Practice scale among elderly selected rural area.
6. Selection of samples who have low self-care self-efficacy.
7. administering and practicing the community-based nursing intervention package to elderly people from the day 1 to 26 days under observation at 8 am in the morning.
8. On day 27th reassess the self-care self-efficacy using self-rated self-care scale and Self-Rated Abilities for Health Practice scale among elderly selected rural area.
9. Data will be arranged into master sheet and calculated using Descriptive and inferential statistics.
10. Pre and post intervention finding will be analysed.
11. Collected data will be analysed with the help of Paired t-Test.

RESULT

Section I: - Description of samples (elderly residing in a selected rural community) based on their characteristics

Age in years

The percentage-wise distribution of respondents according to their age reveals that 37.50% of respondents were in the 60-64 years age group, 42.50% were in the 64.1-70 years age group, and 20% were in the 70.1-75 years age group. This indicates that the majority of respondents were in the 64.1-70 years age range, followed by the 60-64 years age group, with the least representation in the 70.1-75 years age group.

Gender

The percentage-wise distribution of respondents according to their gender reveals that 57.5% of the respondents were male, while 42.5% were female. This indicates that the majority of the respondents were male.

Educational Qualification

The percentage-wise distribution of respondents according to their educational qualifications reveals that the majority (47.5%) had completed secondary education. Additionally, 37.5% of respondents had completed graduation and above, while 12.5% had primary education. A small proportion (2.5%) of respondents held a diploma. This indicates that most respondents had at least a secondary level of education.

Occupation status

The percentage-wise distribution of respondents according to their occupation reveals that the majority (57.5%) did not fall into any of the listed occupational categories. Among the specified occupations, 22.5% of respondents were retired, 10% were engaged in business, 7.5% were farmers, and a small proportion (2.5%) were workers. This indicates that a significant number of respondents were either engaged in other occupations or were not employed in the mentioned categories.

The income of the family

The percentage-wise distribution of respondents according to their monthly income reveals that the majority (77.5%) had an income of Rs. 10,000 and below. A smaller proportion (12.5%) earned between Rs. 10,001 and Rs. 20,000, while 7.5% had an income ranging from Rs. 20,001 to Rs. 30,000. Only 2.5% of respondents reported earning Rs. 30,000 and above. This indicates that a significant portion of the respondents belonged to the lower-income category.

Religion

The percentage-wise distribution of respondents according to their religion reveals that the majority (62.5%) were Hindus. A smaller proportion (10%) were Muslims, while no respondents (0%) identified as Christians. Additionally, 27.5% of respondents belonged to other religious groups. This indicates that the respondent group was predominantly Hindu, with some representation from other religious communities.

Marital status

The percentage-wise distribution of respondents according to their marital status reveals that the majority (90%) were married. A smaller proportion (10%) were divorced, while no respondents (0%) were single, separated, or widowed. This indicates that most respondents were in a marital relationship, with a few experiencing divorces.

Type of family

The percentage-wise distribution of respondents according to their family type reveals that all respondents (100%) lived in a joint family. There were no respondents from nuclear or extended family setups. This indicates that all respondents were part of joint families.

Comorbidities

The percentage-wise distribution of respondents according to their comorbidities reveals that the majority (60%) had no comorbidities. Among those with health conditions, 20% had diabetes mellitus, and another 20% had hypertension. There were no respondents with asthma or a history of surgeries in the past six months. This indicates that while most respondents were free from comorbid conditions, a significant proportion had diabetes and hypertension.

Section II: To assess the self-care self-efficacy among elderly residing in selected community.

Table No: 4.10 Distribution of respondents according to pre-test and post-test level of Self-rated self-care (N=40)

SN	Level of self-care score	Pre-test		Post-test	
		F	%	F	%
1	115-84 (Good)	00	00	40	100
2	84-54 (Average)	10	25	00	00
3	53-23 (Poor)	30	75	00	00

