DISSERTATION ON

A STUDY TO ASSESS THE EFFECTIVENESS OF STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE AMONG ADOLESCENT STUDENTS AT SELECTED SCHOOL AT CHENNAI.

M.Sc (NURSING) DEGREE EXAMINATION
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A dissertation submitted to
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In partial fulfilment of the requirement for the award of degree of
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CERTIFICATE

This is to certify that this dissertation titled, **"A STUDY TO ASSESS THE EFFECTIVENESS OF STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE AMONG ADOLESCENT STUDENTS AT SELECTED SCHOOL AT CHENNAI"** is a bonafide work done by **G.BAMA KANMANI,** M.Sc.,(Nursing) II Year Student, College of Nursing, Madras Medical College, Chennai-600 003, submitted to the Tamil Nadu Dr.M.G.R. Medical University, Chennai in partial fulfillment of requirement for the award of the degree of **MASTER OF SCIENCE IN NURSING BRANCH–IV, COMMUNITY HEALTH NURSING** under our guidance and supervision during academic period from 2018 – 2020.

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ABSTRACT

The knowledge and practice on healthy lifestyle is very important to determine a good growth and physical, mental development for students at the tertiary level. It is well established that a healthy lifestyle is of benefit in the prevention of diseases such as cancer and non communicable diseases. Unhealthy nutrition, physical inactivity are among identified lifestyle related risk factors. Unhealthy lifestyle practices particularly poor dietary practices, physical inactivity are major risk factors for conditions like overweight, obesity, Chronic Non Communicable diseases and Nutritional deficiency diseases. Increasing incidence of lifestyle disorders among adolescents are largely attributed by unhealthy lifestyle practices like poor dietary pattern, inadequate physical inactivity etc.

TITLE

A Study to assess the effectiveness of student empowerment on healthy lifestyle practice among adolescent students at selected school at Chennai.

OBJECTIVES

To assess the pretest level of knowledge   and practice regarding student empowerment on healthy life style practice among adolescent students in experimental and control group and to evaluate the effectiveness of student empowerment on healthy life style practice among   adolescent students in experimental group and to compare the pre test and post test level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students in experimental and control group and to find out the association between post test level of knowledge and practice regarding student

empowerment on healthy life style practice and their selected demographic variables.

METHODOLOGY

The study was conducted with 60 samples [adolescent students] in quantitative approach. Quasi experimental non randomized control group design, sample selection was done by convenient sampling technique method. Pre-existing knowledge was assessed by using semi structured questionnaires. After the pre-test, student empowerment on healthy lifestyle practice was given regarding physical activity and nutrition among adolescents. After 7 days post test was conducted by using tool.

RESULTS

The finding of the study revealed that student empowerment on healthy lifestyle practice among adolescents with paired t test, p< 0.001. There is a significant in knowledge attainment on healthy lifestyle practice effectiveness of student empowerment intervention.

CONCLUSION

The findings of the study revealed that student empowerment on healthy lifestyle practice among adolescent students have significant effect on improving knowledge and practice among adolescent students in Experimental group. It gives a great insight to community health nurse and motivates them to arrange health awareness compaign and there by helps to improve the quality of lifestyle practice during adolescent period by improving knowledge and practice of adolescent students.

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LIST OF ABBREVIATIONS

ABBREVIATIONS	EXPANSION
HBSC	Healthy Behavior School aged Children
CI	Confidence Interval
PA	Physical activity
SPES	Schools of Physical Education and Sport
BMI	Body Mass Index
TV	Television
COPE	Creating, Opportunities for Personal Empowerment
SHN	School Health Nutrition
FFQ	Food Frequency Questionnaire
WHO	World health organization
H1 and H2	Research hypothesis
Fig	Figure
SD	Standard deviation
P	Significance
NS	Non Significant
X2	Chi square test
DF	Degrees of Freedom

CHAPTER – I
INTRODUCTION

"Take care of your body. It's the only place you have to lives"

— Jim Rohm

School period is a critical time where students are presented with a number of challenges including changes in the social and built environments, developing new social networks, having more behavioral autonomy, and adapting to new schedule. During this period of life adolescents are more prone to engage in risky, health behaviors known to negatively affect well being such as physical activity, poor dietary habits etc. Due to behavioral factors students are more prone to weight gain which increases their risk of developing diseases.

Recently increase the prevalence of non communicable diseases such as diabetes, cancer, coronary heart diseases and hypertension has become a global public health concern. It was expected that by 2020 these diseases will be responsible for seven out of every 10 deaths in developing countries. A report has noted that chronic diseases are starting to affect the younger generation instead of only being limited to adults. Obesity in particular is increasing globally at an alarming rate and is estimated to be the fifth leading cause of death worldwide. It is also considered a significant risk factor for other chronic conditions. Sedentary lifestyles and unhealthy eating habits are among the major causes to contributing to the obesity epidemic.

Adolescent period, nutrition is important for proper growth and development and a prerequisite for achieving full developmental potential. Under nutrition may contribute to delayed and stunted growth, as well as impaired development. As adolescent undergo a period of rapid growth and development, adequate nutrient intake (of both macro

and micro nutrient) is critical. Many of the risk factors that impact maternal and newborn health exist right from adolescent including nutritional deficiencies.

Iron deficiency anemia is among the top ten causes of disability adjusted life years lost among adolescents concern is especially warranted for adolescent girls because their iron requirements are relatively high (due to growth spurts, sexual maturation and menstrual losses) and because they may be on the cusp of motherhood. While most programs are targeted at pregnant women the depletion of iron stores in women starts during adolescence with the onset of menstruation. More recently, there has been a growing interest in adolescent girl's nutrition as a means to improve the health of women and children.

Health has been focused on since the beginning of humanity. According to World Health Organization, health is more than the status of absence of disease or disability but a status of being well in terms of mental, physical and social aspects. According to the same organization being health is defined as "being aware of breathing, being able to meet the needs, being able to change the environment or handle the environment".

Adolescent might be critical for later health and disease, because there is some evidence starting that habits acquired in this period may track into adulthood. For instance, alcohol habits during adolescence increase the likelihood of heavy consumption in adulthood as well as food consumption in adolescence is a predictor of intake in adulthood. For this reason, several chronic diseases may have their origin, and disease profession during adolescence.

To improve adolescent's health, it is important to promote healthy behaviors at an early age, especially during adolescence. Healthy behaviors are a determinant of health; positive changes can have an

impact on the overall health outcomes. The main behaviors associated with adolescent's health are physical activity, less time engaging with multimedia, healthy diet and absence of alcohol and tobacco consumption, as well as caffeine/stimulant use, sleep deprivation, drug use and unhealthy relationships. During the transition into adolescence and throughout it, there is an increase in desiring novelty, along with the courage and curiosity to experiment with new and often unhealthy behaviors.

Since adolescence is a critical time to establish the foundations of a person's health. It is important to understand the behavioral practice during the transition from early to late adolescence. During adolescence cognitive, physical, psychological and emotional changes take place that can affect health and well being. The World Health Organization estimates that 35 million children in developing countries are overweight or obese compared to healthy weight children and adolescents those who are obese are more likely to develop several chronic diseases such as an unhealthy lipid profile, insulin resistance and metabolic syndrome.

BACK GROUND OF THE STUDY

Health is a state of complete physical wellbeing of others. Several factors are involved in health and illness. Health is deteriorated by poor eating habits, not exercising enough, excessive stress, personal traits, behaviors and attitudes. Unhealthy habits seen in adulthood are said to be strongly associated with an unhealthy lifestyle in adolescence. During childhood and teenage period diseases are ignored most of the time.

When the development process of medicine and health care services are considered, we see that trying to heal the ones who are ill comes first and then ways to prevent diseases are addressed later.

Healthy lifestyle behaviors aim not only to prevent a diseases or illness but also to bring a person's general health to a better level. Lack of healthy habits and immobility are the main reasons health problems occur today. It is stated that healthy lifestyle behaviors can reduce diseases and death on one hand and research conducted on large portions of the society show that an immobile lifestyle causes several chronic diseases on the other. The healthy lifestyle scale developed within this context includes physical activity, nutrition among adolescent students. A person being actively responsible for personal health is health responsibility. Physical activity is doing exercises at every level regularly.

Defined Nutrition is an individual's choice and management of meals and the value of food. The fact that the foundation of many diseases and illness is based on childhood and adolescent period and how important this issue is, this research is anticipated to raise awareness in student empowerment on healthy lifestyle practice, improving and contributing to the development of current behaviors related to health. This research aims to examine healthy lifestyle behaviors of physical activity and nutrition.

1.1 NEED FOR THE STUDY

"Lack of activity destroys the good condition of every human being, while movement and methodical physical exercise save it and preserve it"
— Plato

Over the last two decades increasing rates of overweight and obesity among children and adolescents have been observed in many countries. Many low and middle income countries now bear a double burden of nutritional disorders due to the emerging issue of overweight and obesity along with the existing high rates of stunting and other micronutrient deficiencies. Childhood overweight is associated with multiple immediate and long term risks including raised cholesterol,

raised triglycerides, type 2 diabetes, high blood pressure, adult obesity and its associated consequences.

Obesity and nutritional disorders are two substantial public health problems that threaten the health outcomes and academic performance of adolescents. Thirty percent of youth are now overweight or obese. Obese teens are more likely to exhibits, inadequate academic performance, depression, stress and anxiety than non obese youth.

The World Health Organization estimates that 2 million deaths worldwide annually can be attributable to physical activity. In 2002, the World Health Report ranked physical inactivity among the ten major causes of mortality and disability in the developed world. The world literature suggests the physical activity level declines across the lifespan particularly during adolescence.

Today we are facing dietary choices and nutritional challenges, like exotic foreign food, dietary supplements, artificial sweeteners, low fat and artificial fat alternatives, cholesterol – free food products and different kinds of food with high protein, or high carbohydrate, or low caloric products. Adolescence period is a particularly challenging setting in which it is difficult to maintain good nutrition.

Balanced diets typically go out of the window in the adolescent due to certain unique. These obstacles can contribute to inadequate nutrients intake. Lifestyle is the life of person. Sedentary lifestyle is a big factor in common diseases. To denote a type of lifestyle, with any or irregular physical activity is psychotic lifestyle.

A lifestyle in which a person is not engaged in adequate physical activity is a seamless lifestyle , which is generally considered to be a healthy life. It is marked for a long periods of seating. Whether it is around Television or computer screen or something, sedentary lifestyle

students ignore physical activity and are involved in these activities that rarely require any physical stress.

The main effect of sedentary lifestyle can be seen on the size of your trouser. Because you are eating many calories and actually not burning any of them, these calories are stored in your body as extra fat. And this is just the beginning of the problems. In a sedentary lifestyle leading blood circulation can slow down and stiffness and block your blood vessels. Decreased activity increases the risk of developing certain types of cancers such as breast cancer, colon cancer and other types of lethal tumors. Long term inactivity causes your bones to lose their strength because now they have not been challenged to support the structure of your body.

Of the 2.4 million deaths in the United States in 2000, 16.6% of 4, 00,000 deaths were related to poor diet and physical inactivity, in comparison 18.1% of total United States deaths or 4, 35,000 deaths were from tobacco usage. The narrowing of the gap between these two leading preventable causes of death led Mokdad et al 2004 to the conclusion that poor diet and physical inactivity could at sometime in the future overtake tobacco use as the leading preventable cause of death. According to the American Heart Association many high school students are living unhealthy lifestyles, which can lead to the development of chronic diseases.

Physical inactivity and nutritional deficiency disorders are leading risk factors for global mortality. The increase in the global obesity epidemic during the past few decades is substantial. However, there are wide variations in obesity prevalence across countries and populations due to socio economic, cultural and transport differences in national and local environment.

Therefore, investigating adolescent student's lifestyle is vital for developing tailored health promotion interventions aimed at improving their quality of life.

1.2 STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of student empowerment on healthy lifestyle practice among adolescent students at selected school at Chennai"

1.3 OBJECTIVES OF THE STUDY

1. To assess the pretest level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students in experimental and control group.

2. To evaluate the effectiveness of student empowerment on healthy life style practice among adolescent students in experimental group.

3. To compare the pre test and post test level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students in experimental and control group.

4. To find out the association between post test level of knowledge and practice regarding student empowerment on healthy life style practice and their selected demographic variables.

1.4 OPERATIONAL DEFINITIONS

Assess

In this study it refers to estimate the knowledge and practice of adolescent students about student empowerment on healthy lifestyle.

Effectiveness

It refers to the extent to which the empowerment on healthy life style practice will be helpful in gain the knowledge and practice regarding healthy life practice among students.

Student Empowerment

Student empowerment is a process where students are encouraged to take charge of their lives.

Healthy Life Style Practice

A healthy life style practices are one which helps to keep and improve students health and well being. The ways to being healthy include healthy eating , physical activity.

Adolescent Students

Adolescent student is primarily a person enrolled in a school or other educational institution who attend classes in a course to attain the appropriate level of mastery of a subject under the guidance of instructor assigns that are necessary either for class preparation or to submit evidence of progress towards that mastery.

1.5 HYPOTHESES

H 1: There will be a significant difference between pre test and post test level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students.

H 2: There will be a significant association between post test level of knowledge and practice regarding student empowerment on healthy lifestyle practice and their selected demographic variables.

1.6 ASSUMPTIONS

The students will have inadequate knowledge regarding healthy life style practices.

Student empowerment on healthy life style practice help in enhancing its knowledge among adolescent students.

1.7 DELIMITATION

The study was limited to students of selected school at Chennai.

The study was limited to data collection is limited to four weeks only.

The study was limited to data collection is limited to student who know Tamil and English.

1.8 CONCEPTUAL FRAME WORK

Conceptual framework is defined as a theoretical approach to the study of problems that are scientifically based which emphasizes the selection, arrangement and clarification of its concepts. Conceptual framework acts as a building block for the research study its provides a certain framework of reference for clinical practice education and research. The overall purpose of framework is to makes scientific findings meaningful and generalized.

Present study the conceptual framework was developed by investigator based on Rosenstoch's Beckar's Health Belief Model.

Health belief of the present idea of knowledge and practice about student empowerment on healthy lifestyle practices. The health belief model usually results from within a person.

Health Belief Model Rosenstoch (1974) and Beckar's 1978, address the relationship between a person belief and behavior. It is a way of understanding and predicating how adolescent students will

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behave in a relation to their health care. Use of model is based on students perception of susceptibility to a physical inactivity and nutritional disorder this model of community health nurse to understand various healthy lifestyle practices include physical activity and nutrition.

This model has three variables;

Student's Perception

Adolescent students perceived knowledge and practice regarding healthy lifestyle practices.

Modifying Factors

The adolescent student's perception is influenced and modified by demographic variable like age, sex, religion, family income, occupation, education, dietary patterns and knowledge, practice about healthy lifestyle practice.

Likelihood of Taking Action

This part indicates adoleescent students may try to take action to follow healthy lifestyle practices by gaining adequate knowledge and practice about healthy lifestyle practices. Perceived barrier like ignorance of physical activity and time insufficiency.

FIG: 1.1 CONCEPTUAL FRAMEWORK – ROSENSTOCH AND BECKER'S MODEL

Individual perception

Modifying factors

Likelihood of taking action

Adolescent students perceived knowledge and practice regarding healthy lifestyle

Demographic variables of adolescent students: Age, Sex, Religion, Family income, Occupation, Types of food, Living area, Education of parents and source of information

Perceived benefits on adolescent students healthy lifestyle practices:

Perceived Barriers like

➢ **Ignorance of healthy lifestyle practices**
➢ **Time insufficiency**

Adolescent Students perceived threat on physical inactivity and nutritional disorders

Likelihood of taking action
To follow healthy lifestyle practices by gaining adequate knowledge and practice regarding empowerment on healthy lifestyle practices

Cues to action
➢ **Health Education**
➢ **Hand out**
➢ **Booklet**

CHAPTER-II
REVIEW OF LITERATURE

This chapter deals with review of literature related to student empowerment on healthy lifestyle practice among adolescent students.

2.1 LITERTURE REVIEW RELATED TO PHYSICAL ACTIVITY AND NUTRITION

2.1.1   Literature review related to physical activity

2.1.2   Literature review related to nutrition

2.1.1 LITERATURE REVIEW RELATED TO PHYSICAL ACTIVITY

Adilson Marques et al (2019) conducted a experimental study from Health Behaviors in School – aged Children . Data were from the Health Behavior in school aged children (HBSC) 2014 international database. Participants were 1, 67,021 children and adolescents, aged 10 -16 years, from 37 countries and regions. Resulted by those who engage in physical activity everyday, spend less than two hours, do not drink alcohol and do not smoke tobacco presented a higher likelihood of not having subjective health complaints. Those with a healthy lifestyle were 50% (OR = 0.5, 95% CI = 0.5 – 0.6, p <0.001) less likely to have multiple health complaints. Concluded Healthy Behaviors and healthy lifestyle are related with less subjective health complaints and less multiple health complaints.

Michal Kudlacek et al (2019) Conducted epidemiological study in adolescent students. In total of 9513 participants from the Czech Republic and Poland, aged 15- 18 years took part in the study between 2009 and 2016. Out of this source sample, 4977 self reported their weekly physical activity using the Physical Activity Questionnaire –

Long term, and 1348 objectivity monitored their weekly physical activity using pedometers and recorded the type of physical activity. Resulted preference for fitness PA was associated with an increased likelihood (OR=1.30, 95% CI= 1.12 – 1.52; p< 0.001) of achieving the recommendation for PA. When promoting adolescents PA, it is necessary to consider preferred PA types. The PA recommendation was met by almost 33% of adolescents who indicated a preference for fitness PA, but only by 22% of those not preferring fitness activities. Organized PA is also important for meeting PA recommendations.

Ali Mehri et al (2019) conducted epidemiological study Health Promoting Lifestyle and its Determinants Among university students in Iraq. A stratified random sample of 500 students in a university in the city of Sabzevar, The highest score among the domains was for an interpersonal relationship (70.8%), and the lowest score was for nutrition (53.6%), and physical activity (53.4%). Significant differences were found in physical activity by gender (P ≤ 0.05). There were significant differences in health responsibility, spiritual growth and body mass index by marital status (P < 0.01).Concluded one out of five students in this study were overweight/obese, health program planning to promote lifestyle, especially physical activity and nutrition among students is recommended.

Adilson Marques et al (2018) conducted experimental study on adolescents. The study included 1,48,839 adolescents who participated in the health behavior in School aged – Children 2010 survey. Resulted 4.7% boys and 4.4% of girls aged 11 years, 3% of boys and 2% of girls aged 13 years, and 1.5% of boys and 0.8% of girls and 15 scored perfectly on the healthy lifestyle score. As age increased, the prevalence of adolescents with a healthy lifestyle decreased. In 37 countries and regions, the prevalence of healthy behaviors decreased linearly between early adolescence and the age of 15 years. Concluded in general,

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adolescents do not have a healthy lifestyle. Results from this study highlight that there is still much work to be done in promoting healthy lifestyles and to raise awareness among adolescents of the potential risk to their health status.

Colleen M. McGovern, MPH, RN et al (2018), conducted cross sectional study from a healthy lifestyle programme from 779 adolescent students 14 – 17 years old. The mean was 14.7 years (Standard deviation = 0.73). The result showed good fit of the data to the model (Comparative Fit Index=0.98, Tuter Lewis Index = 0.96, root mean square error of approximation=0.08, Standard root mean residual = .06 thoughts and feelings influenced behaviors, and differences in the model were observed for males and females. However, a direct effect for thought on healthy lifestyle behaviors was not observed for females. The indirect pathway from thinking through feeling on behaviors was stronger for females (B = 0.75, P < 0.0001) than for females.

*Loan Sabin et al (2018)*conducted an experimental study on developing healthy lifestyle of students. At the experiment attended 300 students from the four faculties. The method of the research used in our experiment was the questionnaire of lifestyle habits with five levels of answer on Likert scale. Used the following types of scales in building the questionnaire; Nominal scale used for the quantitative variables. The result of our investigation showed that students are aware of the positive influence of sports activities on human body.

