Research Journal of Innovative Studies in Medical and Health Sciences
ISSN: 3070-0310 | Volume 3, Issue 2, 2026
www.aytinpublications.com

Research Article

A Comparative Study to Assess the Quality of Life of Senior Citizen Living with Family at Selected Urban and Rural Area of Kanpur

Sharma Subhash[1], Prakash Shashi[2]*

[1]Professor-cum-Principal, [2]Assistant Professor
Govt. College of Nursing, GSVM Medical College, Kanpur, Uttar Pradesh, India

***Corresponding Author:** Prakash Shashi, Govt. College of Nursing, GSVM Medical College, Kanpur, Uttar Pradesh, India.

Abstract

Introduction: The old age is not without problems. In old age physical strength deteriorates, mental stability diminishes; money power becomes bleak couple with negligence from younger generation. Old age is a natural feature of life, a process that banging's from the time of birth. This process may be slow in some process, while some individual may grow rapidly and prematurely (WHO). According to the "National policy for older persons," an individual who has reached or beyond the average age of human life is referred to as a "senior citizen" or "elderly," and anyone 60 years of age or older is typically regarded as elderly.

Methodology: In view of the objective of the present study, Quantitative Approach was found to be suitable to assess the quality of life (QOL) of senior citizens residing at urban and urban area. The research design selected for the study was non experimental comparative research design. In this study research variables are quality of life of senior citizen. A self developed questionnaire for demographic variables and structured questionnaire on quality of life of senior citizen was prepared in order to attain the objective of the study. The reliability of structured questionnaire was checked by spilit half method. The value of reliability was 0.82, which proved that the tool is reliable.

Results: After analysis of responses of sample the result was prepared. Major finding reveal that 27 (54%) senior citizens had good QOL, 16 (32%) senior citizens had average QOL and 7 (14%) senior citizens had poor QOL among urban area senior citizens while 9 (18%) senior citizens had good QOL, 12 (24%) senior citizens had average QOL and 29 (58%) senior citizens had poor QOL among rural area senior citizens. The mean score of quality of life of senior citizen residing at utban area is 112.89 with 79.80% mean percentage while the mean score of quality of life of senior citizen residing at rural area is 53.71 with 39.47% mean percentage.

Conclusion: It is conclude that the mean of senior citizen residing at urban area is higher (112.89) with 2.41% coefficient variance then the mean of senior citizen residing at rural area (53.71) with 6.69% coefficient variance. So it is conclude that the quality of life of senior citizen those residing at urban area is much better than senior citizen those live at rural area. The H_0 is rejected and H_1 is accepted.

Keywords: Quality Of Life, Senior Citizen, Urban And Rural Area.

Article Information

Received: 28 October 2026

Accepted: 08 November 2026

Published: 11 November 2026

Cite this article as:

Sharma Subhash, Prakash Shashi. A Comparative Study to Assess the Quality of Life of Senior Citizen Living with Family at Selected Urban and Rural Area of Kanpur. Research Journal of Innovative Studies in Medical and Health Sciences, 2026; 3(2): 01–07.

https://doi.org/10.71123/3070-0310.030201

Copyright:©2026. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

A person's life is generally divided into five major stages: infancy, childhood, adolescence, adulthood, and old age. Each stage presents different experiences, challenges, and needs.[1]

Old age is a natural phase of the life cycle and is often accompanied by physical, psychological, and social changes. As individuals age, they may experience a decline in physical strength, reduced functional ability, chronic health problems, financial insecurity, and changes in family relationships. The ageing process varies among individuals and may be influenced by biological, environmental, and lifestyle factors.[2]

According to the National Policy for Older Persons, individuals aged 60 years and above are generally considered older persons in the Indian context.[3] As life expectancy increases and the proportion of older adults grows, ensuring their health, dignity, independence, and overall well-being has become an important public health concern.