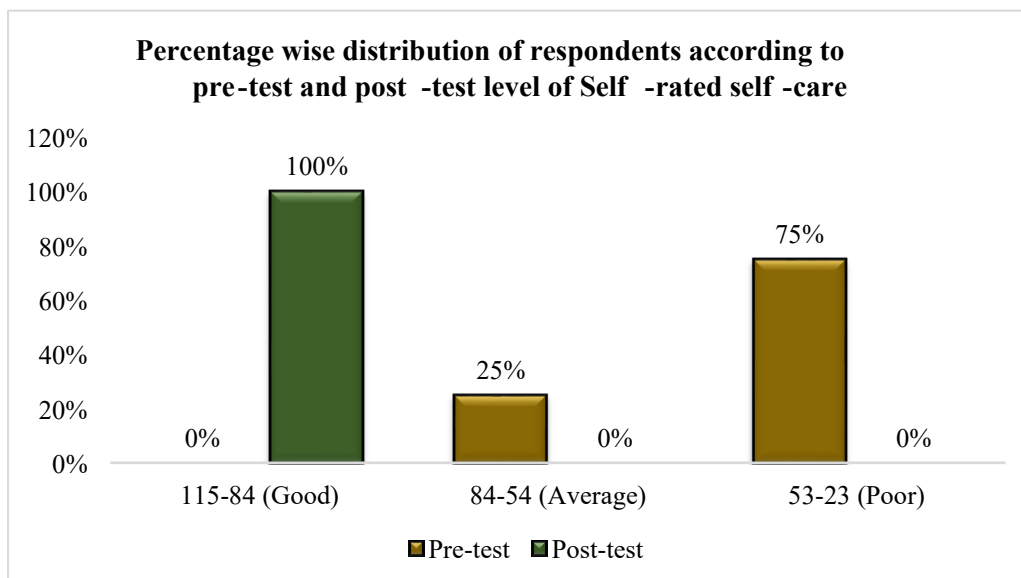


Fig no: 4.10 Bar diagram showing percentage wise distribution of respondents according to pre-test and post-test level of self-rated self-care.

The percentage-wise distribution of respondents according to their pre-test and posttest levels of self-rated self-care reveals a significant improvement after the intervention.

In the pre-test, 75% of respondents had poor self-care scores (53-23), while 25% had an average self-care score (84-54). Notably, none of the respondents were in the good self-care category (115-84).

In the post-test, 100% of respondents moved to the good self-care category, with no respondents remaining in the poor or average categories

Table No. 4.11 Distribution of respondents according to pre-test and post-test level of Self-efficacy scale (N=40)

SN	Level of self-efficacy score	Pre-test	Post-test

		F	%	F	%
1	112-84 (High)	00	00	40	100
2	83-56 (Moderate)	40	100	00	00
3	55-27 (low)	00	00	00	00
4	27-00 (very low)	00	00	00	00

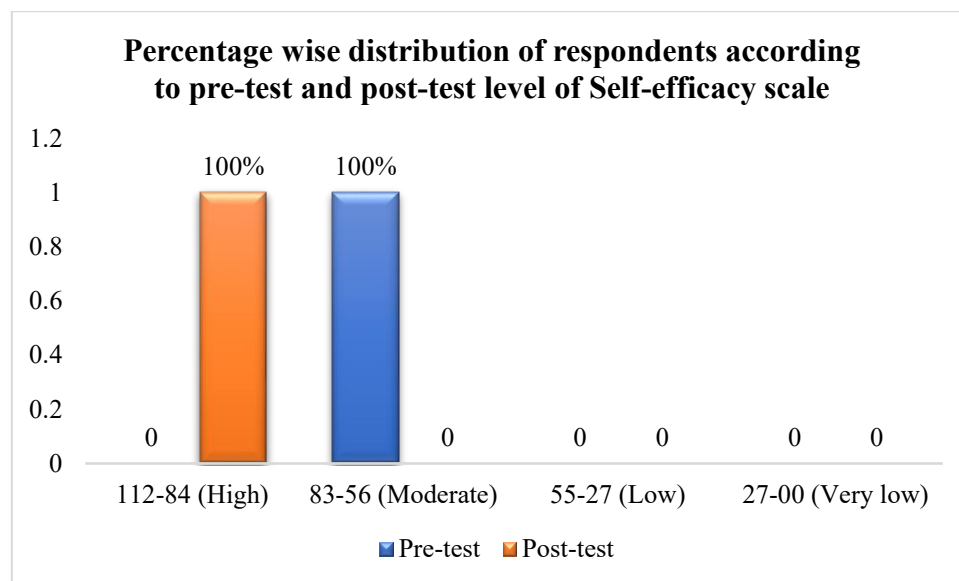


Fig no: 4.11 Distribution of respondents according to pre-test and post-test level of self-efficacy score

The percentage-wise distribution of respondents according to their pre-test and posttest levels of self-efficacy reveals a remarkable improvement after the intervention.

- In the pre-test, 100% of respondents had a moderate level of self-efficacy (8960), with none in the high (112-90) or low (59-30) categories.
- In the post-test, all 40 respondents (100%) shifted to the high self-efficacy category, with no respondents remaining in the moderate or low categories.

This indicates a significant enhancement in self-efficacy levels following the intervention.