Hsin – Yen Yen et al (2018) conducted a descriptive study in purposive sampling to recruit 163 participants from 14 long term care facilities in Taiwan. Data were collected through individual interviews with a structured questionnaire. Descriptive statistics and independent 't' test were used. The result demonstrated that the preferred type of physical activities for the older adults was similar after the relocation.

Older adults with increasing productive engagement in physical activity reported better scores of mental component summary, social and emotional role functioning than those with decreasing productive engagement in physical activity. Concluded older adults can have a positive perceived health related quality of life by consistently or increasingly engaging in productive physical activity especially when encountering a life event.

Erin L. Faught et al (2017) conducted analytical study among adolescent students on physical activity. Data from the 2014 Canadian Health Behavior in School – Aged children Study (n= 28,608, ages 11 – 15) were analyzed. Students provided self report of academic achievement, diet, physical activity, sleep duration, recreational screen time usage, height, weight and socio economic status. Resulted the students with incomplete data who were excluded from analysis had significantly lower socio economic status were more likely to recommended level of physical activity, higher junk foods and drinks scores and more screen time than those with complete data. Finally, the majority of the students reported heights and weights that resulted in a normal body mass index (69.4%). Three percent of students were severely thin or thin, 18.9% were categorized as overweight, and 8.7% were obese.

Khalid M. Almutairi et al (2017) conducted a descriptive cross sectional study among adolescent students. Total of 1656 students participated. Used a self reported questionnaire that included questions regarding their demographic characteristics and their health promoting behaviors. The majority of participants were female (70.4%), 20% of the participants were overweight and 11.3% were obese. The analysis showed that there was a significant difference between health colleges and non health colleges with regards to the factor of health responsibility. The result of the study indicates that university students

are leading unhealthy lives, where the majority of them have unhealthy eating habits and poor physical activity level.

Jose J. Muros et al (2016) conducted cross sectional study among adolescents on physical activity and diet. The study involved 456 adolescents aged between 11 to 14 years. They completed questionnaires on the Mediterranean diet, physical activity (Physical Activity Questionnaire for Older Children, and quality of life. Resulted Mediterranean diet accounted for 4.6% of the variance in adolescent's health related quality of life, with higher adherence to the Mediterranean diet predicting higher health related quality of life – scores. Body Mass Index accounted for a further 4.1% of the variance, with a higher body mass index predicting lower health related quality of life scores. Finally, physical activity explained an additional 11.3% of the variance, with a higher level of physical activity being associated with higher health related quality of life scores. Together, these variables explained 20% of the variance in the adolescent's health- related quality of life.

Volkan Bozlar et al (2016) conducted descriptive study among adolescent students on physical activity. This study is composed of 1695 students studying in Schools of Physical Education and Sport, in 14 different universities across Turkey. Used Healthy Lifestyle Behaviors scale -1 survey. Resulted the highest average score of the subscale is Self- Fulfillment (37.25 ± 6.02), while the lowest score of subscale was exercise (13.45 ± 3.06). SPES students with low BMI's were found to have a higher score in the Self – Fulfillment subscale. Recreation department students scored higher in 4 of the 6 subscales, whereas the 4th grade students scored higher in 5 of the 6 subscales. It has been observed that as the family income and education level increases, there is an increase in the awareness of the Healthy Lifestyle Behaviors applied.

Kelly skinner et al (2015) conducted qualitative study among physical activity of adults. The study included a purposive convenience sample of two adult (n = 22) and three youths (n = 30; students in grades 6 to 8) focus groups, unstructured one-on-one interviews with adult key informants (n=7), and a scan of the community environment. Concluded numerous barriers to healthy nutrition and physical activity exist in this community and are possibly similar in other remote communities. Empowerment is a core issue that should be considered in the design of public health interventions for First Nations youths in remote sub-arctic communities.

Yahya Al- Nakeeb et al (2015) conducted quantitative study on young adults. Seven hundred thirty two students aged 18 – 25 years completed a self reported questionnaire and an objective measure of BMI. Three clusters were identified based on the student's lifestyle and dietary habits. Resulted, Cluster 1 (high risk factors) included those who engaged the least in healthy dietary practices and consumed the most unhealthy foods, participated in less PA and had the highest BMI. Cluster 2 (moderate risk factors) included those with considerably more habits falling into the moderate category, engagement in the most PA, the least TV and computer viewing time and had the lowest BMI. Cluster 3 (low risk factors) included those who engaged the most with the four healthy dietary practices, the least with the four unhealthy dietary practices and participated in moderate PA per week.

Pedro Sousa (2014) conducted correlational study among adolescents. A linguistic and cultural translation of the Adolescent Lifestyle Profile was conducted with 236 adolescents from two different settings: a community (n = 141) and a clinical setting (n = 95). Results showed an adequate fit to data, yielding 36 item, seven- factor structure. The Adolescents Lifestyle Profile presented a high internal consistency (= 0.866), with the subscales presenting moderate reliability values

(from 0.492 to 0.747). The highest values were in Interpersonal Relations (3.059 ± 0.523) and Positive Life Perspective (2.985 ± 0.588). Some gender differences were found. Findings showed that adolescents from the clinic reported an overall healthier lifestyle than those from the community setting (2.598 ± 0.379 vs. 2.504 ± 0.346; t = 1.976, p = 0.049) were resulted.

Bernadette M. Mclnyk PhD., et al (2013) – conducted randomized control trial in adolescent students. Total of 779 culturally diverse adolescents. COPE (Creating, Opportunities for Personal Empowerment) was a cognitive behavioral skills- building intervention with 20 minutes of physical activity integrated into a health course, taught by teacher once a week for 15 weeks. Resulted post intervention, COPE teens had a greater number of steps per day (p=0.03) and a lower BMI (p=0.01) than did those healthy teens, and higher average scores on all social skills rating system subscales (p- value <0.05). Alcohol use was 11.17% in the COPE group and 21.46% in the healthy teens (COPE = 24.72, Healthy teens = 25.05, Adjusted M = −0.34, 95% Cl = −0.56, − 0.11). The proportion of those overweight was significantly different from pre intervention to 6 month follow up (Chi- square = 4.69, p= 0.03), with COPE decreasing the proportion of overweight teens, versus an increase in overweight in control adolescents. There were no differences in alcohol use at 6 months (p= 0.06).

2.1.2 LITERATURE REVIEW RELATED TO NUTRITION

Rachana Manandhar Shrestha et al (2019) conducted qualitative study among school children. Conducted a qualitative study through 32 in – depth interviews of the key informants who were actively involved in SHN program implementation in Nepal. The key informants were identified through personal network and snowballing procedure. Adopted thematic approach for the data analysis. Resulted

categorized interview data into three broad themes. (1) SHN program implementation (2) its impact (3) Challenges during implementation. Almost all the key informants appreciated the program for its positive impact on students, schools and communities. The positive impacts included improved students health and school environment and enhanced community awareness. Our findings highlighted that stakeholders from all tiers should co ordinate, collaborate and continue their efforts to effectively implement and expand the program nationwide. Awareness compaign and advocacy for the program are indispensable to pull more resources from relevant stakeholders.

Rosita Jamaluddin et al (2019) conducted qualitative study among investigated athletes perceptions and satisfactions on the food service quality of the athlete's cafeteria as well as their knowledge on nutrition. Athletes were self administered questionnaire consisting of three sections was used in this study. Resulted the athletes response on the nutrition knowledge scores of respondents varied based on socio demographic characteristics. However, there were significant differences on mean nutrition knowledge scores between the ethnic group ($p< 0.01$) and educational level ($p< 0.05$). The post – hoc Hochberg's GT2 showed that Malay respondents had significantly lower mean nutrition knowledge scores than Chinese respondents($p= 0.003$, $p < 0.01$) and respondents with university degree had significantly higher mean knowledge scores than respondents who only had secondary school education ($p=0.024$, $p< 0.05$).

Karthikeyan Kulothungan et al (2018) conducted descriptive study among dietary preferences in children of age 5- 10 years in the rural area of Perambalur district, South India. Six food categories were included in the questionnaire to study the dietary preferences of the child. Resulted the study that most of the children prefer milk/milk products with a highest mean score of 3.94 followed by preference for

snacks. Most avoided food were vegetables, followed by meat and meat products. The overall score was found to be low for all the categories of food among children who prefer mobile compared to TV and outdoor group. But this difference was not statistically significant. This difference was close to 0.05 only in vegetable group category. Concluded the result will help in planning the nutritional counseling programmes for children.

D.J. Nithya and R.V. Bhavani (2017) conducted experimental study among adolescent nutritional status. Individual dietary diversity was calculated using 24 hour diet recall data and household dietary diversity was measured with food frequency data using Berry's index and food scores. The nutritional status of individuals was assessed using anthropometric indices. All three measures of dietary diversity showed a linear association with the nutritional outcomes of adults, while in the adolescent group only DDI showed a relationship. It is concluded that 24 hour diet recall is a good measure for studying the relationship between dietary diversity and nutritional status in adults.

Neha Rathi et al (2017) conducted quantitative study among food consumption patterns of adolescents. A self- administered, semi-quantitative, 59 item meal- based food frequency questionnaire (FFQ) was developed to assess the dietary intake of adolescents over the previous day. A total of 1026 students (aged 14-16 years) attending private, English- speaking schools in Kolkata. Resulted overall, the adolescents reported poor dietary intakes; over one quarter (30%) reported no consumption of vegetables and 70% reported eating three or more servings of energy – dense snacks, on the previous day. Concluded the Indian Adolescents reported poor food consumption patterns, and these findings highlight the need to design effective nutrition promotion strategies to encourage healthy eating in adolescents and targeting food supply and availability.

Bupe Bwalya Bwalya (2015) conducted experimental study among adolescents. Study utilized data from the 2007 Zambia Demographic and Health Survey. The data set provided data on adolescent anthropometric measurements, bio-demographic variables (age) socio- economic variables (wealth index, education, place of residency) and dietary intake (food types consumed 24 hours prior the survey). Results adolescent girl underweight was measured using the 2007 WHO internationally agreed upon standards of BMI categorization. Adolescent underweight was high 13.7%. When disaggregated by place of residence, education and wealth index differences were noticed the relationships between adolescents and the variables were also noticed. Conclusions therefore, it can be seen that adolescent nutrition in Zambia requires urgent attention, and since there are multifaceted factors affecting it, strategies are required to improve diet diversification and socio economic status of adolescents if better results are too be realized in future. Further, there is need for future research to assess the actual nutrient and mineral intake by female adolescents with disaggregation between rural and urban if effective interventions are to be made and positive changes in adolescent nutritional outcomes are to be seen for years to come.

Hanna Chaleb Al. Amari et al (2015) conducted descriptive study among undergraduate college students from Kuwait University. Information was conducted via a lifestyle questionnaire, a standard survey tool by Harris. Computer data entry and analysis were undertaken by using SPSS / PC (Statistical Package for the Social Sciences). One hundred and fifty college students completed the questionnaire a 100% response rate of which 67.3% were female and 32.7% were male. The gender means score was 1.67 and the standard Deviation was (.471). Concluded response to the questions concerning the perception of college students regarding healthy lifestyle, the results

of the study illustrates that the majority of the college students, conduct a moderate healthy lifestyle. Only (50.0%) admitted that they healthy diet and (48.7%) agreed that they suffer from iron deficiency anemia (IDA), 48.0% of the students eat breakfast daily, while (46.3%) get a least seven to 9 hours of sleep (40.0%) of college students drink 8 glasses of water per day.

Elizabeth Azevedo de Azeredo et al (2014) conducted Qualitative, descriptive approach, using the technique of Focus Group with responsible and semi-structured interview with teachers of the Fluminense Federal University's daycare, who underwent through of Vygostki, related to the teaching- learning process. Resulted by the analysis two categories emerged: Actions on Food and Nutrition Education in the perception of the teachers; and Actions in Food and Nutrition Education- changes in eating habits in the view of the teachers. Concluded by that there was learning through playful activities in a moment of fun for children where the culinary act was a practice of social integration.

Sheloj M Joshi et al (2014) conducted community based cross sectional study was carried out amongst adolescent girls in the age group of 10-19 years. Total 200 adolescent girls were included. Variables included were age, socio economical status, weight, Height and Dietary intake pattern. Results amongst all adolescent girls 69% suffered from under nutrition. Only 31% girls had normal nutritional status. Majority that is 87.20% of adolescent girls belonging to the age group of 10- 14 years were under nourished Majority of rural adolescent girls were under nourished. There was significant association between socio economic status (SES) and nutritional status of adolescent girls.

Tamanna S et al (2013) conducted cross sectional descriptive study was conducted among 384 adolescent Garo children (boys and

girls) aged 10 – 18 years. A structured pre tested questionnaire and a checklist were used to collect data through interview. Anthropometric survey of randomly selected adolescent was carried out and compared against the WHO reference indicators such as BMI- for- age, height-for-age and Weight- for- age. Resulted in most of the age groups it is notable that the mean height and weight of both boys and girls were lower than the WHO standards. The prevalence of thinness, stunting and underweighting was 49.74%, 15.1% and 7.29% respectively. Concluded by significant association between malnutrition and socio economic parameters were observed. So socio economic status, maternal working status, family type and family size are important determinants of nutritional status of adolescent.

CHAPTER – III
RESEARCH METHODOLOGY

Research methodology is one of the vital section of a research. Since the success of any research is mostly dependent upon the methodological issues that are followed in the execution of the research work. The role of methodology consists of procedure and technique for conducting the study.

Crotty (2018) defined research methodology as the strategy, plan of action, process or design lying behind the choice and use of particular methods and linking the choice and use of methods to the desired outcomes.

This chapter deals with the methodology which was followed in this study to assess the effectiveness of student empowerment on healthy lifestyle practice among adolescent students at selected school at Chennai. This chapter deals with research design, variables, setting of the study, population, sample, criteria for sample selection, sample size, sampling technique, development and description of the tool, content validity, reliability of the tool, procedure for data collection and plan for data analysis.

3.1 RESEARCH APPROACH

Quantitative research approach was adopted to accomplish the main objective of assessing the effectiveness of student empowerment on healthy lifestyle practice among adolescent students at selected school at Chennai.

3.2 RESEARCH DESIGN

Donald R. Cooper had defined research design as the blue print for collection, measurement and analysis of data. It aids the scientist in allocation of his limited resources by posing crucial choices.

The research design selected in this study is quasi experimental Randomized control group design.

Group	Pre Test	Intervention	Post Test
Experimental group	O1	X	O2
Control group	O3	--	O4

Notes

O_1 Assessment of pre test level of knowledge and practice regarding student empowerment on healthy lifestyle practice among adolescent students in experimental group.

O_2 Assessment of post test level of knowledge and practice regarding student empowerment on healthy lifestyle practice among adolescent students in experimental group.

O_3 Assessment of pre test level of knowledge and practice regarding student empowerment on healthy lifestyle practice among adolescent students in control group.

O_4 Assessment of post test level of knowledge and practice regarding student empowerment on healthy lifestyle practice among adolescent students in control group.

X   Do administration of student empowerment on healthy lifestyle practice among adolescent students.

3.3 SETTING OF THE STUDY

The study was conducted in the Chennai Girl's Higher Secondary School at Choolai , Chennai.

3.4 DURATION OF THE STUDY

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

3.5 STUDY POPULATION

3.5.1 Target population

The target population of the present study includes adolescent students studying in Chennai Girl's Higher Secondary School at Choolai, Chennai.

3.5.2 Accessible Population

The accessible population of the present study includes adolescent students of age between 13 – 16 years students studying in Chennai Girl's Higher Secondary School at Choolai , Chennai.

3.6 SAMPLE

In this study, adolescent students who met the inclusion criteria were selected samples.

3.7 SAMPLE SIZE

The sample size was 60 adolescent students age 13- 16 years who have presented in the school. 30 students were conducted in experimental group and other 30 students were conducted in control group.

3.7.1 Inclusion Criteria

❖   Students who are attending school

❖   Students who are willing to participate

❖   Students available at the time of data collection

❖   Students who are age in 13 -16 years.

3.7.2 Exclusion Criteria

❖   Students who are not co operative

❖   Students who cannot read and write Tamil and English

❖   Students who are aged in below 13 years and above 17 years.

3.8 SAMPLING TECHNIQUE

The study was used non probability Convenient Sampling technique.

3.9 RESEARCH VARIABLES OF THE STUDY

3.9.1 Independent Variable

In the present study, it refers to the student empowerment on healthy lifestyle practice.

3.9.2 Dependent Variable

In the present study, knowledge and practice regarding student empowerment on healthy lifestyle practice among adolescent students.

3.9.3 Demographic Variables

Age, Sex, Education, Religion, Income and Occupation of parents, Dietary pattern, Living area, Family members and physical activity, nutrition.

3.10 DEVELOPMENT AND DESCRIPTION OF THE TOOL

Data collection tools are the procedures or instruments used by the researcher to observe the key variables in the research problem.

3.10.1 Development of the Tool

Appropriate structured questionnaire has been developed after extensive review of literature and obtained expert opinion, content validity from medical, nursing and statistical experts. Construction of the tool, pre testing of the tool, reliability of the tool was ascertained by test-retest method.

3.10.2 Description of the tool

The tool was prepared by the investigator for the present study. The tool consists of three sections :

Section-I: It consists of demographic data of the adolescent students participating in this study. It includes age, sex, religion, family income and occupation, living area, number of family members, and dietary pattern.

Section-II: It consists of 15 semi structured multiple choice questions with four options each regarding the knowledge on physical activity and nutrition among adolescent students.

Section-III: It consists of 15 semi structured multiple choice questions with four options each regarding the practice on physical activity and nutrition among adolescent students.

The tool consists of 7 questions related to knowledge on physical activity, 8 questions related to knowledge on nutrition in healthy lifestyle practices.

The tool consists of 7 questions related to practice on physical activity, 8 questions related to practice on nutrition in healthy lifestyle practices.

Student Empowerment on Healthy Lifestyle Practice

Student Empowerment on Healthy Lifestyle Practice regarding physical activity- duration, types of exercise, benefits and complications of physical inactivity. Nutrition – Types of nutrients, balanced diet , rich sources, recommended calories, nutritional disorders and healthy habits.

Score interpretation of the structured questionnaire- healthy lifestyle practice regarding knowledge and practice

S. No	Questions Number	Items	No.of Questions
1	I (1-7)	Knowledge related to physical activity	7
2	II (8- 15)	Knowledge related to nutrition	8
3	III (16- 23)	Practice related to physical activity	7
4	IV (24- 30)	Practice related to nutrition	8

Scoring Key

Total number of items   :   30

Total score   :   30

The score given as follows

For correct answer   :   1 score

For wrong answer   :   0 score

3.11 SCORE INTERPRETATION

Section II and III consists of structured questionnaire to assess the knowledge and practice regarding student empowerment on healthy lifestyle practice among adolescent students. Each correct answer was given a score of (1) one and wrong answer was scored as (0) zero. The total scores were 30.

The scores were interpreted as follows

Level of knowledge and practice score

S. No	Score	Level of knowledge	Level of practice
1	0-5	Inadequate	Poor
2	6-10	Moderate	Moderate
3	11-15	Adequate	Good

3.12 CONTENT VALIDITY

According to Burns and Groove, (2005) "the validity of an instrument is the determination of the extent to which the instrument reflect the abstract constant that is being examined".

After construction of questionnaire for "A study to assess the effectiveness of student empowerment on healthy life style practice among adolescent students at selected school at Chennai", it was tested for its validity and reliability.

Validity of the tool was assessed using content validity. Content validity was determined by experts from Nursing and Medical. They suggested certain modifications in tool. After the modifications they agreed this tool for assessing effectiveness of student empowerment on healthy life style practice among adolescent students at selected school at Chennai.

3.13 ETHICAL CONSIDERATION

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

Human Rights

❖ The study was proposed among the experts of the Institutional Ethics Committee, Madras Medical College, Chennai – 600 003 and got the permission to carry out the study.