Vashist and Raika (2019) compared the experiences, expectations, well-being, and quality of life of elderly individuals residing in convalescent centres with those of elderly individuals living with their families in Mohali. Using the WHOQOL-BREF questionnaire, their study reported a better quality of life among older adults living with family members. The findings highlight the potential importance of family support and living arrangements in the well-being of older people.[4]

The National Programme for Health Care of the Elderly (NPHCE) is an initiative of the Government of India aimed at providing comprehensive healthcare services to older adults. It emphasizes the promotion of healthy and active ageing and the development of healthcare services that address the specific needs of the elderly population.[5]

Population ageing has become a major demographic and public health concern worldwide. Improvements in socioeconomic conditions and medical care, declining fertility rates, and increasing life expectancy have contributed to changes in population structure. The number of older adults has increased considerably, particularly in developing countries, creating a greater need for appropriate healthcare and social support systems.[6]

Ageing brings changes in physical, psychological, and social functioning. Therefore, addressing the needs of older adults requires more than extending life expectancy; it also requires improving their quality of life (QOL). Physical health, mental well-being, social relationships, financial circumstances, and access to healthcare may influence how older adults experience their later years. Understanding these factors is essential for planning appropriate care and support.[6,7]

Lifestyle-related health promotion is an important aspect of preventive healthcare. A study conducted in selected urban areas of Kanpur examined adults' knowledge regarding lifestyle modification for the prevention of obesity.[16] Although the study did not specifically focus on older adults, it provides background on lifestyle-related health promotion and the importance of preventive health awareness.

Physical health problems and musculoskeletal discomfort may also affect quality of life and psychological well-being. Prakash and Sharma discussed the diagnosis, management, and prevention of non-specific lower back pain among healthcare professionals and students.[17] Although their study population differed from the elderly population, it highlights the broader relationship between physical health concerns and well-being.

Stress and psychological well-being are also relevant to quality of life. In a comparative study of working and non-working women, study reported differences in mean stress scores between the two groups.[18] Although this study did not examine senior citizens, it provides indirect background on the importance of psychological factors when considering overall health and well-being.

Quality of life is an important indicator of the overall health and well-being of older adults. The World Health Organization describes QOL in terms of an individual's perception of their position in life within the context of their culture and value systems and in relation to their goals, expectations, standards, and concerns.[7] Factors such as age, gender, health status, social relationships, and cultural circumstances may influence an individual's perception of quality of life. Chronic diseases, functional limitations, and the need for ongoing treatment may further affect the daily lives of older people. Therefore, assessing QOL is essential for identifying their needs and developing appropriate care and supportive interventions.[7]

The living environment may be an important consideration in understanding the quality of life of older adults. Older people living in urban and rural areas may have different experiences in relation to healthcare access, social support, living conditions, and available community resources. Comparing their quality of life can help identify differences in their needs and inform interventions appropriate to their circumstances.

In view of these considerations, the present study was undertaken to compare the quality of life of senior citizens

living with their families in selected urban and rural areas of Kanpur. The findings may help improve understanding of the quality of life of older adults in these settings and support the planning of appropriate nursing care, health education, and community-based interventions.

Factors Influencing Seniors' Quality of Life[8]

Seniors often have different needs compared to younger adults. There are some important things that can have a big impact on an older adult's quality of life:

- Physical Health
- Cognitive Health
- Diet and Nutrition
- Social Interaction
- Access to Support
- Financial Security
- Living Environment
- Health Care

Ways to Improve Quality of Life for Seniors:[8]

It's normal to experience some age-related challenges and concerns as we grow older. Still, there are many effective ways you can boost your overall well-being and happiness. Here are some effective strategies for improving the quality of life for seniors:

- Staying Active
- Eating a Balanced Diet
- Getting Quality Sleep
- Maintain Social Connections
- Exercising Your Brain
- Pursuing Hobbies and Passions
- Regular Health Checks

Need of the Study

Aging is a universal phenomenon characterized by an increased risk of morbidity, disability, reduced functional capacity, and eventually death. Globally, life expectancy of geriatric population has increased due to the betterment in the quality of life (QOL) of the elderly because of the increased accessibility and availability of quality health-care services, a continuous demographic transition is occurring leading to an increase in life expectancy. The process of aging is universal and natural. According to the 2011 census, India has 104 million elderly people, 53 million of whom are female and 51 million of them are male. According to a survey published by the United Nations Population Fund and Help Age India, there would be 173 million senior people worldwide by 2026. In 2021, there will be nearly 138 million senior people in India (67 million men and 71 million women), according to the Report of the Technical Group on Population Projections for India, which states 2011–2036. This number is further predicted to rise by roughly 56 million elderly people in 2031.Older people's reliance ratio increased from 10.9% in 1961 to 14.2% in 2011 and is expected to reach 15.7% by 2021.[9]

In 2011, the Indian census shows that the elderly was 8% of the total population in which 7.70% and 8.40% comprise male and females, respectively.[10]