Section III: To assess the effect of community-based nursing intervention packages on self-care and self-efficacy among elderly residing in selected community.

Table No: 4.12 Paired 't' value of pre and post-test level of self-care after the effect of community-based intervention packages among elderly residing in selected community (N=40)

S N.	Group	Mean	SD	't' value	P Value
1	Pre-test	52.9	0.97	128.19	0.0001

2	Post-test	103.68	2.31		
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DF=39, table value = 2.02 at $p \leq 0.05$

The paired t -test was conducted to compare the self-care levels before and after the implementation of community-based intervention packages among the elderly residing in the selected community. The results indicate that the mean pre-test self-care score was 52.9 (SD = 0.97), while the mean post-test self-care score increased to 103.68 (SD = 2.31). The calculated t -value of 128.19 is much higher than the table value of 2.02 at $df = 39$ and $p \leq 0.05$, with a p -value of 0.0001, which is highly significant.

Thus, the findings suggest that there is a statistically significant improvement in the self-care levels of elderly participants after the intervention. This indicates that the community-based intervention packages were effective in enhancing self-care among the elderly.

Table No. 4.13 paired ‘t’ value pre and post-test level of self-care efficacy after the effect of community-based intervention packages among elderly residing in selected community. (N=40)

S N	Group	Mean	SD	‘t’ value	P Value
1	Pre-test	66.25	1.26	39.13	0.0001
2	Post-test	100.48	1.48		

DF=39, table value = 2.02 at $p \leq 0.05$

A paired t -test was performed to compare the self-care efficacy levels before and after the implementation of community-based intervention packages among elderly residents in the selected community. The results show that the mean pre-test self-care efficacy score was 66.25 (SD = 1.26), whereas the mean post-test self-care efficacy score increased to 100.48 (SD = 1.48).

The calculated t -value of 39.13 is significantly higher than the table value of 2.02 at $df = 39$ and $p \leq 0.05$, with a p -value of 0.0001, which is highly significant.

These findings indicate a statistically significant improvement in self-care efficacy among elderly participants following the intervention. This confirms that the community-based intervention packages were effective in enhancing self-care efficacy in the target population.

Section IV: To find out the association between study finding selected demographic variables.

Table No: 4.14 Association of Pre-Test Level of self-care with Selected Demographic Variables Using Chi-Square Test

SN	Variable	Chi-Square (χ^2) Value	p- Value	Significance (p Value (df, α = > 0.05) 0.05)	Table	χ^2
1	Age	3.35	0.187	Not Significant	5.99 (df = 2)	
2	Gender	0.90	0.343	Not Significant	3.84 (df = 1)	
3	Educational Qualification	21.20	0.0001	Significant	7.82 (df = 3)	
4	Occupation	3.50	0.35	Not Significant	9.49 (df = 4)	
5	Income	2.60	0.78	Not Significant	7.82 (df = 3)	
6	Religion	4.20	0.15	Not Significant	7.82 (df = 3)	
7	Marital Status	4.00	0.75	Not Significant	9.49 (df = 4)	
8	Comorbidities	48.00	0.001	Significant	9.49 (df = 4)	

The association between the pre-test level of self-care and selected demographic variables was analyzed using the Chi-Square test. The results indicate that:

Educational Qualification ($\chi^2 = 21.20$, $p = 0.0001$) and Comorbidities ($\chi^2 = 48.00$, $p = 0.001$) show a statistically significant association with the pre-test level of self-care, as their p-values are less than 0.05. This suggests that self-care levels before the intervention were influenced by the respondents' educational background and the presence of comorbidities.

Other demographic variables, including age, gender, occupation, income, religion, and marital status, did not show a significant association ($p > 0.05$) with the pre-test level of self-care. This implies that these factors did not have a statistically meaningful impact on self-care levels before the intervention.

Table No. 4.15 Association of Pre-Test Level of self-efficacy score with Selected Demographic Variables Using Chi-Square Test

SN	Variable	Chi-Square (χ^2) Value	p- Value	Significance (p Value (df, α = > 0.05) = 0.05)	Table	χ^2
1	Age	4.12	0.172	Not Significant	5.99 (df = 2)	
2	Gender	1.25	0.315	Not Significant	3.84 (df = 1)	

3	Educational Qualification	18.75	0.0003	Significant	7.82 (df = 3)
4	Occupation	2.98	0.41	Not Significant	9.49 (df = 4)
5	Income	3.45	0.68	Not Significant	7.82 (df = 3)
6	Religion	5.10	0.14	Not Significant	7.82 (df = 3)
7	Marital Status	3.82	0.69	Not Significant	9.49 (df = 4)
8	Comorbidities	42.35	0.002	Significant	9.49 (df = 4)

The association between the pre-test level of self-efficacy and selected demographic variables was analyzed using the Chi-Square test. The results indicate that:

Educational Qualification ($\chi^2 = 18.75$, $p = 0.0003$) and Comorbidities ($\chi^2 = 42.35$, $p = 0.002$) show a statistically significant association with the pre-test level of self-efficacy, as their p-values are less than 0.05. This suggests that the self-efficacy levels before the intervention were influenced by the respondents' educational background and the presence of comorbidities.