❖ To execute the study a written permission was obtained from the Deputy Commissioner (Educational) in Greater Chennai Corporation, Chennai.

❖ The content validity was received from the various expert in the community health nursing and Community Medicine Experts.

Beneficence

❖ Potential benefits and risks were explained to the samples.

Dignity

❖ Students were informed about the study in detail and ensured their participants.

❖ Informed consent was obtained from the Parents of adolescent students in Chennai Girl's Higher Secondary School, Choolai.

❖ Freedom was given to the students in opting to participate in the study or withdrawal from the study.

Confidentiality

❖ Confidentiality and anomity pledge was ensured.

❖ The students were also ensured for maintaining the confidentiality of their details.

Justice

❖ The students were treated with justice.

❖ The content of the student empowerment on healthy lifestyle practice was taught to the students through Roller board, Black board, Booklet and Charts.

3.14 RELIABILITY OF THE TOOL

Reliability of the tool was assessed by using Test retest method. Knowledge score reliability correlation coefficient value was 0.82 and Practice score reliability correlation coefficient value was 0.86. These correlation coefficients are very high and it is good tool for assessing effectiveness of student empowerment on healthy life style practice among adolescent students at selected school at Chennai.

3.15 PILOT STUDY

Polit and Hungler (1999) denote that the pilot study is a small scale version or trial run done in preparation of main study.

After getting administrative permission and ethical clearance the pilot study was conducted. A formal permission to conduct the study in the Government school at Choolai, Chennai was obtained from Deputy Commissioner (Educational) in Greater Chennai Corporation, Chennai.

The pilot study was conducted among 6 adolescent students in Government school at Choolai for a period of one week. A convenient time and date was fixed and questionnaire was given to the participants. One control group selected 3 students conducted pretest and do not received **Student empowerment on healthy lifestyle practice** and directly go to Post test. Another experimental group selected 3 students conducted pretest after that day **Student empowerment on healthy lifestyle practice** was given after post test was conducted after one week, results were analyzed.

The reliability of the tool was tested using the test retest method. The knowledge score reliability correlations co efficient 0.82 practice

score reliability correlations co efficient value is 0.86. The correlation coefficient is very high. The investigator found that the instrument was good and feasible to use and further no modifications were needed before the actual implementation of the study. The area in which the pilot study conducted was excluded for the main study. The pilot study results showed that the setting, samples and tool was feasible enough to conduct the main study.

3.16 DATA COLLECTION PROCEDURE

The data collection procedure for the study is as follows:

❖ The study was conducted in school, Chennai. It was coming under the ambit of Chennai Girl's Higher Secondary School.

❖ Permission has obtained from the Institutional Ethics Committee, Formal permission was obtained from the Deputy Commissoner (Educational), Chennai.

❖ Samples were drawn using convenient sampling technique, during the 1st visit, the researcher introduced herself and explained the purpose of the study and confirmed the willingness of the adolescent students to participate in the study by getting consent from them as per the inclusion criteria

❖ Data collection procedure was done for a period of four weeks. Pre test assessment was done using structured questionnaire: Subsequently student empowerment on healthy lifestyle practice was given on same day for 30 minutes.

❖ On the seventh day post assessment was conducted using same structured questionnaire.

❖ Based on the criteria 8 – 10 subjects were selected each day. The subjects were assured of confidentiality of data collected.

Table 3.1 : Intervention Protocol for Experimental Control Group

S. No	Protocol	Experimental group	Control Group
1	Place	Chennai Girl's Higher Secondary School, Choolai	Chennai Girl's Higher Secondary School, Choolai
2	Intervention tool	Student empowerment on healthy lifestyle practice	Pre test- No intervention- Post test
3	Duration	4 weeks	4 weeks
4	Frequency	Morning	Evening
5	Time	30-45 minutes	-----------
6	Mode of teaching	Booklet.	-----------
7	Recipient	30 selected Adolescent students.	30 selected Adolescent students.

3.17 DATA ANALYSIS

Data Entry: Data collected was entered into the excel sheet and coding the data into Statistical Package for the Social Sciences (SPSS) statistical package system.

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

STATISTICAL ANALYSIS

3.18.1 Descriptive Statistics

Frequency and percentage analysis were used to describe demographic characteristics of adolescent students.

Range, Mean and Standard deviation were used to assess the knowledge and practice of adolescent students.

3.18.2 Inferential statistics

❖ The association between demographic variables and knowledge and practice score were analyzed using Pearson Chi square test.

❖ Quantitative knowledge and practice score in pretest and post test were compared using student's paired 't' test.

❖ Quantitative knowledge and practice score in pretest and post test were compared using student's independent 't' test.

❖ Quantitative data difference between experimental and control group was analysed using student chi square test.

❖ Correlation between knowledge and practice score was calculated using Karl Pearson correlation coefficient.

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

❖ Simple bar diagram, Multiple bar diagram, box plot were used to represent the data.

❖ A $p \leq 0.05$ was considered statistically significant.

FIG 3.1 SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

Quantitative Research Approach

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Study Design-Quasi Experimental Randomized control group design

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Sampling Technique – Non Probability convenient sampling

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Sample size – 60 adolescent students

↓

Sample – Adolescent students

↓

Study setting- Chennai Girl's Higher Secondary School, Choolai,

↓

Development of Tool --- Structured Questionnaire

↓

Experimental Group (n= 30)	**Control Group (n=30)**
Pre test assessment of knowledge and practice	**Pre test assessment of knowledge and practice**
Intervention⁻ Student Empowerment On Healthy Lifestyle Practices	**-----------------------------x------------ ---------------**
Post test assessment of knowledge and practice	**Post test assessment of knowledge and practice**

↓

Data analysis and Interpretation

↓

Discussion and Recommendation of the study

↓

Findings and conclusion

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

"Analysis is a process of organizing, synthesizing data in such a way that the research questions can be answered and hypothesis tested."
-Polit and Hungler 2018

This chapter deals with the analysis and interpretation of the data obtained from the adolescent students at selected school at Chennai. The analysis and interpretation is derived under 6 sections as given below:

ORGANIZATION OF DATA

The analyzed data were tabulated under tables and figures under the section below:

Section-I: Description of demographic variables of the adolescent students in experimental and control group.

Section-II: Assessment of Pre-test level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students in experimental and control group.

Section-III: Assessment of post test level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students in experimental and control group.

Section-IV: Effectiveness of student empowerment on healthy lifestyle practice in experimental and control group.

Section-V: Comparing the pre test and post test level of knowledge and practice regarding student empowerment on healthy lifestyle practice among adolescent students in experimental and control group.

Section-VI: Association between post test level of knowledge and practice and their selected demographic variables regarding student

empowerment on healthy lifestyle practice among adolescents in experimental and control group.

SECTION – I: DESCRIPTION OF DEMOGRAPHIC VARIABLES OF THE ADOLESCENT STUDENTS

Table- 1: Students Demographic Profile

Demographic Variables		Group			
		Experiment (n=30)		Control (n=30)	
		N	%	N	%
Age	14 years	14	46.67%	12	40.00%
	15 years	10	33.33%	13	43.33%
	16 years	6	20.00%	5	16.67%
Sex	Male	0	0.00%	0	0.00%
	Female	30	100.0%	30	100.00%
Religion	Hindu	20	66.67%	22	73.33%
	Christian	6	20.00%	5	16.67%
	Muslim	4	13.33%	3	10.00%
Type of family	Nuclear family	18	60.00%	19	63.33%
	Joint family	9	30.00%	8	26.67%
	Extended family	3	10.00%	3	10.00%
Education of the Parents	6 -8 std	15	50.00%	12	40.00%
	8 -12 std	10	33.33%	12	40.00%
	Under graduate	3	10.00%	4	13.33%
	Post graduate	2	6.67%	2	6.67%
Occupation of the Parents	Full time	10	33.33%	12	40.00%
	Part time	6	20.00%	7	23.33%
	Daily wage	12	40.00%	9	30.00%
	Technical training	2	6.67%	2	6.67%

Demographic Variables		Group			
		Experiment (n=30)		Control (n=30)	
		N	%	N	%
Monthly income of Parents	Rs.10000 -20000	13	43.33%	15	50.00%
	Rs.20001 -30000	11	36.67%	8	26.67%
	Rs.30001 -50000	6	20.00%	7	23.33%
	>Rs.50000	0	0.00%	0	0.00%
Living area	Rural	6	20.00%	8	26.67%
	Urban	24	80.00%	22	73.33%
No. of persons in the Family	1 -3 persons	6	20.00%	7	23.33%
	4 -5 persons	13	43.33%	17	56.67%
	>5 persons	11	36.67%	6	20.00%
Type of food	Vegetarian	6	20.00%	7	23.33%
	Non vegetarian	24	80.00%	23	76.67%

Table 4.1 Describes the demographic information of the adolescent students

AGE: With regard to the age in experimental group,14 (46.67%) were belongs to 14 years of age, 10 (33.33%) were belongs to 15 years of age, 6 (20.00%) were belongs to 16 years and in control group 12 (40.00)% were belongs to 14 years of age, 13 (43.33%) were belongs to 15 years of age, 5 (16.67%) were belongs to 16 years of age.

SEX: Regarding sex in experimental group, 0 (0.00%) were male students, 30 (100.00%) were female students and in control group 0 (0.00%) were male students, 30 (100.00%) were female students.

RELIGION: Regarding religion in experimental group 20 (66.67%) were Hindu students, 6 (20.00%) were belongs to Christian, 4 (13.33%) were Muslim students, and in control group 22 (73.33%) were

Hindu students, 5 (16.67%) were Christian students, 3 (10.00%) were Muslim students.

TYPE OF FAMILY: Regarding Type of family in experimental group 18 (60.00%) were Nuclear family, 9 (30.00%) were Joint family, 3 (10.00%) were Extended family, and in control group 19 (63.33%) were Nuclear family, 8 (26.67%) were Joint family, 3 (10.00%) were Extended family.

EDUCATION OF PARENTS: Regarding Education of parents in experimental group 15 (50.00%) were 6-8 standard, 10 (33.33%) were 8 – 12 standard, 3 (10.00%) were Under graduate, 2 (6.67%) were Post graduate, and in control group 12 (40.00%) were 6 – 8 standard, 12 (40.00%) were 8 – 12 standard, 4 (13.33%) were Under graduate, 2 (6.67%) were Post graduate.

OCCUPATION OF PARENTS: Regarding Occupation of parents in experimental group 10 (33.33%) were full time work, 6 (20.00%) were part time work, 12 (40.00%) were daily wages, 2 (6.67%) were technical training work, and in control group 12(40.00%) were full time work, 7(23.33%) were part time work, 9(30.00%) were daily wages, 2(6.67%) were technical training work.

MONTHLY INCOME OF PARENTS: Regarding Monthly income of parents in experimental group 13(43.33%) were received Rs10000 -20000, 11(36.67%) were received Rs 20001 – 30000 , 6 (20.00%) were received 30001 – 50000 , 0 (0.00%) were received above Rs 50000, and in control group 15 (50.00%) were received Rs 10000 – 20000 , 8(26.67%) were received 20001 – 30000 , 7 (23.33%) were received Rs 30001 – 50000, 0(0.00%) were received above Rs 50000.

LIVING AREA: Regarding Living area in experimental group 6(20.00%) were lived in rural area, 24(80.00%) were lived in urban area, and in control group 8(26.67%) were lived in rural area, 22(73.33%) were lived in urban area.

NUMBER OF PERSONS IN THE FAMILY: Regarding Number of persons in the family in experimental group 6(20.00%) were 1 -3 persons, 13(43.33%) were 4-5 persons , 11(36.67%) were above 5 persons in the family, and in control group 7(23.33%) were 1- 3 persons, 17(56.67%) were 4 -5 persons, 6(20.00%) were above 5 persons in the family.

TYPE OF FOOD: Regarding Type of food in experimental group 6(20.00%) were vegetarian, 24(80.00%) were non vegetarian, and in control group 7(23.33%) were vegetarian, 23(76.67%) were non vegetarian.

FIG-4.1: Age distribution of Students
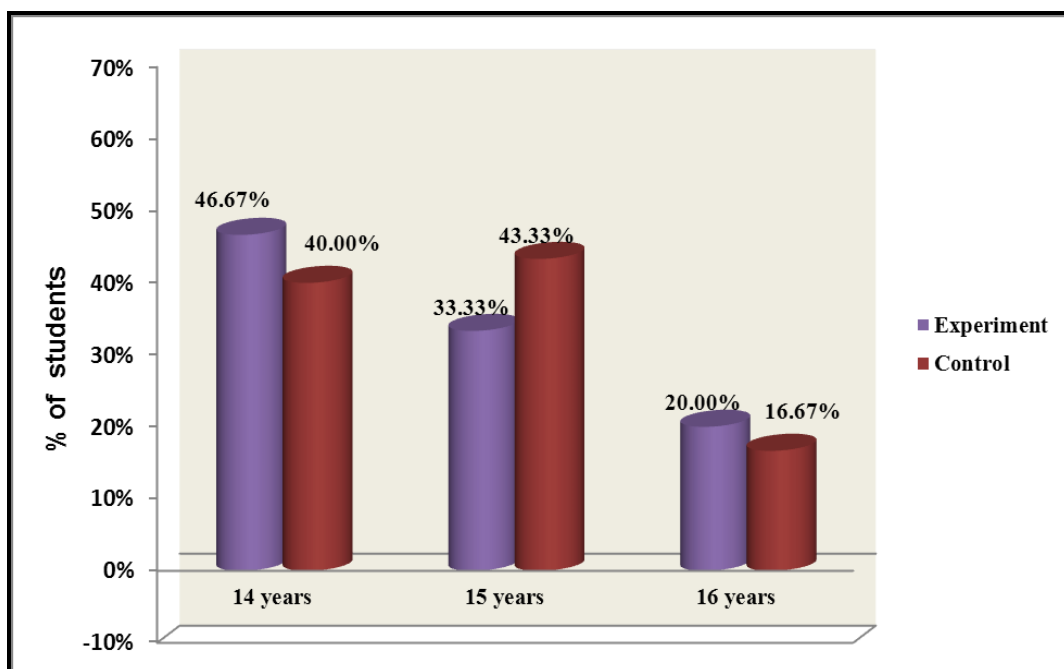
Majority of the students in experimental group 14years (46.67%) in control group 15years (43.33%).

FIG-4.2: Sex of the Students
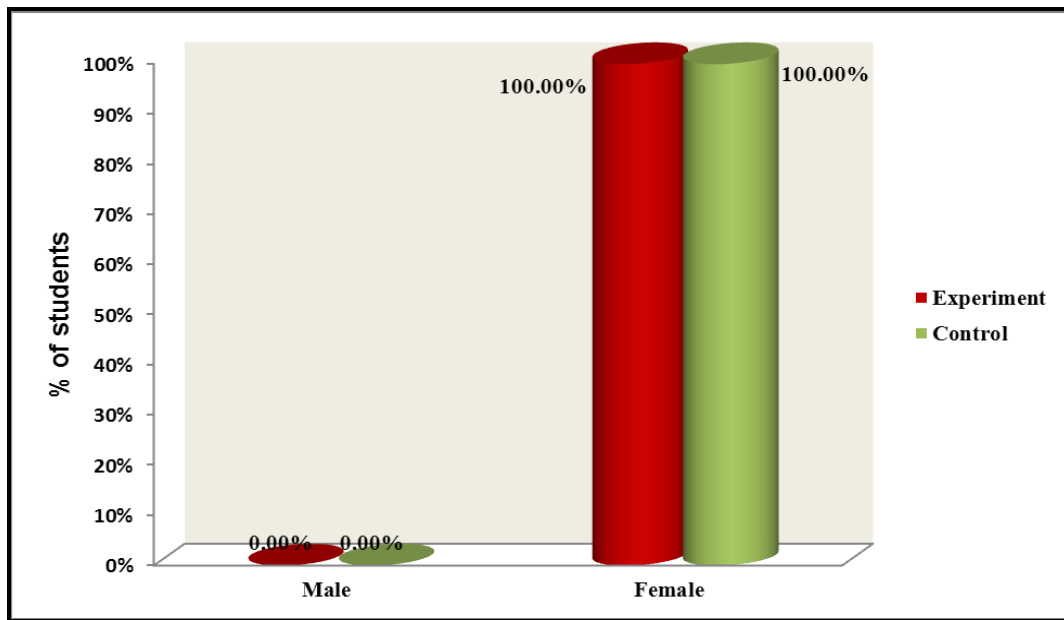
Majority of the students in experimental and control group of female students (100.00%)

FIG-4.3: Religion of the Students
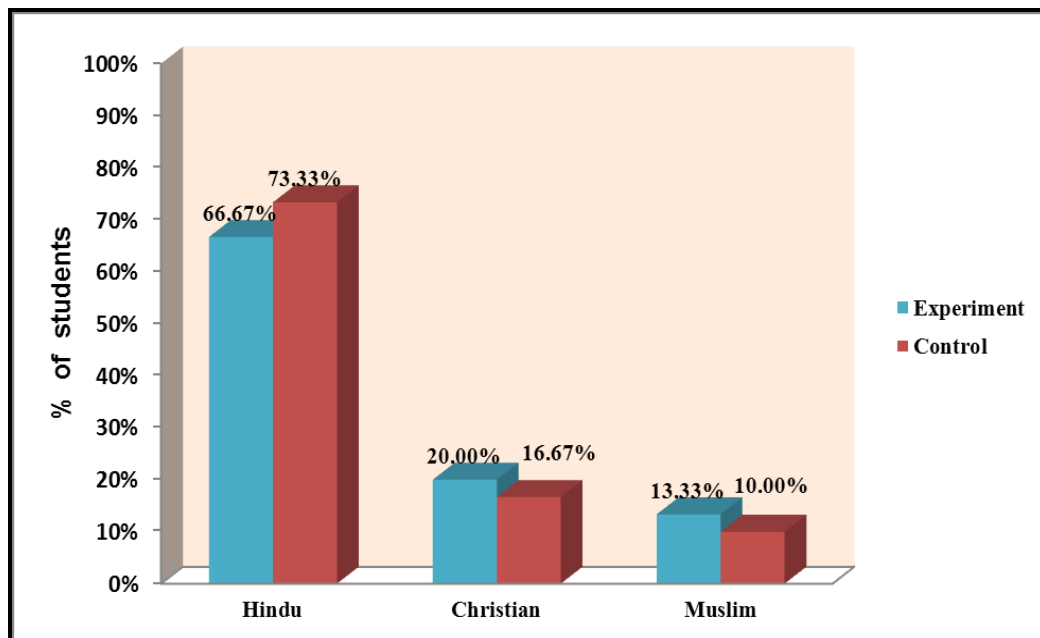
Majority of the students are Hindu (66.67%) in experimental group and (73.33%) in control group

FIG-4.4: Type of Family
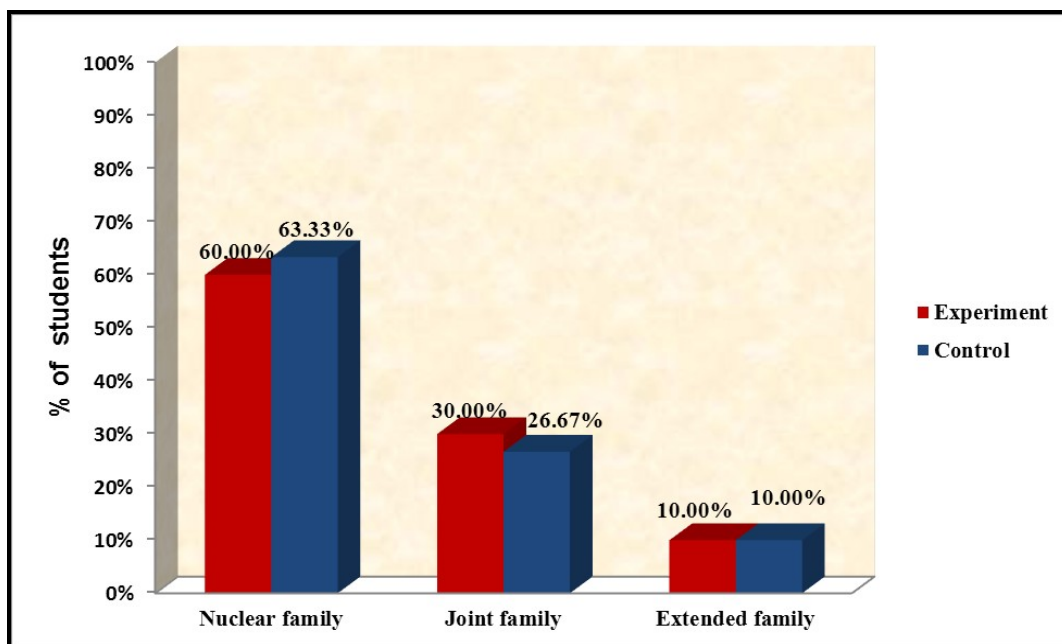
Majority of the students are Nuclear family (60.00%) in experimental group and (63.33%) in control group.