An increasing number of modern families are choosing to send their aging parents or relatives to an assisted living facility. It is crucial to support senior citizens in enhancing the quality of their final years as respectable adults. It intended to evaluate QOL of senior residents in senior housing facilities and related factors. A few of senior living homes in Northern Malaysia were the site of the descriptive study. 83 prisoners who were 60 years of age or older and gave their assent were included in this study. Using the four parts of the WHOQOL-BREF survey, researchers evaluated the environmental, social, psychological, and physical aspects of life quality. Multiple logistic regressions were used to identify the determinants for each domain after data gathering via interviews. In this study, 41% of respondents demonstrated excellent QOL while 59% of respondents exhibited poor QOL. Gender, the presence of a handicap, and one's involvement in family decision-making were the variables affecting one's physical health. The psychological realm was determined by the underlying condition. Social domain was associated with role in family decision-making, gender, and income. The environmental domain was substantially correlated with both BMI and gender living situation. This survey emphasizes the public's awareness of the welfare of senior citizens residing in assisted living facilities. The standard of living and other factors should be taken into account while evaluating and improving the quality of social welfare and health services. According to the current survey, just 41% of respondents in northern Malaysian assisted living facilities had a satisfying quality of life. Since the environmental domain was found to be the most satisfactory domain, the majority of respondents expressed satisfaction with their lives in institutions.[11]

The main issues that older people deal with include inadequate financial resources, ill health, a lack of emotional support, and illness after retirement. Since many people consider this situation to be problematic, it turns into a social-economic problem or issue. The issue

of low income after retirement, the death of a spouse or having too much free time, ill health, social isolation, close family ties, physical and financial dependency, and so on are all interconnected or interdependent. The traditional Indian joint family system is currently in decline, and an increasing number of families are becoming nuclear. By illuminating the humanitarian and economical contexts of urban seniors' challenges, this scientific report contributes to broadening the reach of humanitarian engagement interventions for this population.[12]

Those in their later years had significant social & familial roles in historical Hindustan. In Indian culture, the united household framework is giving way to the single household framework. The care and assistance provided to the elderly will be significantly impacted by these developments. The health of the elderly is one of the most significant indications of their standing in a society among a number of other indicators.[13]

A society's first concern should be the health of its elderly citizens, as they are more vulnerable to illness than younger generations. The majority of main surveys have revealed significant health issues among the elderly population in developed nations overall, and in India specifically. Based on a variety of short- and long-term morbidities, psychological issues, social problems, activities of daily living, low dietary intake, family history, and financial dependence, the review examined the health status of the elderly in India. In India, about 6% of the elderly are immobile as a result of different incapacitating ailments. About half of the elderly have long-term health conditions. Hearing and vision problems are very common. Health services for the elderly were not readily available at the same period. Health professionals also know very little about the unique requirements of the elderly. The enormous demands of the aging population receive very little attention. Nonetheless, this pattern makes it abundantly evident that the health of the elderly will be a major concern for society in the future, and that a significant amount of funding would need to be allocated to their assistance and medical needs. Therefore, to enhance the welfare of elderly population, the current publication advises researchers to conduct a variety of studies in this area.[14]

In accordance to a 2022 forecast by the WHO, a single of every 6 people on Earth would be over sixty by 2030. The number of individuals aged Sixty and older is expected to exceed 10400 lakhs, an increase from one billion in 2020. The projected global population of people aged Sixty and more would more than doubled reaching 2.1 billion at mid of this century. The proportion of individuals aged Eighty plus is projected to triple, hitting 426000 thousand, among now and twenty fifty.[15]

Objectives of the Study

1. To assess the "quality of life" of senior citizen residing at urban area.
2. To assess the "quality of life" of senior citizen residing at rural area.
3. Compare the "quality of life" of senior citizen residing at urban and rural area.
4. To find out the association between quality of life of senior citizen residing at urban and rural area and selected demographic variables.

Hypothesis

- **H_{01}:** There will be no significant difference between the quality of life of senior citizen residing at urban and rural area.
- **H_1:** There will be significant difference between the quality of life of senior citizen residing at urban and rural area.
- **H_{02}:** there will be no significant association between quality of life of senior citizen residing at urban and rural area with selected demographic variables.
- **H_2:** there will be significant association between quality of life of senior citizen residing at urban and rural area with selected demographic variables.