Other demographic variables, including age, gender, occupation, income, religion, and marital status, did not show a significant association ($p > 0.05$) with the pre-test level of self-efficacy. This implies that these factors did not have a statistically meaningful impact on self-efficacy levels before the intervention.

DISCUSSION

The discussion concludes the research report. A thoughtful discussion section clarifies the meaning of the research finding. The most crucial component of every study report is this one. The results of the current study have been described in relation to the research problem's aim, and the researcher has also discussed the study's findings in relation to the outcome objective. effectiveness of community-based nursing intervention package on self-care self-efficacy among elderly residing in selected rural community. The review of literature was done and sample size, study design, etc. was determined. The study approach used was quantitative approach, study design used was pre-experimental (one group pre-test and post-test design)

The population included elderly residing in selected rural community. Total 40 samples were selected using non-probability convenient sampling technique; Tools were selected for collection of data which included self-rated self-care scale to assess selfcare and Self-Rated Abilities for Health Practices Scale to measure self-efficacy. Validity of tool was performed by experts and reliability was done. The tool was found to be valid and reliable. Ethical permission was taken from the ethical committee. Pilot study was done on 5 samples. Analysis of pilot study depicted that the research was feasible to perform. Before main data collection consent was taken from the participants by explaining the purpose of research and assurance of confidentiality was given to them.

The pre-test of was collected on day one. community-based nursing intervention package was given to the participants. From 1st day till 27th day demonstrated and practice the community-based nursing intervention package. On the 27th day post-test was collected from experimental group.

The master sheet of the data was prepared. Analysis of the study was done using both descriptive and inferential statistics. The data was tabulated; graphs and charts of the data were prepared. Paired 't' test Chi-Square Test was used the find the association between self-care and self-efficacy with demographic variables

The result of the study depicted those elderly who had undergone community based nursing intervention package The elderly in the experimental group after the exposure to community based nursing intervention package had increase in the level of selfcare self-efficacy In the Chi-square test which was performed to find the association

between self-care and self-efficacy with demographic variables it was found that there is no association between self-care self- efficacy with demographic variables.

CONCLUSION

The study came to the conclusion that salubrious nutri mix intervention improved self-care self-efficacy level in elderly. Thus, it is effective on the level of self-care self-efficacy among elderly women residing in selected area of rural community.

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"Trust the Lord with all your heart lean on your understanding: in all your ways Acknowledge

Him, and He will make your path straight."

(Proverb 3:5, 6)

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REFERENCES:

1. Ageing and health [Internet]. Who.int. [cited 2024 Mar 5]. Available from: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

2. Nhsrindia.org. [cited 2024 Mar 5]. Available from: <https://nhsrindia.org/sites/default/files/2021-11/Elderly%20Care%20Training%20Manual%20for%20ASHA.pdf>
3. Alavijeh MS, Zandiyeh Z, Moeini M. The effect of self-care self-efficacy program on life satisfaction of the Iranian elderly. J Educ Health Promot [Internet]. 2021;10(1):167. Available from: http://dx.doi.org/10.4103/jehp.jehp_928_20
4. Hosseini H, Torkani S, Tavakol K. The effect of community health nurse home visit on self-care self-efficacy of the elderly living in selected Falavarjan villages in Iran in 2010. Iranian journal of nursing and midwifery research. 2013 Jan;18(1):47. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3748555/>
5. Wong AKC, Wong FKY, Chang K. Effectiveness of a community-based self-care promoting program for community-dwelling older adults: a randomized controlled trial. Age Ageing [Internet]. 2019;48(6):852–8. Available from: <http://dx.doi.org/10.1093/ageing/afz095>
6. Wungrath J, Khumai N, Phrommasen P. The effect of health promotion program on perceived self-efficacy and self-care practices among elderly with multimorbidity in Chiang Mai, Thailand. Kesmas Natl Public Health J [Internet]. 2022;17(3):198. Available from: <http://dx.doi.org/10.21109/kesmas.v17i3.5991>