Fig-4.5: Education of Parents
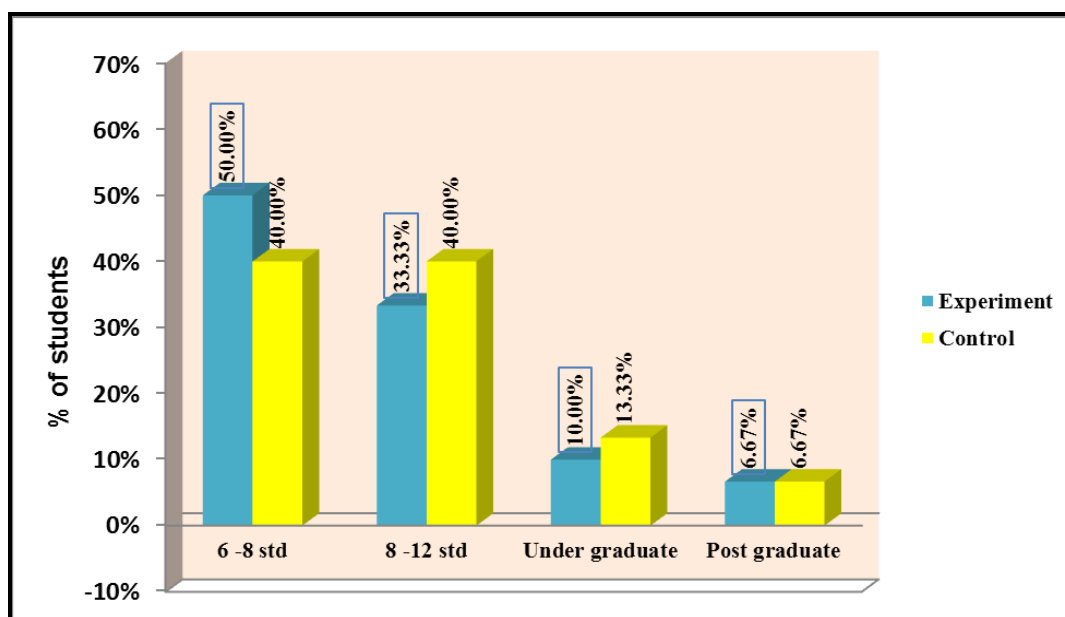
Majority of the parents are 6-8 std (50.00%) in experimental group and 6-8 std, 8-12 std (40.00%) in control group.

Fig-4.6: Occupation of Parents
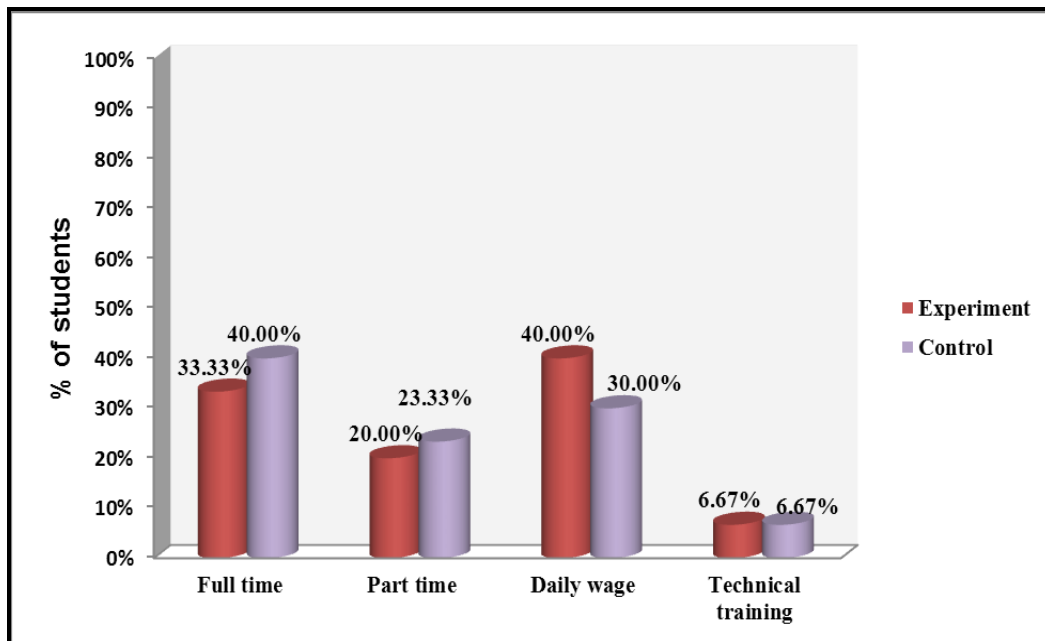
Majority of the parents doing full time work (33.33%) in experimental group and (40.00%) of parents doing full time and part time work in control group.

Fig-4.7: Monthly Income of Parents
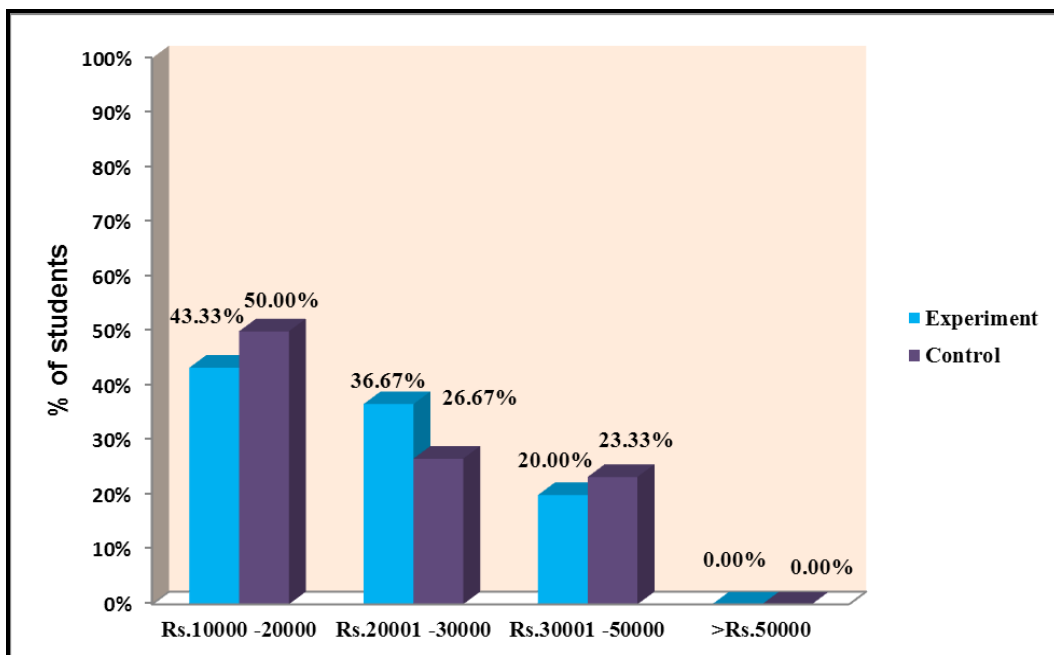
Majority of the parents earned in Rs 10,000 – 20,000 (43.33%) in experimental group and (50.00%) in control group.

Fig-4.8: Living Area of Students
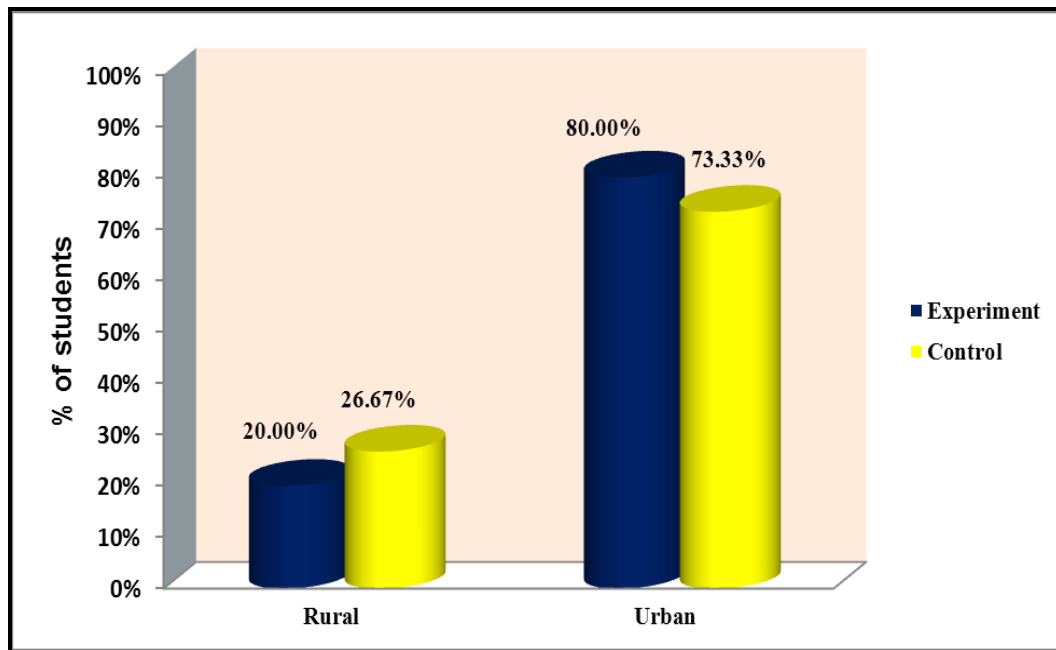
Majority of the students are lived in Urban area (80.00%) in experimental group and (73.33%) in control group.

Fig-4.9: No.of Persons in the Family
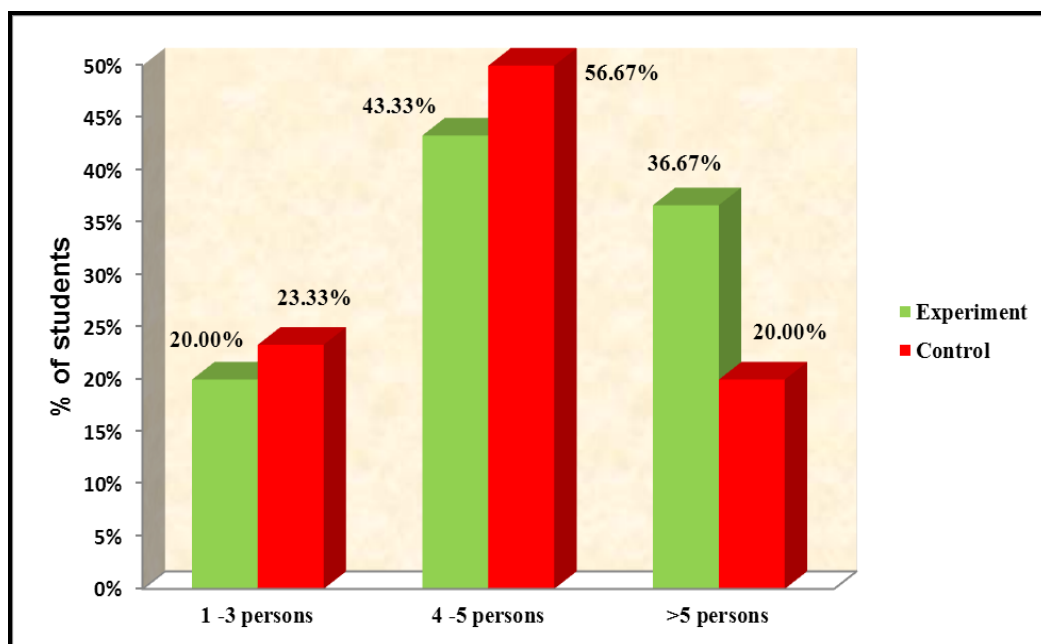
Majority of the students are lived with 4-5 persons in the family (43.33%) in experimental group and (56.67%) in control group.

45

Fig-4.10: Type of Food
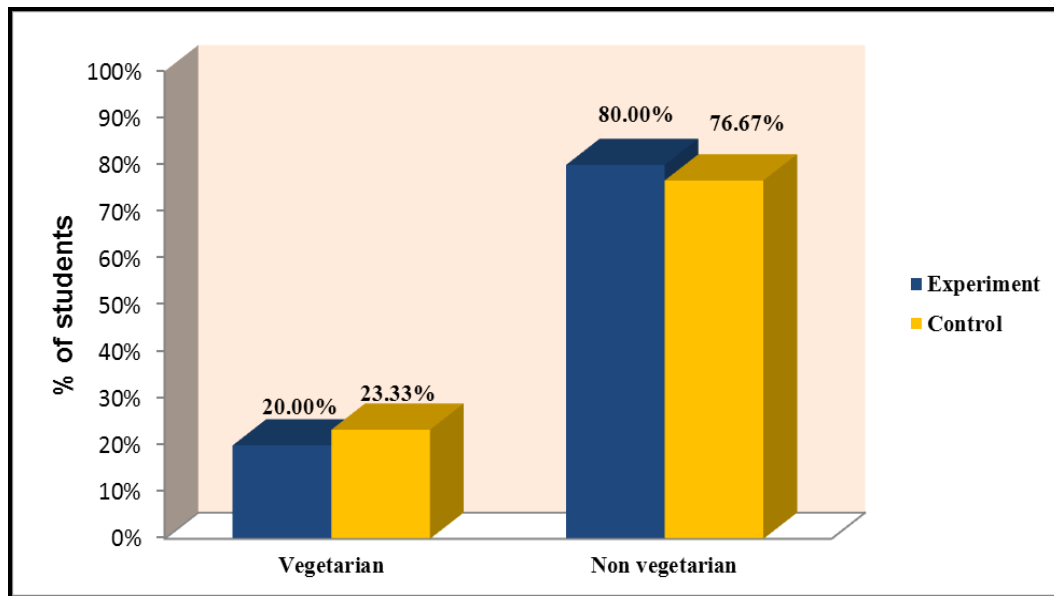
Majority of the students are non vegetarian (80.00%) in experimental group and (76.67%) in control group.

SECTION –II: ASSESSMENT OF PRETEST LEVEL OF KNOWLEDGE AND PRACTICE AMONG ADOLESCENT STUDENTS

Table-2: Comparison of Pretest level of Knowledge Score

Level of knowledge	Experiment		Control		Chi square test
	N	Percentage	N	Percentage	
Inadequate	23	76.67%	21	70.00%	$\chi2$=0.40 p=0.82 DF=1 not significant
Moderate	7	23.33%	9	30.00%	
Adequate	0	0.00%	0	0.00%	
Total	30	100.00%	30	100.00%	

P>0.05 not significant DF= Degrees of Freedom

Above table compares the pretest level of knowledge score between experimental and control students. Before administration of **student empowerment on healthy life style practice,** students knowledge score was, in experimental group, 76.67% of the students are having inadequate level of knowledge score, 23.33% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score. In control group, 70.00% of the students are having inadequate level of knowledge score, 30.00% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score . Statistically there is no significant difference between experimental and control group. Level of knowledge scores between experimental and control group was calculated using chi-square test.

Table-3: Comparison of Mean Pretest Level of Knowledge Score

Group	N	Mean knowledge score	Standard deviation	Mean difference	Student's independent t – test
Experimental	30	7.23	1.94	0.24	t=0.48, p=0.63 DF= 58, Not significant
Control	30	7.47	1.83		

p>0.05 not significant DF=Degrees of Freedom

Above table shows the comparison of pre-test mean knowledge score before administration of **student empowerment on healthy life style practice.** On an average, experimental group students are having 7.23knowledge score and control group students   are having 7.47 knowledge score, so the difference is 0.24 knowledge score. This difference is small and it is not statistically significant difference. Statistical significance was calculated by using student's independent 't'test.

Table-4: Comparison of Pretest Level of Practice Score

Level of practice	Experiment		Control		Chi square test
	n	Percentage	N	Percentage	
Poor	21	70.00%	19	63.33%	χ2=0.30
Moderate	9	30.00%	11	36.67%	p=0.58 DF=1
Good	0	0.00%	0	0.00%	not significant
Total	30	100.00%	30	100.00%	

P>0.05 not significant DF=Degrees of Freedom

Above table compares the pretest level of practice score between experimental and control students. Before administration of **student empowerment on healthy life style practice** intervention, students practice score was, in experimental group, 70.00% of the student's are having poor level of practice score, 30.00% of them having moderate level of practice score and none of them are having good level of practice score. In control group, 63.33% of the student's are having poor level of practice score, 36.67% of them having moderate level of practice score and none of them are having good level of practice score .Statistically there is no significant difference between experimental and control group. Level of practice score between experimental and control group was calculated using chi-square test.

Table-5: Comparison of Mean Pretest Level of Practice Score

Group	N	Mean Practice score	Standard Deviation	Mean Difference	Student's independent t- test
Experiment	30	7.53	1.68		t=0.61 p=0.54 DF=58 Not significant
Control	30	7.80	1.69	0.27	

p>0.05 not significant DF=Degrees of Freedom

Above table shows the comparison of pre-test mean practice score before administration of **student empowerment on healthy life style practice.** On an average, experimental group students are having 7.53 practice score and control group students are having 7.80 practice score, so the difference is 0.27 practice score. This difference is small and it is not statistically significant difference. Statistical significance was calculated by using student's independent 't'test.

SECTION – III: ASSESSMENT OF POST TEST LEVEL OF KNOWLEDGE AND PRACTICE REGARDING STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE AMONG ADOLESCENT STUDENTS

Table-6: Comparison of Post test Level of Knowledge Score

Level of knowledge	Experiment		Control		Chi square test
	N	Percentage	N	Percentage	
Inadequate	0	0.00%	19	63.33%	$\chi 2$=41.74 p=0.001 DF=2 not significant
Moderate	8	26.67%	11	36.67%	
Adequate	22	73.33%	0	0.00%	
Total	30	100.00%	30	100.00%	

P>0.05 not significant

Above table compares the   posttest level of knowledge score between experimental and control students. After administration of **student empowerment   on healthy life style practice**   student's knowledge score shows,   in experimental group, none of the student's are having inadequate level of knowledge   score, 26.67% of them having moderate level of knowledge score and 73.33% of them are having adequate level of knowledge score. In control group,   63.33% of the student's are having inadequate level of knowledge   score, 36.67% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score .   Statistically there is a significant difference between experimental and control group. Level of knowledge   score   between   experimental   and   control   group   was calculated using chi-square test.

Table-7: Comparison of Mean Post test Level of Knowledge Score

Group	N	Mean knowledge score	Standard Deviation	Mean difference	Student's independent t-test
Experiment	30	11.63	1.69	3.80	t=8.24p=0.001*** DF=58, significant
Control	30	7.83	1.68		

***p<0.001very high significant DF=Degrees of Freedom

Above table shows the comparison of post-test mean knowledge score between experiment and control group after administration of **student empowerment on healthy life style practice.** On an average, in post test, experimental group students are having 11.63 knowledge score and control group students are having 7.83 knowledge score, so the difference is 3.80 knowledge score. This difference is large and it is statistically significant difference. Statistical significance was calculated by using student's independent 't'test.