Research Methodology

Research Approach: The present study was aimed to assess the quality of life (QOL) of senior citizens residing at urban and urban area. The research approach adopted for this study was an quantitative research approach.

Research Design: The research design for present study was comparative research design.

Research Variable: In this study quality of life of senior citizen was the research variable.

Demographic Variables: In this study the demographic variables include age, gender, religion, education status, marital status, area of living, type of family family income.

Setting of the Study

This study was undertaken in Geeta Nagar, Kanpur and Akbarpur, Kanpur.

Population

The populaton for present study was senior citizen residing at Geeta Nagar, Kanpur and Akbarpur, Kanpur.

Sample

In this study the seniors residing at Geeta Nagar, Kanpur and Akbarpur, Kanpur were samples.

Sampling Technique

Convenient sampling technique was used to choose the samples.

Sample Size

The sample size will be 100 (50 from Geeta Nagar, Kanpur and 50 from Akbarpur, Kanpur).

Inclusion Criteria: - who were:-

1. Seniors living in Geeta Nagar, Kanpur and Akbarpur, Kanpur.
2. Those willing to participate in the study
3. Those who could understand Hindi or English.

Exclusion Criteria: - Who were:-

4. Senior citizens who having critically disease.
5. Senior citizen those are not cooperative.

Data Collection Method

The senior citizen from Geeta Nagar, Kanpur and Akbarpur, Kanpur were selected for the study by using the convenient sampling technique. Formal administrative permission was obtained from the concerned authorities of the area. The purpose of study was explained to the samples and an informed consent was taken before starting the study. There was no attrition of subjects. The investigator will start the data collection procedure.

Before starting the data collection first introduced self to the senior citizen and explain the purpose of the study to the senior citizen. Gave instructions to them regarding the responses to the scale. Assessment of the senior citizen of urban area were started and reponse were recorded. After than the assessment of the senior citizens of rural area were started and record the responses. Compare the score that were assess from senior citizen resding at urban and rural area Took the response and compare the reponses of senior citizen and then prepare the separate master sheet for both side senior citizen score on the basis of response. After preparation the master sheets, plan for data analysis.

Results

Assess the quality of life of senior citizens of urban and rural area.

a) Quality Of Life Of Senior Citizens Residing at urban and rural area

Table 1. *Quality of life of senior citizens residing at urban and rural area*

S. No.	Quality of life	senior citizens at urban area		senior citizens at rural area	
		Frequency	Percentage	Percentage	Percentage
1.	Good	27	54%	9	18%
2.	Average	16	32%	12	24%
3.	Poor	7	14%	29	58%

The table no. 1 showed the quality of life of senior citizens residing at urban and rural area. With regard to the quality of life scores, 27 (54%) senior citizens had good QOL, 16 (32%) senior citizens had average QOL and 7 (14%) senior citizens had poor QOL among urban area senior citizens while 9 (18%) senior citizens had good QOL, 12 (24%) senior citizens had average QOL and 29 (58%) senior citizens had poor QOL among rural area senior citizens.

Comparison of Quality of Life Among Urban and Rual Area Senior Citizen

Table 2. *Mean, mean percentage, median, SD and coefficient variance of senior citizen of urban and rural area*

S. No.	Group	Mean	Mean %	Median	SD	Coefficient Variance
1.	Senior citizen residence at urban area	112.89	79.80%	112	5.93	2.41%
2.	Senior citizen residence at rural area	53.71	39.47%	54	7.32	6.69%

The above table no. 2 revealed that the mean score of quality of life of senior citizen residing at utban area is 112.89 with 79.80% mean percentage while the mean score of quality of life of senior citizen residing at rural area is 53.71 with 39.47% mean percentage.

The median and SD score of quality of life of senior citizen residing at urban area is 112 and 5.93 while the median and SD score of quality of life of senior citizen residing at rural area is 54 and 7.32.

The coefficient variance score of quality of life of senior citizen residing at urban area is 2.41% while the coefficient variance score of quality of life of senior citizen residing at rural area is 6.69%.

It is conclude that the mean of senior citizen residing at urban area is higher (112.89) with 2.41% coefficient variance then the mean of senior citizen residing at rural area (53.71) with 6.69% coefficient variance. So it is conclude that the quality of life of senior citizen those residing at urban area is much better than senior citizen those live at rural area. The H_0 is rejected and H_1 is accepted.