Table-8: Comparison of Post test Level of Practice Score

Level of Practice	Experiment		Control		Chi square test
	N	Percentage	N	Percentage	
Poor	0	0.00%	16	53.33%	χ2=41.33 p=0.001 DF=2 not significant
Moderate	7	23.33%	14	46.67%	
Good	23	76.67%	0	0.00%	
Total	30	100.00%	30	100.00%	

P>0.05 not significant

Above table compares the posttest level of practice score between experimental and control students. After administration of **student empowerment on healthy life style practice** intervention, student's practice score was, in experimental group, none of the student's are having poor level of practice score, 23.33% of them having moderate level of practice score and 76.67% of them are having good level of practice score. In control group, 53.33% of the student's are having poor level of practice score, 46.67% of them having moderate level of practice score and none of them are having good level of practice score. Statistically there is a significant difference between experimental and control group. Level of practice score between experimental and control group was calculated using chi-square test.

Table-9: Comparison of Mean Post test Level of Practice Score

Group	N	Mean Practice score	Standard deviation	Mean difference	Student's independent t- test
Experiment	30	12.10	1.37	3.93	t=10.06p=0.001*** DF=58, significant
Control	30	8.17	1.64		

***p<0.001very high significant DF=Degrees of Freedom

Above table shows the comparison of post-test mean practice score between experiment and control group after administration of **student empowerment on healthy life style practice.** On an average, in posttest, experimental group students are having 12.10 practice score and control group students   are having 8.17 practice score, so the difference is 3.93 practice score. This difference is large and it is statistically significant difference. Statistical significance was calculated by using student's independent 't'test.

SECTION–IV: EFFECTIVENESS OF STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE

Table-10: Effectiveness of Student Empowerment on Healthy Life Style Practice and Generalization of Knowledge Gain Score

Group	Test	Maximum score	Mean score	Percentage of mean score	Mean difference of knowledge gain score with 95% Confidence interval	Percentage difference of knowledge gain score with 95% Confidence interval
Experimental	Pre test	15	7.23	48.20%	4.40 (3.52 – 5.28)	29.33% (23.47% –35.20%)
	Post test	15	11.63	77.53%		
Control	Pre test	15	7.47	49.80%	0.36 (-0.06 – 0.78)	2.40% (-0.40% –5.20%)
	Post test	15	7.83	52.20%		

Above table shows the effectiveness of student empowerment on healthy life style practice on knowledge among the students. Experimental group students are gained 29.33% knowledge score after having intervention whereas control group students are gained only 2.40% knowledge score without intervention. Differences and generalization of knowledge gain score between pretest and posttest score was calculated using and mean difference with 95% CI and proportion with 95% CI.

Table-11: Effectiveness of Student Empowerment on Healthy Life Style Practice and Generalization of Practice Gain Score

Group	Test	Maximum score	Mean score	Percentage of mean score	Mean difference of practice gain score with 95% Confidence interval	Percentage Difference of practice gain score with 95% Confidence interval
Experimental	Pre test	15	7.53	50.20%	4.57 (3.74 –5.39)	30.47% (24.93% – 35.93%)
	Post test	15	12.10	80.67%		
Control	Pre test	15	7.80	52.00%	0.37 (-0.06 – 0.80)	2.47% (-0.40% – 5.33%)
	Post test	15	8.17	54.47%		

Above table shows the effectiveness of **student empowerment on healthy life style practice** among the adolescent students. Experimental group students are gained 30.47% practice score after having intervention whereas control group students are gained only 2.47% practice score without intervention. Differences and generalization of practice gain score between pretest and posttest score was calculated using and mean difference with 95% CI and   proportion with 95% CI.

Table-12: Correlation Between Post test Level of Knowledge and Practice Score

	TEST	Correlation between	Mean score Mean± SD	Karl Pearson Correlation coefficients	Interpretation
Experiment	Pre test	Knowledge Vs Practice	7.23±1.94 7.53±1.68	r= 0.17 p=0.56	positive poor correlation
	Post test	Knowledge Vs Practice	11.63±1.69 12.10±1.37	r=0.51 p=0.001***	**positive Fair correlation**
Control	Pretest	Knowledge Vs Practice	7.47±1.83 7.80±1.69	r= 0.16 p=0.44	positive poor correlation
	Post test	Knowledge Vs Practice	7.83±1.88 8.17±1.64	r= 0.19 p=0.28	positive poor correlation

In experiment group, Considering pretest, there is not significant, positive, poor correlation between pretest level of knowledge score and pretest level of practice score. It means knowledge increases their practice score also increases poorly. Considering posttest, there is significant, positive, fair correlation between posttest level of knowledge score and posttest level of practice score. It means knowledge increases their practice score also increases moderately. In control group, Considering pretest, there is not significant, positive, poor correlation between pretest level of   knowledge score and pretest level of practice score. It means knowledge increases their practice score also increases poorly. Considering pretest, there is not significant, positive, poor correlation between pretest level of knowledge score and pretest level of practice score. It means knowledge increases their practice score also increases poorly.

SECTION –V: COMPARISON OF PRE TEST LEVEL OF KNOWLEDGE AND PRACTICE REGARDING STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE AMONG ADOLESCENT STUDENTS.

Table-13: Comparison of Pretest and Post test Level of Knowledge Score

	Level	Pre Test		Post Test		Extended McNemar's test
		N	Percentage	N	Percentage	
Experiment	Inadequate	23	76.67%	0	0.00%	$\chi 2=30.26$ p=0.001***(S)
	Moderate	7	23.33%	8	26.67%	
	Adequate	0	0.00%	22	73.33%	
	Total	30	100.00%	30	100.00%	
Control	Inadequate	21	70.00%	19	63.33%	$\chi 2=2.05$ p=0.15(NS)
	Moderate	9	30.00%	11	36.67%	
	Adequate	0	0.00%	0	0.00%	
	Total	30	100.00%	30	100.00%	

Fig11***p≤0.001very high significant

Above table compares the level of knowledge score between pre-test and post-test score. In experimental group, in pre-test, 76.67% of the student's are having inadequate knowledge score, 23.33% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score. In post-test, none of the student's are having inadequate level of knowledge score, 26.67% of them having moderate level of knowledge score and 73.33% of them are having adequate level of knowledge score. In control group, in pre-test, 70.00% of the student's are having inadequate knowledge score, 30.00% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score. In post-test, 63.33% of the student's are having inadequate knowledge score, 36.67% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score.

Pretest and posttest knowledge score was calculated using Extended McNemar's test.

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Fig-4.11: Comparison of Pre test and Post test Level of Knowledge Score
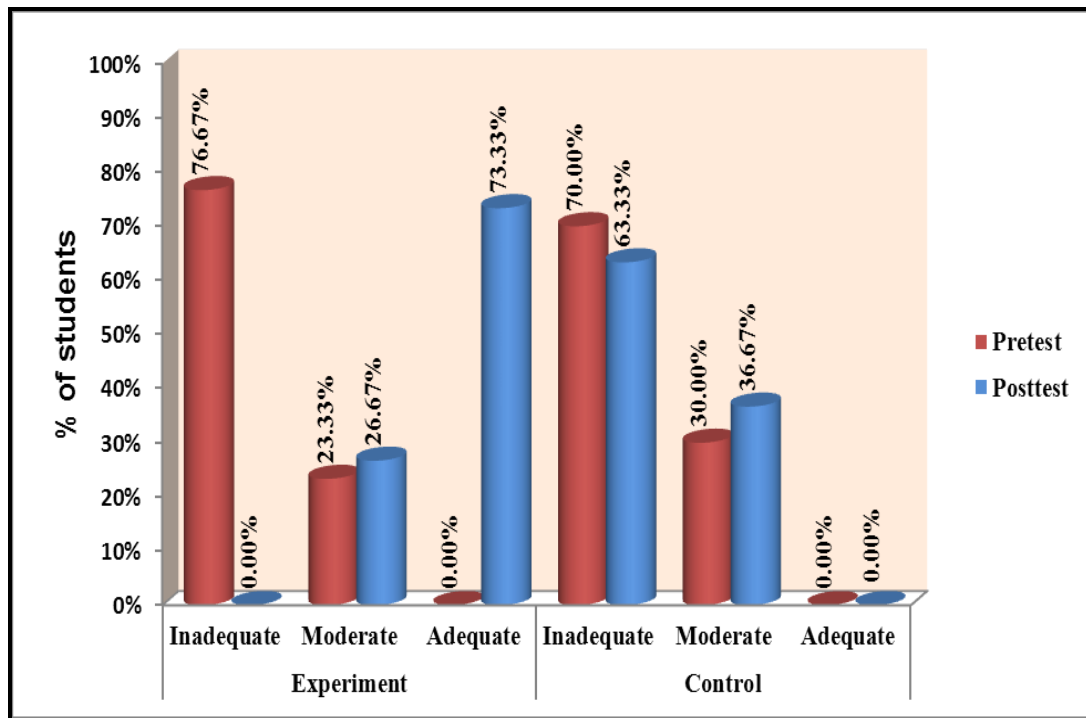
Above figure shows in experimental group pre test 76.67% are having inadequate knowledge and 73.33% are having Adequate knowledge, 26.67% are having moderate knowledge.

Table-14: Comparison of Pretest and Post test Level of Mean Knowledge Score

Group	Test	N	Mean	Standard Deviation	Mean Knowledge gain score	Student's Paired t-test
Experimental	Pre test	30	7.23	1.94	4.40	t=10.28 p=0.001*** DF=29 significant
Experimental	Post test	30	11.63	1.69		
Control	Pre test	30	7.47	1.83	0.36	t=1.76 p=0.09 DF=29 Not significant
Control	Post test	30	7.83	1.88		

Fig12***p<0.001 very high significant DF=Degrees of Freedom p>0.05 not significant

Above table compares the pretest and post test level of knowledge score among experiment and control group of students. Considering Experimental group Knowledge score, in pretest they are having 7.23 knowledge score and in posttest they are having 11.63 knowledge score, so the difference is 4.40, this difference is large and it is statistically significant. Considering Control group Knowledge score, in pretest they are having 7.47 knowledge score and in posttest they are having 7.83 knowledge score, so the difference is 0.36, this difference is small and it is not statistically significant. Statistical significance difference between pre-test and post-test was calculated using student's paired t-test.

Above figure shows Simple bar with 95% standard error bar diagram   compares the pretest and post test level of knowledge score among experiment group and control group.

*Table-15: Comparison of Pretest and Post test Level of
Practice Score*

	Level	Pre test		Post test		Extended McNemar's test
		N	Percentage	N	Percentage	
Experiment	Poor	21	70.00%	0	0.00%	$\chi 2=32.44$ p=0.001***(S)
	Moderate	9	30.00%	7	23.33%	
	Good	0	0.00%	23	76.67%	
	Total	30	100.00%	30	100.00%	
Control	Poor	19	63.33%	16	53.33%	$\chi 2=1.80$ p=0.18(NS)
	Moderate	11	36.67%	14	46.67%	
	Good	0	0.00%	0	0.00%	
	Total	30	100.00%	30	100.00%	

Fig13***p≤0.001very high significant

Above table compares the level of practice score between pre-test
and post-test score. In experimental group, in pre-test, 70% of the
student's are having poor level of practice score, 30.00% of them
having moderate level of practice score and none of them are having
good level of practice score. In post-test, 76.67% of the student's are
having good   level of practice score , 23.33% of them having moderate
level of practice score and none of them are having poor level of
practice score. In control group, in pre-test, 63.33% of the student's are
having poor level of practice score, 36.67% of them having moderate
level of practice score and none of them are having good level of
practice score. In post-test, 53.33% of the student's are having poor
level of practice score, 46.67% of them having moderate level of
practice score and none of them are having good level of practice score.

Pretest and post test practice score was calculated using Extended
McNemar's test.

Fig-4.13: Comparison of Pre test and Post test level of Practice Score
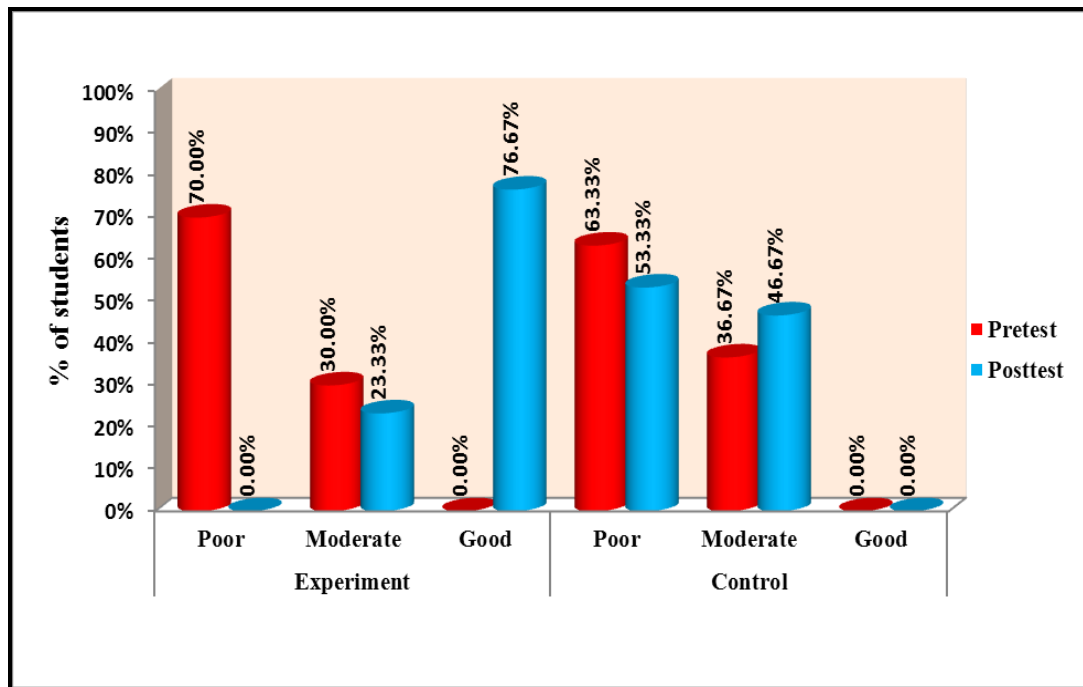
Above figure shows in experimental group in post test 76.67% are having adequate knowledge and 23.33% are having moderate knowledge.

Table-16: Comparison of Pretest and Post test Level of Mean Practice Score

Group	Test	N	Mean	Standard Deviation	Mean Practice gain score	Student's Paired t – test
Experimental	Pre test	30	7.53	1.68	4.57	t=11.32 p=0.001*** DF=29 significant
	Post test	30	12.10	1.37		
Control	Pre test	30	7.80	1.69	0.37	t=1.73 p=0.09 DF=29 not significant
	Post test	30	8.17	1.64		

Table 16 ***p<0.001 very high significant DF=Degrees of Freedom p>0.05 not significant

Considering Experimental group Practice score, in pretest they are having 7.53 practice score and in posttest they are having 12.10 practice score, so the difference is 4.57, this difference is large and it is statistically significant. Considering Control group Practice score, in pretest they are having 7.80 practice score and in posttest they are having 8.17 practice score, so the difference is 0.37, this difference is small and it is not statistically significant. Statistical significance difference between pre-test and post-test was calculated using student paired t-test.

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Fig-4.14: Simple Bar With 95% Standard Error Bar Diagram Compares the Pretest and Post test Level of Practice Score Among Experiment Group and Control Group
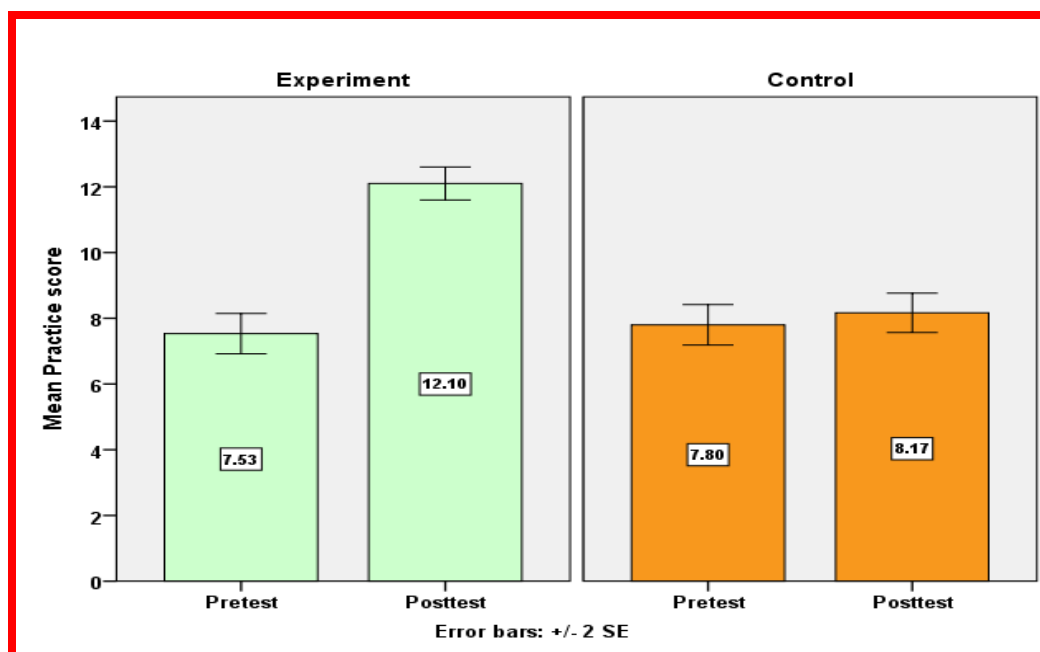
Above figure shows Simple bar with 95% Standard Error bar diagram compares the pretest and posttest level of practice score among experiment group and control group.

Statistical test-1

H1: There will be a significant difference between pre test and post test level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students.

Inference

Here **H₁** is accepted. From the above test, it is seen that the 't' value of knowledge (t=10.28), 't'value of practice (t=11.32) is more than the table value for df= 29. Hence, There is a significant difference between pretest and posttest level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students. It is inferred that student empowerment on healthy life style practice is effective among adolescent students.

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SECTION – VI: TABLE 17: ASSOCIATION BETWEEN POSTTEST LEVEL OF KNOWLEDGE SCORE AND THEIR STUDENTS DEMOGRAPHIC VARIABLES (EXPERIMENT)

Demographic Variables		Post test level of knowledge score						n	Chi square test
		Inadequate		Moderate		Adequate			
Questions	Answers	n	%	n	%	N	%		
Age	14 years	0	0.00%	7	50.00%	7	50.00%	14	$\chi2=7.50$ p=0.02* (S)
	15 years	0	0.00%	1	10.00%	9	90.00%	10	
	16 years	0	0.00%		0.00%	6	100.00%	6	
Type of family	Nuclear family	0	0.00%	2	11.11%	16	88.89%	18	$\chi2=6.14$ p=0.05*(S)
	Joint family	0	0.00%	5	55.56%	4	44.44%	9	
	Extended family	0	0.00%	1	33.33%	2	66.67%	3	
Living area	Rural	0	0.00%	4	66.67%	2	33.33%	6	$\chi2=8.30$ p=0.01**(S)
	Urban	0	0.00%	4	16.67%	20	83.33%	24	
No. of persons in the family	1-3 persons	0	0.00%	0	0.00%	6	100.00%	6	$\chi2=7.40$ p=0.03* (S)
	4-5 persons	0	0.00%	2	15.38%	11	84.62%	13	
	>5 persons	0	0.00%	6	54.55%	5	45.45%	11	

Fig 15- 18 above table shows the association between post-test level of knowledge score and Demographic variables among experiment group. 16 years students, Nuclear family students, Urban area students, 1-3 persons lived in the family students are having more knowledge score than others. It was confirmed using chi square test.
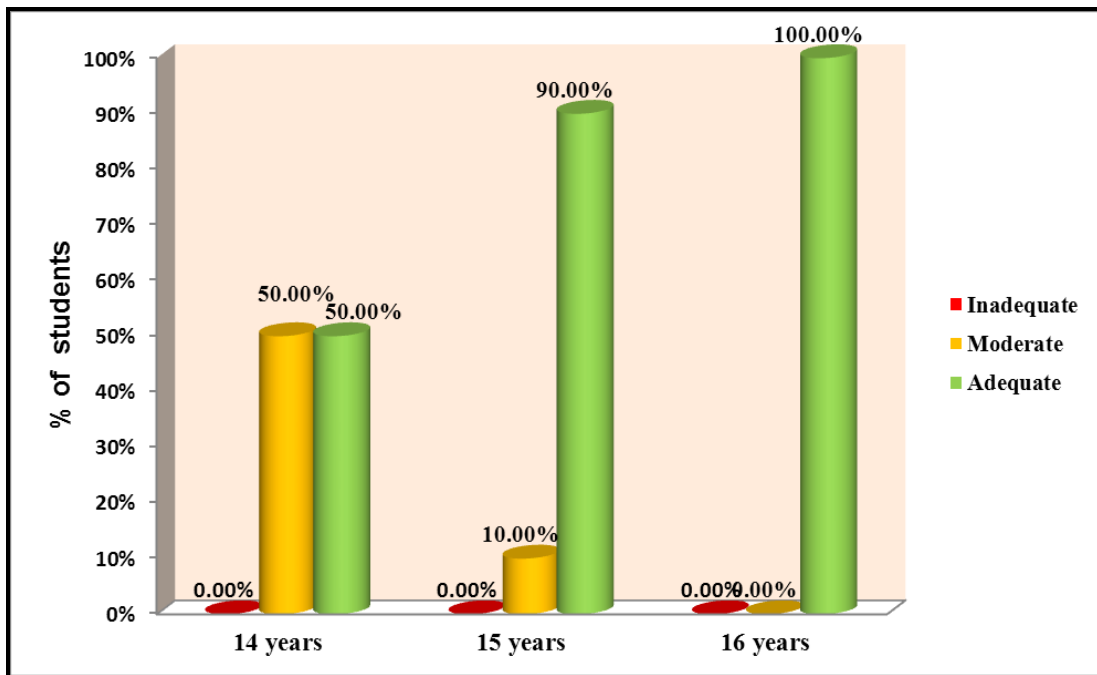
Above figure shows 16 years students are having adequate knowledge in others.

Fig-4.16: Association between Post test Level of Knowledge Score and their Students Type of Family (Experiment)
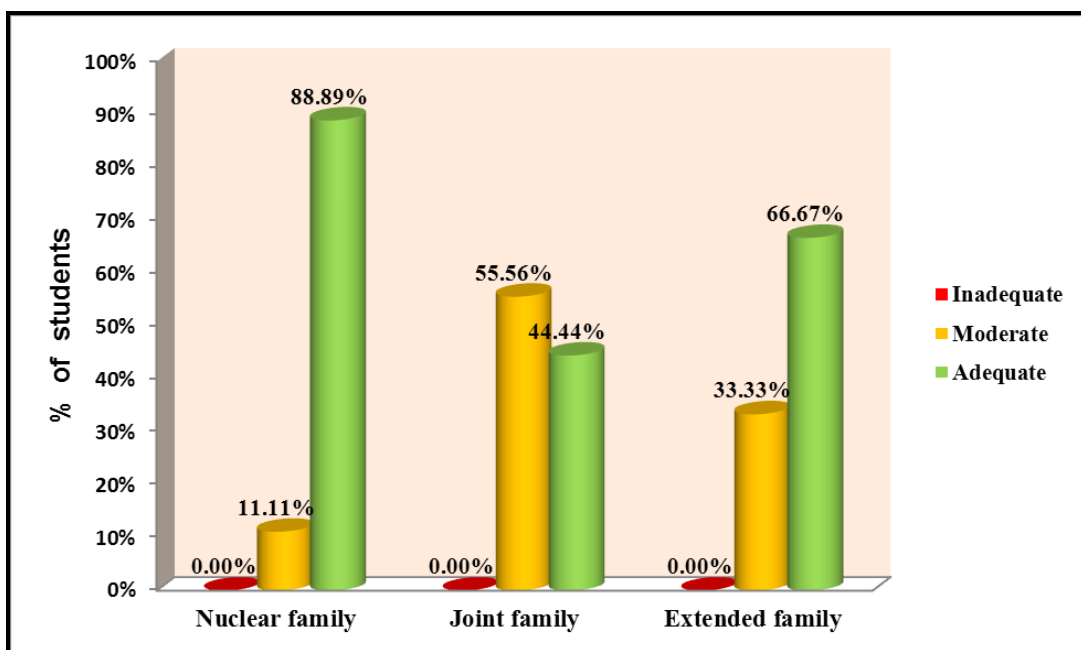
Above figure shows adequate knowledge having nuclear family students.

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Fig-4.17: Association between Post test Level of Knowledge Score and their Students Living Area (Experiment)
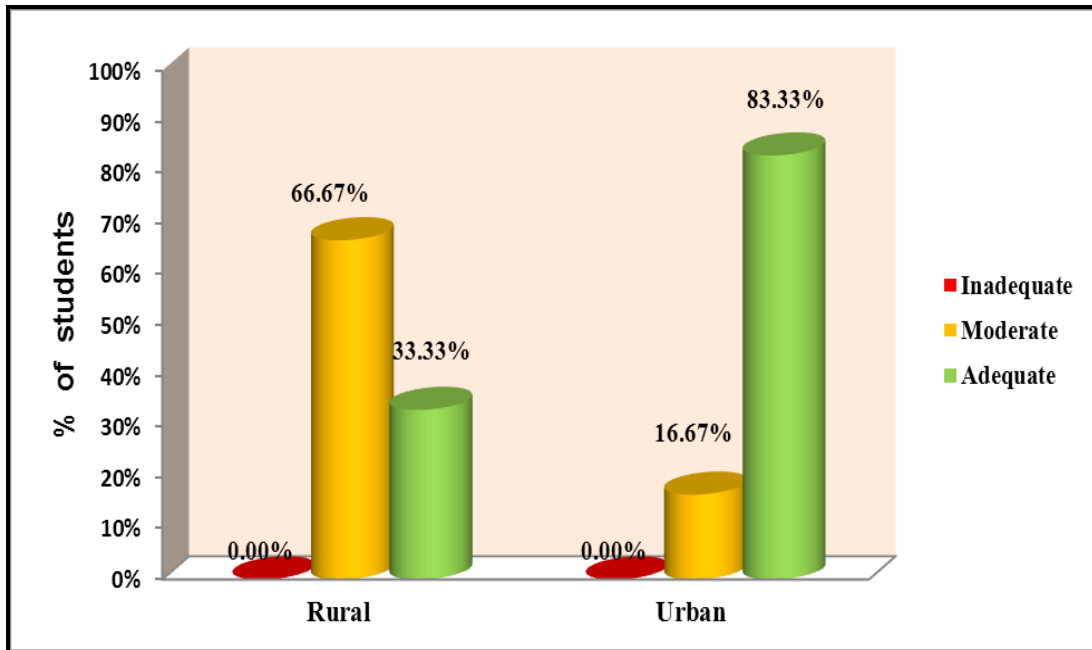
Above figure shows Urban area students are having adequate knowledge.

Fig-4.18: Association between Post test Level of Knowledge Score and their Number of Person in the Family (Experiment)
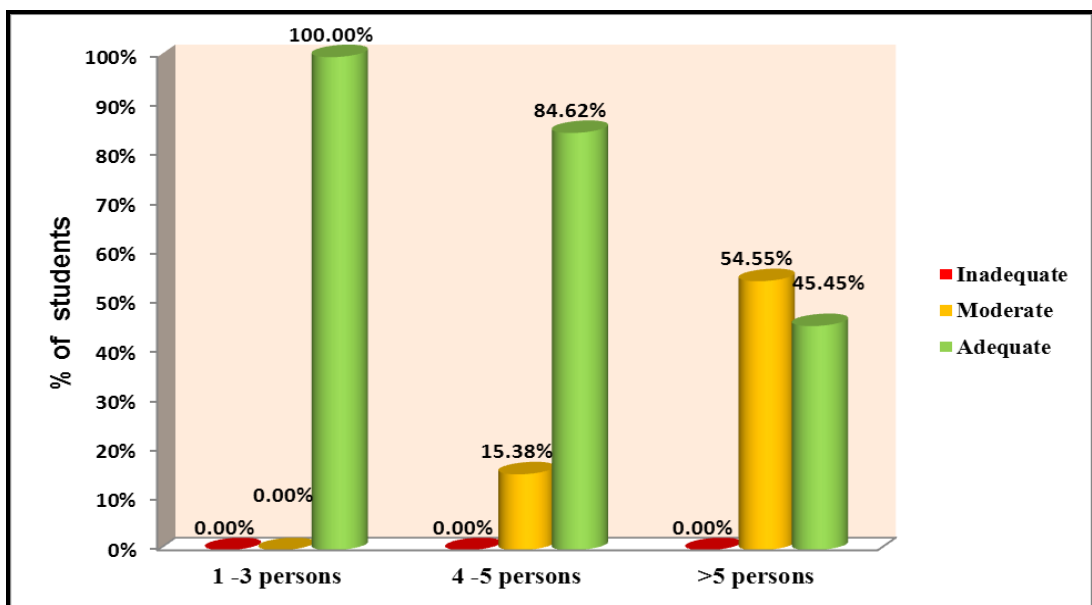
Above figure shows 1-3 persons lived with family students are having adequate knowledge.

Table-18: Association between Post test Level of Practice Score and their Students Demographic Variables (Experiment)

Demographic variables		Post-test level of practice score						n	Chi square test
		Poor		Moderate		Good			
Questions	Answers	n	%	n	%	N	%		
Age	14 years	0	0.00%	6	42.85%	8	57.15%	14	$\chi 2=5.90$ p=0.05*(S)
	15 years	0	0.00%	1	10.00%	9	90.00%	10	
	16 years	0	0.00%	0	0.00%	6	100.00%	6	
Type of family	Nuclear family	0	0.00%	1	5.56%	17	94.44%	18	$\chi 2=8.57$ p=0.05*(S)
	Joint family	0	0.00%	4	44.44%	5	55.56%	9	
	Extended family	0	0.00%	2	66.67%	1	33.33%	3	
Living area	Rural	0	0.00%	4	66.67%	2	33.33%	6	$\chi 2=7.87$ p=0.01**(S)
	Urban	0	0.00%	3	12.50%	21	87.50%	24	
No.of persons in the family	1-3 persons	0	0.00%	0	0.00%	6	100.00%	6	$\chi 2=15.77$ p=0.01**(S)
	4-5 persons	0	0.00%	1	7.69%	12	92.31%	13	
	>5 persons	0	0.00%	6	54.54%	5	45.46%	11	

Fig 19- 22 Above table shows the association between posttest level of practice score and Demographic variables among experiment group. 16 years old students, nuclear family students, Urban area students and 1-3 persons in the family students are having more practice score than others. It was confirmed using chi square test.

Statistical test-2

H2: There will be a significant association between post test knowledge and practice regarding student empowerment on healthy lifestyle practices and their selected demographic variables.

Inference

Here H2 is accepted. From the table it is seen that, as p value is $\leq$ 0.05 there is significant association between post test knowledge and practice regarding student empowerment on healthy lifestyle practices and their selected demographic such as age, type of family, living area and number of persons in the family.

Fig-4.19: Association between Post test Level of Practice Score and their Students Age (Experiment)
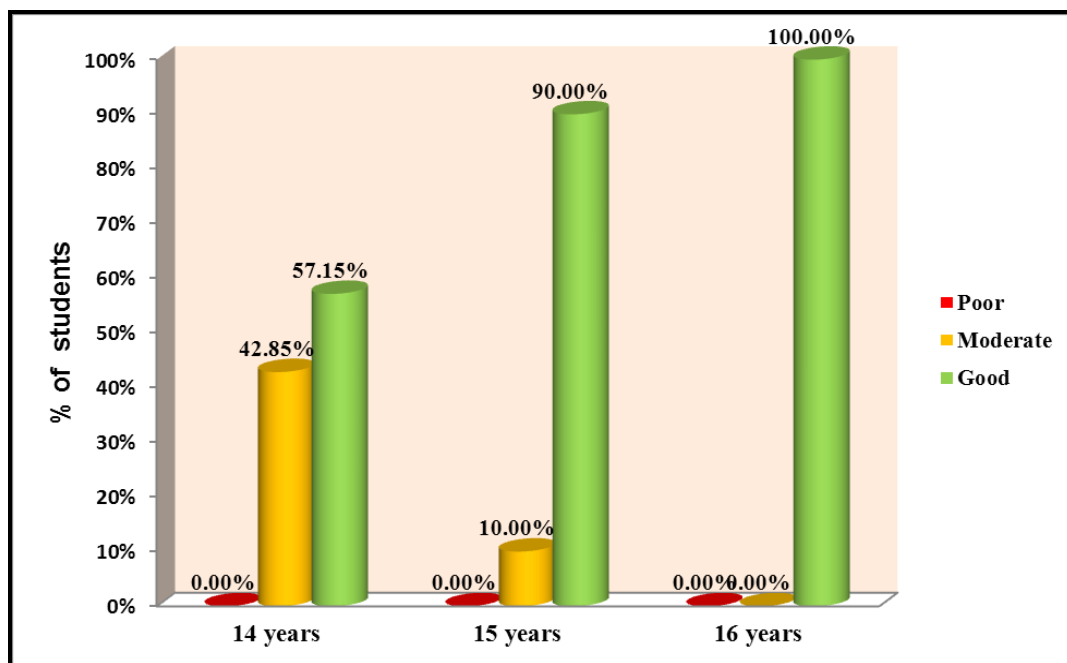
Above figure shows 16 years students are good level of practice than others.

FIG-4.20: Association between Post test Level of Practice Score and Students Type of Family (Experiment)
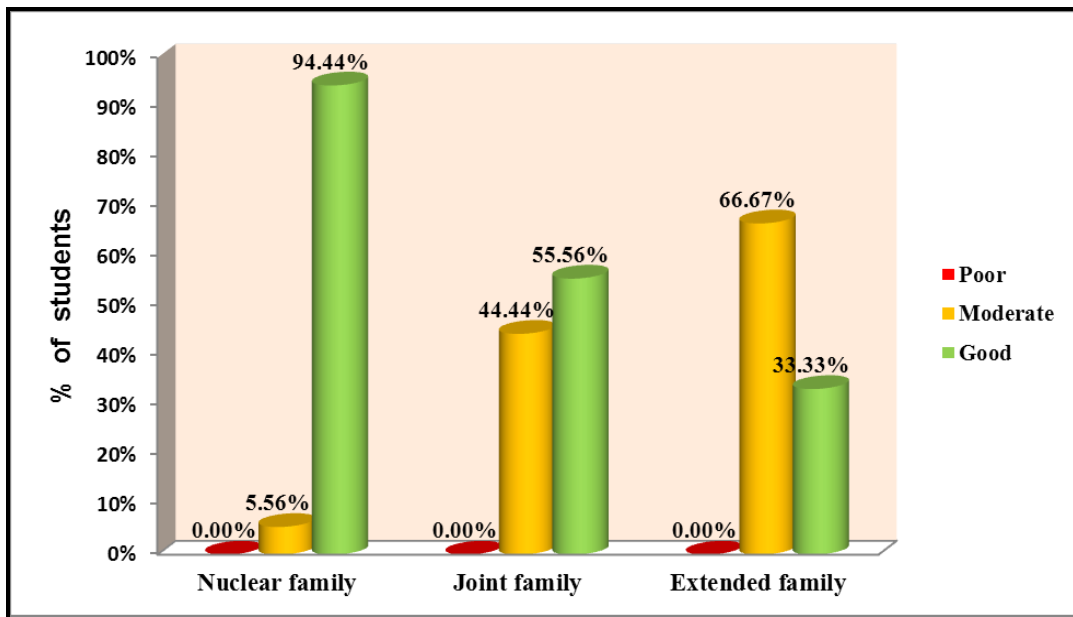
Above figure shows nuclear family students are good level of practice than others.

Fig-4.21: Association between Post test Level of Practice Score and Students Living Area (Experiment)
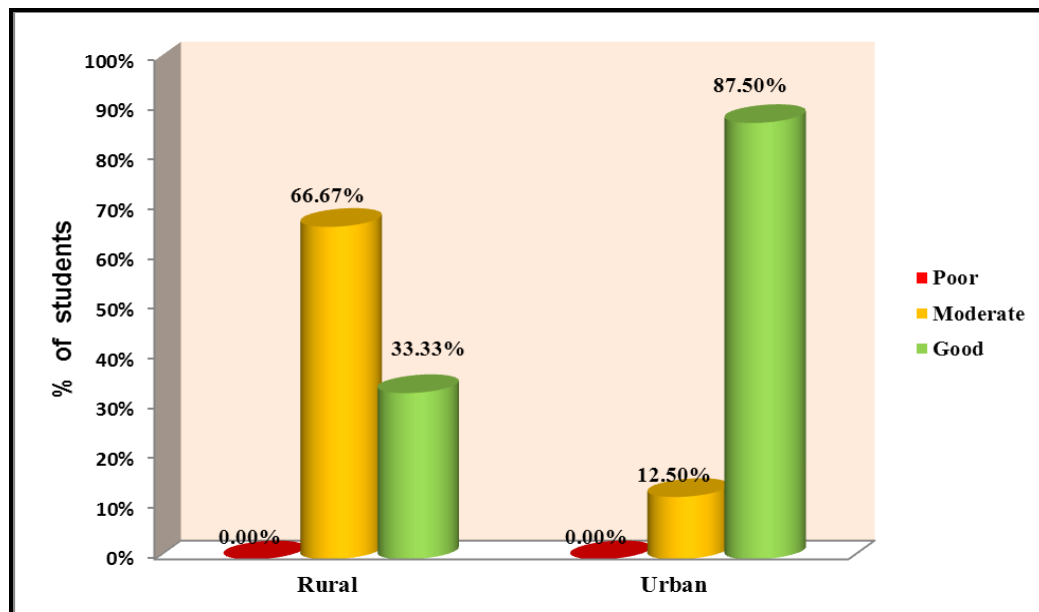
Above figure shows Urban area students are good level of practice than others.

Fig-4.22: Association between Post test Level of Practice Score and Number of Person in the Family (Experiment)
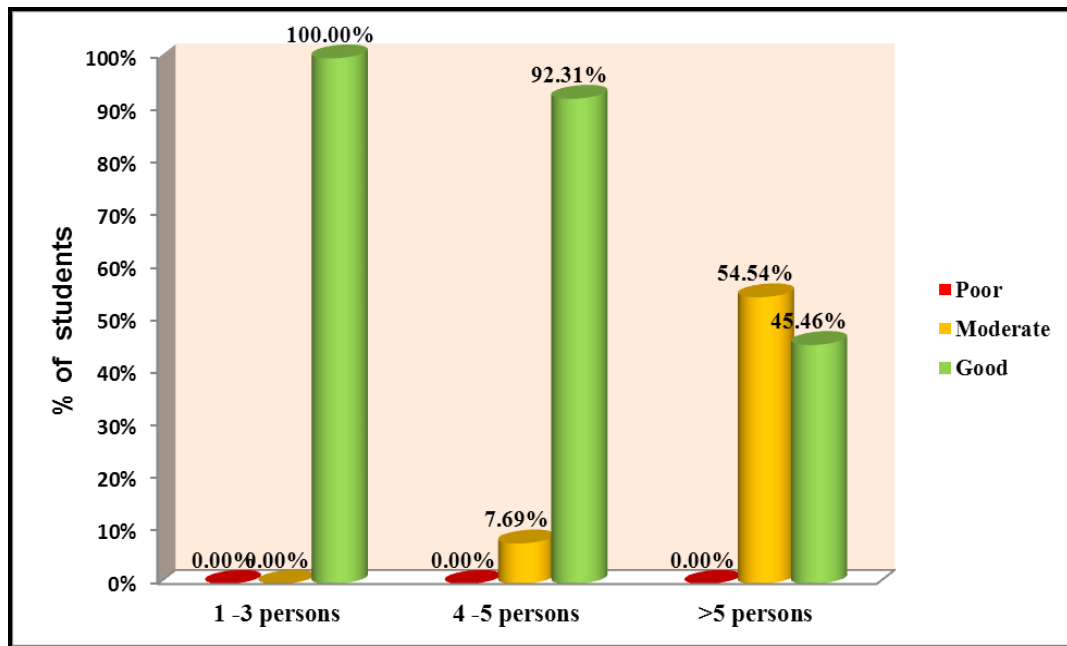
Above figure shows 1-3 persons lived with family students are good level of practice than others.