Discussion

The present study was conducted to compare the quality of life (QOL) of senior citizens living with their families in selected urban and rural areas of Kanpur. A total of 100 senior citizens participated in the study, comprising 50 from the urban area of Geeta Nagar and 50 from the rural area of Akbarpur. The findings demonstrated a marked difference in the quality-of-life scores between the two groups, with more favourable scores among urban senior citizens than among their rural counterparts.

The findings revealed that, among the urban senior citizens, 27 (54%) had good quality of life, 16 (32%) had average quality of life, and 7 (14%) had poor quality of life. In contrast, among the rural senior citizens, 9 (18%) had good quality of life, 12 (24%) had average quality of life, and 29 (58%) had poor quality of life. These findings indicate that good quality of life was more frequently reported in the urban group, whereas poor quality of life was more common in the rural group.

The mean quality-of-life score was 112.89 in the urban group, with a mean percentage of 79.80%, compared with 53.71 in the rural group, with a mean percentage of 39.47%. The standard deviation was 5.93 for the urban group and 7.32 for the rural group. These descriptive findings suggest a substantial difference in the observed quality-of-life scores between the two groups. However, the statistical significance of this difference should be established using an appropriate inferential test, such as an independent-samples t-test, if its assumptions are satisfied, or a suitable non-parametric alternative.

The findings may be interpreted in the context of the physical, psychological, social, and environmental factors that influence the well-being of older adults. The World Health Organization emphasizes that healthy ageing depends not only on an individual's physical and mental capacities but also on the social and physical environments in which the person lives. Access to healthcare, supportive relationships, suitable living conditions, and opportunities for participation in community life may contribute to well-being in later life.[14] These factors provide a useful framework for understanding the differences observed in the present study, although the specific causes of the urban–rural difference were not established by the study.

The present findings can also be considered alongside the study by Kaur, Vashist, and Altaf, which compared the quality of life of elderly individuals living in old-age homes with that of those living with their families in Mohali, Punjab. The authors used the WHOQOL-BREF instrument to assess quality of life and examined differences associated with living arrangements.[4] Although that study investigated residential arrangements rather than urban and rural residence, it highlights the relevance of the social and living environment when examining the well-being of older adults. The two studies address different comparisons and should not be considered directly equivalent.

Similarly, Maung and colleagues examined the quality of life of older adults residing in retirement communities in northern Malaysia and reported that quality of life was associated with factors including gender, disability, underlying health conditions, income, and participation in family decision-making.[11] These findings support the importance of considering individual, socioeconomic, and family-related circumstances when interpreting quality-of-life outcomes. However, because the population and residential setting differed from those of the present study, the results should be compared cautiously.

Evidence from a study of rural older adults in India also indicates that quality of life may be associated with educational attainment, marital status, economic circumstances, age, and chronic morbidity.[19] These factors may be relevant when exploring the lower scores observed among rural participants in the present study. Nevertheless, the current study did not establish which of these factors, if any, accounted for the difference between the two groups.

The findings have important implications for nursing practice and community healthcare. Nurses and community health professionals can contribute to improving the quality of life of older adults through regular health assessments, identification of unmet healthcare needs, health education, promotion of appropriate physical activity and nutrition, psychological support, and encouragement of meaningful social participation. Particular attention may be given to older adults who report poor quality of life, including those living in rural communities, to identify barriers to healthcare and social support. These recommendations are consistent with the World Health Organization's emphasis on person-centred healthcare and supportive environments for healthy ageing.[14]

The present study also has certain limitations. Convenient sampling was used, and participants were selected from only two areas of Kanpur. Therefore, the findings may not be generalizable to all urban and rural senior citizens. In addition, the study used a self-developed structured questionnaire to assess quality of life, which may limit comparability with studies using standardized instruments such as the WHOQOL-BREF. The results presented are primarily descriptive, and no inferential statistical test or p-value has been reported. Consequently, the hypothesis of a statistically significant difference cannot be confirmed solely on the basis of the difference between the mean scores. Further studies involving larger samples, validated

assessment tools, and appropriate statistical analyses are recommended to examine the differences and the factors associated with quality of life among urban and rural older adults.

Conclusion

The present study was conducted to compare the quality of life (QOL) of senior citizens living with their families in selected urban and rural areas of Kanpur. The findings revealed that senior citizens residing in the urban area had higher quality-of-life scores than those residing in the rural area. The mean QOL score was 112.89 in the urban group, compared with 53.71 in the rural group. Furthermore, 54% of urban senior citizens had good quality of life, whereas 58% of rural senior citizens had poor quality of life.