CHAPTER – V
DISCUSSION

This chapter deals with the discussion of the results of the data analysis based on the objectives of the study and the hypothesis. The purpose of the study is to assess the "Effectiveness of student empowerment on healthy lifestyle practice among adolescent students at selected school at Chennai". To assess the pretest level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students in experimental and control group and to evaluate the effectiveness of student empowerment on healthy life style practice among adolescent students in experimental group and to compare the pre test and post test level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students in experimental and control group and to find out the association between post test level of knowledge and practice regarding student empowerment on healthy life style practice and their selected demographic variables. The study was done in Chennai Girl's Higher Secondary School, Choolai, Chennai using non randomized control group design with 60 sample. The data was analyzed using descriptive and inferential statistics.

MAJOR FINDINGS RELATED TO DEMOGRAPHIC VARIABLES

❖ 46.67% of the students belongs to the age group of 14 years in Experimental group. 43.33% of the students belongs to the age group of 15 years in control group.

❖ 100.00% of the students belongs to the sex of female in experimental group.100.00% of the students belongs to the sex of female in control group.

- ❖ 66.67% of the students have the religion of Hindu in experimental group. 73.33% of the students have the religion of Hindu in Control group.

- ❖ 60.00% of the students were living Nuclear family in Experimental group. 63.33% of the students were living Nuclear family in Control group.

- ❖ 50.00% of the students parents have studied 6- 8 standard in Experimental group.40.00% of the students parents have studied 6-8 standard and 8-12 standard in control group.

- ❖ 40.00% of the students parents have worked daily wage in Experimental group.40.00% of the students parents have worked full time in Control group.

- ❖ 43.33% of the students parents have earned monthly income of Rs.10000-20000 in Experimental group. 50.00% of the students parents have earned monthly income of Rs. 10000-20000 in Control group.

- ❖ 80.00% of the students were lived in urban area in Experimental group.73.33% of the students were lived in Control group.

- ❖ 43.33% of the students have live with 4-5 persons in the family in Experimental group. 56.67% of the students have live with 4-5 persons in the family in Control group.

- ❖ 80.00% of the students were non vegetarian in Experimental group. 76.67% of the students were non vegetarian in Control group.

FINDINGS BASED ON THE OBJECTIVES

Objective: To assess the pretest level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students.

The Present study revealed Pre test level of knowledge, 76.67% of the students are having Inadequate knowledge, 23.33% of the students are having Moderate knowledge, 0.00% of the students are having Adequate knowledge in Experimental group. 70.00% of the students are having Inadequate knowledge, 30.00% of the students are having moderate knowledge, 0.00% of the students are having Adequate knowledge in Control group. Students pre test level of practice score was, in experimental group, 70.00% of the students are having poor level of practice score, 30.00% of them having moderate level of practice score and none of them are having adequate level of practice score. In control group, 63.33% of the students are having poor level of practice score, 36.67% of them having moderate level of practice score and none of them are having good level of practice score.

Rakhi Mishra1, Sheuli Sen Ghosh (2020) pre experimental study was conducted regarding healthy lifestyle practices among adolescent school going girls. In this present study one group pre-test post test design was used to evaluate the effect of computer based module on knowledge level regarding healthy lifestyle practices. Forty (40) Adolescent school going girls studying in 8th and 9th standard at M.P. Birla Foundation of Higher secondary school, Kolkata in the year 2010 were selected by Non probability convenience sampling technique. Self Structured knowledge questionnaire on healthy lifestyle practices. Resulted Effectiveness of computer based teaching module on health lifestyle practice The obtained pre-test mean knowledge score was (18.88) whereas the post-test mean knowledge score was (24.28).The calculated "t" value was 10 at 0.05 level of significance indicating that the computer based teaching module was effective.

Elstin Mary S. et al (2014) conducted experimental study among adolescents. The study was conducted among adolescents of the age group 15 to 18 years. Five Pre-University Colleges (PUCs) were selected by simple random sampling technique from the list of 27 private PUCs of Udupi Taluk and all the adolescents studying first year pre university course were included in the study. 574 adolescents participated in the study. Improvement in knowledge and lifestyle practice: Following the intervention, the knowledge and practice scores of adolescents improved significantly. A significant difference was identified in the median pre-test and posttest knowledge scores of adolescents (Z= 12.39, P = 0.001) and thus lifestyle management program was proved to be effective in improving the knowledge on lifestyle diseases among adolescents.

From the above discussion it is understood that the majority of the adolescent students lacks knowledge and practice on physical activity, nutrition which seeks the need for the development of student empowerment on healthy lifestyle practices.

Objective : To evaluate the effectiveness of student empowerment on healthy life style practice among   adolescent students in experimental group.

Experimental group students are gained 29.33% knowledge score after having intervention whereas control group students are gained only 2.40% knowledge score without intervention. Differences and generalization of knowledge gain score between pretest and posttest score was calculated using and mean difference with 95% CI and proportion with 95% CI.

Experimental group students are gained 30.47% practice score after having intervention whereas control group students are gained only 2.47% practice score without intervention. Differences and generalization of practice gain score between pretest and posttest score

was calculated using and mean difference with 95% CI and proportion with 95% CI.

Elstin Mary S. et al (2014) conducted experimental study among adolescents. The study was conducted among adolescents of the age group 15 to 18 years. Five Pre-University Colleges (PUCs) were selected by simple random sampling technique from the list of 27 private PUCs of Udupi Taluk and all the adolescents studying first year pre university course were included in the study. 574 adolescents participated in the study. Improvement in knowledge and lifestyle practice: Following the intervention, the knowledge and practice scores of adolescents improved significantly. A significant difference was identified in the median pre-test and posttest knowledge scores of adolescents (Z= 12.39, P = 0.001) and thus lifestyle management program was proved to be effective in improving the knowledge on lifestyle diseases among adolescents.

Jin Zhou et al (2018) conducted Quasi-experimental Study among adolescents was carried out for elementary students based on a pretest–posttest control group design with a NBS program as an intervention carried out by the author. A convenience sample consisted of male elementary students, all in fifth grade at three schools in China. 65 Participants were elementary students (n = 65 total, n = 31 intervention, n = 34 control group) and male. While there was no significant difference in both groups at baseline, the intervention group showed significantly improved nutritional knowledge, nutritional attitude and nutritional behavior. A training intervention can effectively enhance student's healthy eating behaviors during the school age.

From the above discussion it is understood that the majority of the adolescent students lacks knowledge and practice on physical activity,

nutrition which seeks the need for the development of student empowerment on healthy lifestyle practices.

Objective : To compare the pre-test and the post-test level of knowledge and practice regarding student empowerment on healthy life style practice among adolescent students in experimental and control group.

Compares the posttest level of knowledge score between experimental and control students, after administration of student empowerment on healthy life style practice students knowledge score shows, in experimental group, none of the students are having inadequate level of knowledge score, 26.67% of them having moderate level of knowledge score and 73.33% of them are having adequate level of knowledge score. In control group, 63.33% of the students are having inadequate level of knowledge score, 36.67% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score .

The comparison of post-test mean knowledge score between experiment and control group after administration of student empowerment on healthy life style practices. On an average, in posttest, experimental group students are having 11.63 knowledge score and control group students are having 7.83 knowledge score, so the difference is 3.80 knowledge score. The standard deviation in experimental group 1.69 and control group 1.88.

Compares the posttest level of practice score between experimental and control students, After administration of student empowerment on healthy life style practice intervention, students practice score was, in experimental group, none of the students are having poor level of practice score, 23.33% of them having moderate level of practice score and 76.67% of them are having good level of practice score. In control group, 53.33% of the students are having poor

level of practice score, 46.67% of them having moderate level of practice score and none of them are having good level of practice score .

The comparison of post-test mean practice score between experiment and control group after administration of student empowerment on healthy life style practices. On an average, in posttest, experimental group students are having 12.10 practice score and control group students are having 8.17 practice score, so the difference is 3.93 practice score. The standard deviation of practice score in experimental group 1.37 and practice score inn control group 1.64.

Compares the level of knowledge score between pre-test and post-test score, In experimental group, in pre-test, 76.67% of the students are having inadequate knowledge score, 23.33% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score. In post-test, none of the students are having inadequate level of knowledge score , 26.67% of them having moderate level of knowledge score and 73.33% of them are having adequate level of knowledge score.

In control group, in pre-test, 70.00% of the students are having inadequate knowledge score, 30.00% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score. In post-test, 63.33% of the students are having inadequate knowledge score, 36.67% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score.

Compares the pretest and posttest knowledge score among experiment and control group of students. Considering Experimental group Knowledge score, in pretest they are having 7.23 knowledge score and in posttest they are having 11.63 knowledge score, so the difference

is 4.40, this difference is large and it is statistically significant. Considering Control group Knowledge score, in pretest they are having 7.47 knowledge score and in posttest they are having 7.83knowledge score, so the difference is 0.36, this difference is small and it is not statistically significant.

Compares the level of practice score between pre-test and post-test score. In experimental group, in pre-test, 70% of the students are having poor level of practice score, 30.00% of them having moderate level of practice score and none of them are having good level of practice score. In post-test, none of the students are having poor level of practice score , 23.33% of them having moderate level of practice score and 76.67% of them are having good level of practice score. In control group, in pre-test, 63.33% of the students are having poor level of practice score, 36.67% of them having moderate level of practice score and none of them are having good level of practice score. In post-test, 53.33% of the students are having poor level of practice score, 46.67% of them having moderate level of practice score and none of them are having good level of practice score.

Anis Zakaria et al (2014) conducted comparative study among higher institution students. 259 students were involved as sample for quantitative data and five informant were selected for quantitative data. Results showed that there were no significant result between knowledge and practice and selected types of healthy life style were detected at highly known and practiced. The barrier of practicing healthy life identified among the students were time constraint, work burden, weak in time management and consciousness about healthy life style. Several suggestions were given to promote healthy lifestyle among the students to highlight and improve good mental development and grown to be taken action by the students and university. This study showed a poor practice of healthy lifestyle among university students.

A.Swetaa et al (2018) conducted   s conducted survey study among college students about balanced diet and eating practices, and data were collected. The survey was prepared on survey planet and was circulated among students. The survey was conducted among 110 students. Results: About 82.4% of the college students are already aware of balanced diet. Most of the college students say that their snacking is always junk and fast food, but still, they wanted to maintain a balanced diet to stay healthy. Hence, many students are aware of balanced diet and their eating practices. Conclusion: The survey was conducted among 110 students from that most of the college students are aware of balanced diet but still consume junk as their snack, which is about 59.6%, and have unhealthy eating practices. I think they should consult a nutritionist so that they would attain a balanced diet.

The discussion of the posttest level of knowledge and practice score and its comparison with the pretest level of knowledge and practice proves that through the student empowerment on healthy lifestyle practices among adolescent students was effective. **So that H1 is accepted. Therefore there is a significant difference between pretest and posttest level of knowledge and practice regarding student empowerment on healthy lifestyle practice among adolescent students.**

Objective : To find out the association between post test level of knowledge and practice regarding student empowerment on healthy life style practice and their selected demographic variables.

The association between posttest level of knowledge score and Demographic variables among experiment group. 16 years old students, nuclear family students, urban area students and 1-3 persons in the family students are having more knowledge score than others.

Students age group 16 years have gain more knowledge than others, this is statistically significant with **[$\chi 2$=7.50, p=0.02*(S)].**

Students are lived in nuclear family have gain more knowledge than others, this is statistically significant with **[χ2=6.14 p=0.05*(S)].** Students are lived in urban area have gain more knowledge than others, this is statistically significant with **[χ2=8.30 p=0.01**(S)].** Students are lived with 4-5 persons in the family have gain more knowledge than others, this is statistically significant with **[χ2=7.40 p=0.03*(S)}.**

The association between posttest level of knowledge score and Demographic variables among control group. None of the variables are significant .It was confirmed using chi square test. As p value of 16 years old students, nuclear family students, urban area students and 1-3 persons in the family students are <0.05, there is a significant association between the post test level of knowledge in adolescent students and their age, type of family, living area and No. of persons in the family.

The association between posttest level of practice score and Demographic variables among experiment group. 16 years old students, nuclear family students, Urban area students and 1-3 persons in the family students are having more practice score than others.

Students age group 16 years have gain more practice than others, this is statistically significant with **[χ2=5.90 p=0.05*(S)].** Students are lived in nuclear family have gain more practice than others, this is statistically significant with **[χ2=8.57 p=0.05*(S)].** Students are lived in urban area have more practice than others, this is statistically significant with **[χ2=7.87 p=0.01**(S)].** Students are lived in 1-3 persons in the family have gain more practice than others, this is statistically significant with **[χ2=15.77 p=0.01**(S)].**

The association between posttest level of practice score and Demographic variables among control group. None of the variables are

significant .It was confirmed using chi square test. As p value of 16 years old students, nuclear family students, Urban area students and 1-3 persons in the family students are <0.05, there is a significant association between the post level of practice among adolescent students and their age, type of family, living area and No. of persons in the family.

Rubina A. Sajwani et al (2012) conducted cross-sectional study included 350 students between ages 17-24 years from 6 private universities of Karachi — three medical and three non-medical Institutions. A self-reported questionnaire was employed to assess attitude and barriers to healthy practices among the simple random selection of students. Resulted on a 10-point scale, the average knowledge score of students on general and clinical nutritional knowledge was 5.7 ± 1.51 and 4.4 ± 1.77, respectively and the difference was statistically significant (p<0.01). Conversely the diet and lifestyle score (85- point scale) among medical (41.3) and non medical students (40.8 was not significant (p =0.646). There was no difference between the perception of medical and non-medical students regarding 'work-related stress' in their life

Vered Shennar-Golan et al (2018) conducted cross-sectional study among adolescents. The sample included 233 participants (126 girls, 107 boys) aged 13 to 18 years. Participants self-reported the following measures: demographic information, BMI, the Godin-Shephard LeisureTime Physical Activity Questionnaire, the Personal Well-Being Index, and parent–adolescent relationship. The data were analyzed using Pearson analyses, t tests, and regressions. A clear difference emerged in strenuous PA activity by sex [t (223) = 2.1, p < .01]; the average strenuous PA was greater for boys (M = 3.9, SD = 2.4) than for girls (M = 1.8, SD = .2.4). Furthermore, different predictors of strenuous PA by sex were found: for boys, parent–adolescent

relationship was a significant predictor; for girls, subjective well-being was a predictor. The findings can shed light on the need for different intervention programs for adolescent boys and girls to increase their involvement in PA.

In experiment group, Considering pretest, there is not significant, positive, poor correlation between pretest knowledge score and pretest practice score. It means knowledge increases their practice score also increases poorly. Considering posttest, there is significant, positive, fair correlation between posttest knowledge score and posttest practice score. It means knowledge increases their practice score also increases moderately.

In control group, Considering pretest, there is not significant, positive, poor correlation between pretest knowledge score and pretest practice score. It means knowledge increases their practice score also increases poorly. Considering posttest, there is not significant, positive, poor correlation between pretest knowledge score and pretest practice score. It means knowledge increases their practice score also increases poorly.

Above the discussion shows that the age group, types of family, living area and number of persons in the family are associated with the knowledge and practice. The analysis revealed that there was a significant association between posttest level of knowledge and practice and their selected demographic variable. **So that H2 is accepted. Therefore there is significant association between posttest level of knowledge and practice regarding student empowerment on healthy lifestyle practice and their selected demographic variables.**

From the above discussion of the present study with other similar studies justifies that there is a poor life style practices among adolescent students. The education was planned through student

empowerment on healthy lifestyle practice among adolescent students to gain adequate knowledge about physical activity and nutrition. The results of this study highlighted the effectiveness of student empowerment on healthy lifestyle practices of physical activity and nutrition. Therefore the students can able to follow the healthy lifestyle practices and more conscious about physical activity and nutrition it leads to increase health of adolescents.

CHAPTER-VI

SUMMARY, IMPLICATIONS, RECOMMENDATIONS, LIMITATION AND CONCLUSION

This chapter deals with the summary, implication, Recommendation, Limitation and Conclusion.

6.1 SUMMARY OF THE STUDY FINDINGS

The study was conducted to ascertain the effectiveness of student empowerment on healthy lifestyle practice among adolescent students at selected school at Chennai. It was a quantitative approach. The main objectives of the study is to assess the effectiveness of Student empowerment on healthy lifestyle practice with Experimental and control group design. The study was conducted at Chennai Girl's Higher Secondary School, Choolai, Chennai. 60 school children were included in the study based on the inclusion criteria. 30 students were included experimental group conducted pre test self administered questionnaire was used to determine the level of knowledge and practice among school children after that conducted Student empowerment on healthy lifestyle practice after that conducted post test. Another 30 samples were included control group conducted pre test and no give student empowerment on healthy lifestyle practice directly conducted post test. The pilot study was conducted in Chennai Girls Higher Secondary School, Choolai, Chennai with 6 samples. No modifications were made after pilot study.

The review of literature provided the base to construct the tools to select the methodology. The conceptual framework of the study was based on the Rosenstoch and Becker's model. Data was collected in 4 weeks from 20.01.2020 to 15.02.2020. Initially the investigator got formal permission from Chennai Girl's Higher Secondary School,

Choolai, Chennai. Informed written consent was obtained from parents of each students after explaining the purpose of the study and was given assurance for keeping the information confidentially. The data was collected by using Non Probability convenient sampling technique. The knowledge and practice regarding physical activity and nutrition was assessed by semi- structured knowledge questionnaire. Student empowerment on healthy lifestyle practice was given to the samples after the knowledge and practice assessment to improve the knowledge and practice in experimental group. Data analysis was done by using descriptive and inferential statistics.

MAJOR FINDINGS OF THE STUDY

6.1.1 Findings related to demographic variables

❖ 46.67% of the students belongs to the age group of 14 years in Experimental group. 43.33% of the students belongs to the age group of 15 years in control group.

❖ 66.67% of the students have the religion of Hindu in experimental group. 73.33% of the students have the religion of Hindu in Control group.

❖ 100.00% of the students belongs to the sex of female in experimental group.100.00% of the students belongs to the sex of female in control group.

❖ 60.00% of the students were living Nuclear family in Experimental group. 63.33% of the students were living Nuclear family in Control group.

❖ 50.00% of the parents have studied 6- 8 standard in Experimental group.40.00% of the students parents have studied 6-8 standard and 8-12 standard in control group.

- ❖ 40.00% of the parents have worked daily wage in Experimental group.40.00% of the parents have worked full time in Control group.

- ❖ 43.33% of the parents are earned monthly income of Rs.10000-20000 in Experimental group. 50.00% of the parents are earned monthly income of Rs. 10000-20000 in Control group.

- ❖ 80.00% of the students were lived in urban area in Experimental group.73.33% of the students were lived in Control group.

- ❖ 43.33% of the students have live with 4-5 persons in the family in Experimental group. 56.67% of the students have live with 4-5 persons in the family in Control group.

- ❖ 80.00% of the students were non vegetarian in Experimental group. 76.67% of the students were non vegetarian in Control group.