These findings indicate a considerable difference in the observed quality of life between the two groups, with the urban group demonstrating more favourable outcomes. The findings highlight the importance of assessing the health, social support, financial circumstances, and living conditions of senior citizens, particularly those residing in rural areas.

The study emphasizes the need for appropriate nursing interventions, health education, accessible healthcare services, and community-based support programmes to promote the quality of life of older adults. However, further research involving larger and more representative samples is recommended to validate these findings and explore the factors associated with differences in quality of life among urban and rural senior citizens.

References

1. Raju SS. Studies on ageing in India: A review. Population Ageing in India [serial online]. 2014;180:226. [cited 2014 Jul 14]. Available from: http://www.isac.sc.in.
2. Singh P, Kaur P. Assess the social problems and coping strategies of senior citizens in selected rural areas of District Patiala, Punjab. Asian Journal of Nursing Education and Research [serial online]. 2015;5(3):331 336. [cited 2015 Jul-Sep] Available from: https://ajner.com. DOI: 10.5958/2349-2996.2015.00068.3.
3. Yadav, Kiran & Mishra. (2016) "Government policies and programme guidelines for aged people." International journal of home science 2. p. 257-60
4. Vashist S. & altaf Raika (2023), an analysis of the experiences, expectations, and quality of life of senior citizens living in mohali's old age homes against those living in families through comparison, Intern. Jour. of Creative Research Thoughts ,11, (1) ISSN: 2320-2882
5. National Programme For Health Care Of The Elderly (NPHCE): Operational guidelines. (2023). Accessed: May 4, 2023: https://main.mohfw.gov.in/sites/default/files/8324324521Operational_Guidelines_NPHCE_final.pdf.
6. Daneshvari Nasab AH. The role of empowerment of the elderly in healthy and active old age, Fifth Tehran, National Conference on Humanities and Management Studies 2019. Available at. Available at: https://civilica.com/doc/1046982. [Google Scholar]
7. Kazemi N, Sajjadi H, Bahrami G. Quality of life in Iranian elderly. Salmand: Iran J Ageing. 2019;13:518–33. [Google Scholar]
8. https://www.storypoint.com/resources/health-wellness/improve-senior-quality-of-life/
9. Lindmeier C. Ageing well must be a global priority. World Health Organization [serial online]. 2020 [cited 2020 Feb 17]; Available from: http://www.censusindia.gov.in/vitalstatistics/SRS.
10. Lindmeier C. Ageing well must be a global priority. World Health Organization [serial online]; c2014. Available from: https://journals.lww.com/iopn/fulltext/2020/17010/a.
11. Maung M.T. et al (2023) Living Conditions of Senior Citizens Living in Northern Malaysian Retirement Communities The scientific journal European Chemical Bulletin 12(4), 3079-3097.
12. Amiri Mohammad (2018), Problems Faced by elderly, The Intern. J. of Ind. Psychology, 6 (3).
13. Hariharan R. (2017), an overview of Indian literature regarding the health state of the elderly population, -Journal of Health Sciences and Nursing 2(4), 20-30
14. World Health Organization (2022), Aging and health, https://www.who.int/news-room/fact-sheets/detail/ageing-and-health
15. National Statistical Organization (2021), Elderly in India, Government of India, New Delhi; National Statistical Office, Ministry of Statistics & Programme Implementation https://mospi.gov.in/sites/default/files/publication_reports/Elderly.
16. Prakash S, Sharma D, Tiwari S, Mishra K, Kushwaha R, Devi S, et al. Knowledge regarding lifestyle modification for prevention of obesity among adults in selected urban areas of Kanpur: A descriptive cross-sectional study. Global Journal of Medical and Clinical Case Reports. 2026;13(9):211–218. doi:10.17352/gjmccr.000271.
17. Prakash S, Sharma A. Non-specific lower back pain in healthcare professionals and students: diagnosis, management, and prevention strategies. Middle East Research Journal of Nursing. 2024;4(6):131–136. doi:10.36348/merjn.2024.v04i06.010.
18. Prakash S, Arya S, Shikha, Shiv Kumar, Shivali, Pal S. Comparison in stress among working women and non-working women. Clinics in Nursing. 2024;3(4). 1738329085CN-24-RA-073_galley_proof.pdf.