FINDINGS BASED ON THE OBJECTIVES

6.1.2 Findings regarding pre test level of knowledge and practice

Experimental Group

The Present study revealed 76.67% of the students are having Inadequate knowledge, 23.33% of the students are having Moderate knowledge, 0.00% of the students are having Adequate knowledge in Experimental group. Students practice score was, in experimental group, 70.00% of the students are having poor level of practice score, 30.00% of them having moderate level of practice score and none of them are having good level of practice score.

Control group

The present study revealed 70.00% of the students are having Inadequate knowledge, 30.00% of the students are having moderate knowledge, 0.00% of the students are having Adequate knowledge in Control group. Students practice score was in control group, 63.33% of the students are having poor level of practice score, 36.67% of them having moderate level of practice score and none of them are having good level of practice score.

6.1.3 Findings regarding assess the effectiveness of student empowerment on healthy lifestyle practice

Knowledge Score

Experimental group students are gained 29.33% knowledge score after having intervention whereas control group students are gained only 2.40% knowledge score without intervention.

Practice Score

Experimental group students are gained 30.47% practice score after having intervention whereas control group students are gained only 2.47% practice score without intervention.

6.1.4 Findings regarding compare the pre test and post test level of knowledge and practice

Compares the posttest level of knowledge score between experimental and control students, in experimental group, none of the students are having inadequate level of knowledge score, 26.67% of them having moderate level of knowledge score and 73.33% of them are having adequate level of knowledge score. In control group, 63.33% of the students are having inadequate level of knowledge score, 36.67% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score .

Compares the posttest level of practice score between experimental and control students, in experimental group, none of the students are having poor level of practice score, 23.33% of them having moderate level of practice score and 76.67% of them are having good level of practice score. In control group, 53.33% of the students are having poor level of practice score, 46.67% of them having moderate level of practice score and none of them are having good level of practice score .

6.1.5 Findings related to association between post test level of knowledge and practice and their demographic variables

Knowledge Score Association With Demographic Variables

❖ Students age group 16 years have gain more knowledge than others. This is statistically significant with **[$\chi 2$=7.50, p=0.02*(S)].**

❖ Students are lived in nuclear family have gain more knowledge than others. This is statistically significant with **[$\chi 2$=6.14 p=0.05*(S)].**

❖ Students are lived in urban area have gain more knowledge than others. This is statistically significant with **[$\chi 2$=8.30 p=0.01**(S)]**.

❖ Students are lived with 4-5 persons in the family have gain more knowledge than others. This is statistically significant with **[$\chi 2$=7.40 p=0.03*(S)}**.

Practice Score Association with Demographic Variables

❖ Students age group 16 years have gain more practice than others. This is statistically significant with **[χ2=5.90 p=0.05*(S)].**

❖ Students are lived in nuclear family have gain more practice than others. This is statistically significant with **[χ2=8.57 p=0.05*(S)]**.

❖ Students are lived in urban area have more practice than others. This is statistically significant with **[χ2=7.87 p=0.01**(S)].**

❖ Students are lived in 1-3 persons in the family have gain more practice than others. This is statistically significant with **[χ2=15.77 p=0.01**(S)].**

6.2 IMPLICATIONS

The investigator has drawn the following implications from the studies which are of vital concern in the field of nursing practice, nursing education, nursing administration and nursing research.

6.2.1 Implications for Nursing Practice

❖ The study result will help the nursing personnel to understand the importance of healthy lifestyle practice like that physical activity and nutrition among adolescent students.

❖ The school health nurse can motivate the school student to follow the healthy lifestyle practices.

❖ The nurse can emphasize on the use of exercise, avoid the junk foods, to prevent the obesity, non communicable diseases and nutritional disorders .

❖ Community health nurse plays a vital role in providing behaviour change communication in the schools to adopt the appropriate preventive measure to improve the physical activity and nutrition.

- ❖ Health education regarding the general information of obesity, non communicable diseases, nutritional disorders and preventive measures of obesity, nutritional disorders it will help the school students.

6.2.2 Implications for Nursing Education

- ❖ To improve the knowledge in the community student nurses need to update with their knowledge and practice on physical activity and nutrition.

- ❖ Student nurses in the nursing colleges should be encouraged to conduct mass educational campaigns on physical activity and nutrition.

- ❖ Educative materials like hand-outs can be prepared by the nursing students to create awareness among the adolescent how to improve physical activity and nutritional level.

6.2.3 Implications for Nursing Administration

- ❖ Nursing administrators should organize In service programme on non communicable diseases, nutritional disorders and benefits of physical activity.

- ❖ Periodic workshops, conferences, and exhibitions can be arranged by the community health nurse at school level improve physical activity and nutritional status

- ❖ Standard protocols on assessing the knowledge and practice imparting the update knowledge can be prepared for the health workers at primary level to impart the best knowledge and practice. to the community.

6.2.4 Implications for Nursing Research

❖ Promote more research activities on student empowerment on healthy lifestyle practices. Knowledge, attitude and practice can be assessed applying various research designs.

❖ This study will be helpful to plan new interventional studies to improve the knowledge and practice regarding student empowerment on healthy lifestyle practice.

❖ Develop different tools to assess the knowledge and practice on student empowerment on healthy lifestyle practices.

❖ Disseminate the research findings in journals, seminars and conferences.

❖ Various domains on fire accidents and its effects can be assessed by applying different type of studies.

6.3 RECOMMENDATIONS FOR FURTHER STUDY

1) The study can be repeated on the large sample for better generalization of the findings.

2) A descriptive study on assessing the knowledge, attitude and practice on student empowerment on healthy lifestyle practices can be done.

3) A true experimental study can be undertaken with control group for effective comparison

4) The similar study can be done to test the effectiveness of various teaching aids in imparting knowledge on student empowerment on healthy lifestyle practices among adolescent.

5) The study can be repeated among the mothers of under five children .

6) The same study can be done as a comparative study to assess the knowledge, attitude and practice on student empowerment on healthy lifestyle practices between government and private school adolescent age group.

6.4 LIMITATIONS

❖ This study was basically conducted as community based study in school.

❖ The study was limited with fewer samples.

❖ Data collection is limited to four weeks.

6.5 CONCLUSION

The findings revealed that the student empowerment on healthy lifestyle practice among adolescent students as more effective with the adequate knowledge gain score when compared to pretest level of knowledge. Enhanced knowledge and practice regarding student empowerment on healthy lifestyle practice should be used in developing highly effective educational programme in school areas.

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A STUDY TO ASSESS THE EFFECTIVENESS OF STUDENT EMPOWERMENT ON HEALTHY LIFE STYLE PRACTICE AMONG ADOLESCENT STUDENTS AT SELECTED SCHOOL AT CHENNAI .

DEMOGRAPHIC VARIABLE PERFORMA

Kindly read the questions , tick your response. Responses will be kept confidential

SAMPLE NO:

1. Age

   a)13 years - 14 years   O

   b)14 years - 15 years   O

   c) > 16 years   O

2. Sex

   a) Male   O

   b) Female   O

3. Religion

   a) Hindu   O

   b) Christian   O

   c) Muslim   O

   d) Others   O

4. Type of family

    a) Nuclear family   O

    b) Joint family   O

    c) Extended family   O

    d) Others   O

5.Education of the parents

    a)6 – 8 standard   O

    b) 8 – 12 standard   O

    c) Under graduate   O

    d) Post graduate   O

6.Occupation of the parents

    a)Full time   O

    b)Part time   O

    c) Daily wages   O

    d)Technical training   O

7. Monthly income of parents

    a) Rs 10,000 – 20,000   O

    b) Rs 21,000 – 30,000   O

    c) Rs 31,000 – 50,000   O

    d) Rs > 50,000   O

8. Living area

    a) Rural   O

    b) Urban   O

9. No. of persons in the family

    a) 1 -3 persons   O

    b) 4- 5 persons   O

    c) Above 5 persons   O

10. Type of food

    a) Vegetarian   O

    b) Non vegetarian   O

    c) Mixed type   O

SECTION –II

STRUCTURED QUESTIONNAIRE ABOUT KNOWLEDGE REGARDING STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE

1.Health information regarding any latest news

    a) Journals , Magazines   O

    b) Television , Radio   O

    c) Health professional   O

    d) Family members   O

    e) All of the above   O

2 .what is Healthy life style

    a)Eating balanced food   O

    b)Doing exercise   O

    c)Go to the doctor regularly   O

    d)Sleep well during night   O

    e)All the above   O

3. What is balanced food

    a)Eating vegetables, fruits   O

    b) Vitamins and cakes   O

    c) Eating protein, Carbohydrate, Vitamins, Fat, Minerals   O

    d) Eating Fiber , Minerals   O

4.Do the following included in the Healthy Life style

    a)Eating balance food,   O

    b)Doing exercise regularly   O

    c) Sleep and Relaxation   O

    d) All of the above   O

5. Do you know the benefits of exercise

    a) Sleep well   O

    b) Give energy   O

    c) Give Protect   O

    d) Maintain Weight   O

6. What are the component of nutrition?

    a)Carbohydrate, Fat , Protein, Vitamins, Minerals   O

    b)Fat and Protein   O

    c) Vitamins and Minerals   O

    d) Don't know   O

7. What nutrient is help for growth

    a)Protein   O

    b)Fat   O

    c)Carbohydrates   O

    d)Vitamins and Minerals   O

8. What are protective food

    a)Carbohydrate   O

    b) Fat   O

    c)Protein   O

    d) Minerals   O

9.Why should we take water?

    a)For maintaining body temperature   O

    b)For digestion/prevent constipation   O

    c)Help growth   O

    d) Gives energy   O

10. How amount of water we take ?

    a) 5 liters   O

    b) 3 liters   O

    c) 2 liters   O

    d)1 liter   O

11.What are the protein rich sources ?

    a) Cereals and pulses   O

    b) Rice   O

    c) Milk   O

    d) Green leafy vegetables   O

12.Which fruits contains Vitamin "C"

    a) Dry fruits   O

    b)Yellow fruits   O

    c) Don't know   O

12. Why do we need fiber

   a) Health   O

   b) Digestion   O

   c) Vitamin   O

   d) Growth   O

13. Do you know the benefits of healthy lifestyle practices -

   a) Yes   O

   b) No   O

14. Do you know the complications of unhealthy life style practices

   a) Yes   O

   b) No   O

15. Why do we need fiber

   a) Health   O

   b) Digestion   O

   c) Vitamin   O

   d) Growth   O

SECTION -III

STRUCTURED QUESTIONNAIRE ABOUT PRACTICE REGARDING STUDENT EMPOWERMENT ON   HEALTHY LIFESTYLE PRACTICE

1.What type of exercise do you do ?

    a)Walking, Jogging   O

    b) Sleeping well   O

    c) Cycle riding   O

    d) Skipping   O

2.How many times you do these exercise?

    a)Daily   O

    b) Weekly two times   O

    c) Weekly three times   O

    d)Not doing   O

3. Did you engage in recreational activity

    a) Yes   O

    b) No   O

4. How do you go to School?

a)Walk   O

b) Bicycle   O

c)Bus and Van   O

d) Bike and car   O

5. How many hours do you play video or computer games

a) Never   O

b) Daily -less1 hour   O

c) Daily 2 hours   O

d) More than 2 hours   O

6.How many hours you sleep during night?

a) 8 hours   O

b) 6 hours   O

c) 4 hours   O

d) Less than 4 hours   O

7. What does your diet consist of ?

    a) Rice, Sambar and meat/vegetable   O

    b) Eat evening snacks- Sundal/ vada   O

    c) Eat lace. , kurkure, buns,   O

    d) Eat only what is cooked at home   O

8. Which of the below you follow?

    a) Eating balance food   O

    b) Regular exercise   O

    c) Rest and relax   O

    d) Regular work/study   O

9. How many meals do you eat a day

    a) 3 meals   O

    b) 4-5 meals   O

    c) 5-6 meals   O

    d) More than 6 meals   O

10.How much coffee/ tea do you have a day

    a) Less than one cup   O

    b) 1-2 cups   O

    c) 3-4 cups   O

    d) Above 4 cups   O

11.Do you eat a variety of vegetables and fruits

    a) Always   O

    b) Often   O

    c) Sometimes   O

    d) Never   O

12.How often do you eat snacks

    a) Never   O

    b) 2 times daily   O

    c) 3 times daily   O

    d) 4 times daily   O

13. Do you eat out from house ?

    a)Yes   O

    b) No   O

14. If which place you selected food?

    a)In the school canteen   O

    b)Go out with family   O

    c) Order food   O

15. How often do you have hot meals

    a) Never   O

    b) 2 times daily   O

    c) <3 times daily   O

    d) >3 times daily   O

பங்கேற்பாளர்களுக்குஅறிவுறுத்துதல்:தயவுசெய்துகவனமாக படித்து, பொருந்தியவிடையைகொடுக்கப்பட்டுள்ள இடத்தில்பதிலளிக்கவும். நீங்கள்வழங்கிய தகவல்கள் ரகசியமாகவைக்கப்பட்டு, ஆராய்ச்சி வேலைக்கு மட்டுமே பயன்படுத்தப்படும்

பிரிவு- அ

புள்ளிவிவரம்:

1.வயது

   அ)13—14 ஆண்டுகள்   O

   ஆ)14—15 ஆண்டுகள்   O

   இ)>16 ஆண்டுகள்   O

2.பாலினம்

   அ)ஆண்   O

   ஆ)பெண்   O

3.மதம்

   அ)இந்து   O

   ஆ)கிறிஸ்துவம்   O

   இ)முஸ்லிம்

    O

4.குடும்ப வகை

   அ) தனிக் குடும்பம்   O

   ஆ) கூட்டுக் குடும்பம்   O

   இ) விரிவான குடும்பம்   O

   ஈ) மற்றவை   O

5.பெற்றோரின் கல்வி

அ) 6 முதல் 8 வகுப்பு வரை O

ஆ) 8 முதல் 12 வகுப்பு வரை O

இ) பட்டப் படிப்பு O

ஈ) முதுகலைப் பட்டதாரி O

6.பெற்றோரின் தொழில்

அ)முழுநேரத் தொழில் O

ஆ)பகுதிநேரத் தொழில் O

இ)தினசரி ஊதியங்கள் O

ஈ)தொழில் நுட்ப பயிற்சி O

7.பொற்றோரின் மாதாந்திர வருமானம்

அ)ரூ 1,00,000 O

ஆ)ரூ 60,000 முதல் 1,00,000 வரை

O

இ)ரூ 45,000 முதல் 60,0000 வரை

O

8. வாழும் பகுதி

அ) கிராமப் புறம் O

ஆ) நகர்ப் புறம் O

9.குடும்பத்தில் உள்ளவர்களின் எண்ணிக்கை

அ) ஒன்று O

ஆ)இரண்டு O

இ) மூன்று அல்லது அதற்கு மேல் O

10. உணவு வகை

    அ) சைவம்   O

    ஆ) அசைவம்   O

    இ) இரண்டும்   O

பகுதி 2

ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறைகள் பற்றிய மாணவர்களின் அறிவு பற்றிய வினாக்கள்

1.ஆரோக்கியமான வாழ்க்கை தொடர்பான தகவல்கள் அறியும் முறை

    அ) பத்திரிக்கைகள் , நாளிதழ்கள்   O

    ஆ) தொலைக் காட்சி, வானொலி   O

    இ) சுகாதார தொழில்முறை உறுப்பினர்கள்   O

    ஈ) குடும்ப உறுப்பினர்கள்   O

    உ) அனைத்து முறை மூலமாக   O

2.ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறை என்றால் என்ன

    அ) சமச்சீர் உணவை உண்ணுதல்   O

    ஆ) உடற்பயிற்சி செய்தல்   O

    இ) தவறாமல் மருத்துவரிடம் செல்லுதல்   O

    ஈ) நன்றாக தூங்குதல்   O

உ) மேற்குறியவை அனைத்தும்   O

3.சீரான உணவு என்றால் என்ன?

அ)காய்கறிகள் , பழங்கள் சாப்பிடுவது   O

ஆ)வைட்டமின்கள் மற்றும் கேக்குகள்   O

இ)புரதம், கார்போஹைட்ரேட்,கொழுப்பு, வைட்டமின்,தாதுக்கள் கலந்த உணவை உண்ணுதல்   O

ஈ)நார்ச்சத்து, தாதுக்கள் கலந்த உணவை உண்ணுதல்   O

4.பின்வருவனவற்றுள் எது ஆரோக்கியமான வாழ்க்கைமுறை

அ)சமச்சீரான உணவை உண்ணுதல்   O

ஆ)உடற்பயிற்சி தவறாமல் செய்தல்   O

இ)ஓய்வெடுத்தல், தூங்குதல்   O

ஈ)மேற்கூறியவை அனைத்தும்   O

5. உடற்பயிற்சி செய்வதின் பலன் என்ன

அ)நன்றாக தூக்கம் வருதல்   O

ஆ) உடல் ஆற்றலை அதிகரிக்கிறது   O

இ)உடல் திறனை கொடுக்கிறது   O

ஈ)உடல் எடையை பராமரிக்கிறது   O

6.ஊட்டச்சத்தின் கூறு என்ன?

அ)கார்போஹைட்ரேட், கொழுப்பு, புரதம், வைட்டமின்கள்,தாதுக்கள்   O

ஆ)கொழுப்பு மற்றும் புரதம்   O

இ)வைட்டமின்கள் மற்றும் தாதுக்கள்   O

ஈ) தெரியாது   O

7.உடல் வளர்ச்சிக்கான ஊட்டச்சத்து எது

   அ)புரதம்   O

   ஆ)கொழுப்பு   O

   இ)கார்போஹைட்ரேட்   O

   ஈ)வைட்டமின்கள் மற்றும் தாதுக்கள்   O

8.உடல் பாதுகாப்புக்கான ஊட்டச்சத்து எது

   அ) கார்போஹைட்ரேட்   O

   ஆ) கொழுப்பு   O

   இ) புரதம்   O

   ஈ) தாதுக்கள்   O

9. தண்ணீர் குடிப்பதின் பலன் என்ன

   அ)உடல் பருமனைக் குறைக்க   O

   ஆ)செரிமானத்திற்காக/ மலச்சிக்கலை தடுக்க

O

   இ)உடல் வளர்ச்சிக்காக   O

   ஈ)உடல் ஆற்றலுக்காக   O

10.நமது உடலுக்கு தேவையான தண்ணீரின் அளவு என்ன

   அ) 5 லிட்டர்   O

   ஆ) 3 லிட்டர்   O

   இ) 2 லிட்டர்   O

   ஈ) 1 லிட்டர்   O

11.எந்த உணவில் அதிகளவில் புரதம் உள்ளது
அ)தானியங்கள் மற்றும் பருப்பு வகைகள்

O

ஆ)அரிசி   O

இ) பால்   O

ஈ) பச்சைக் காய்கறிகள்   O

12. எந்த பழவகைகளில் அதிக அளவில் வைட்டமின் ''சி'' உள்ளது

அ)உலர் பழங்கள்   O

ஆ)மஞ்சள் நிற பழங்கள்   O

இ) தெரியவில்லை   O

13.ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறைகளின் நன்மைகள் பற்றி உங்களுக்கு தெரியுமா

அ)ஆம்   O

ஆ)இல்லை   O

14. ஆரோக்கியமற்ற வாழ்க்கைமுறை நடைமுறைகளின் சிக்கல்கள் பற்றி உங்களுக்கு தெரியுமா

அ)ஆம்   O

ஆ)இல்லை   O

15. நமது உடலுக்கு நார்ச்சத்து ஏன் தேவைப் படுகிறது

அ)உடல் நலம் பாதுகாக்க   O

ஆ) செரிமானத்திற்காக   O

இ) வைட்டமின் சத்திற்காக   O

ஈ) வளர்ச்சிற்காக   O

பகுதி 3
மாணவர்களின் ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறைளின் செயல் பாடு பற்றிய வினாக்கள்

1.நீங்கள் என்ன வகை உடற்பயிற்சி செய்கிறீர்கள்

   அ)நடைபயிற்சி, துள்ளல் பயிற்சி செய்கிறேன்   O

   ஆ)நன்றாக தூங்குகிறேன்   O

   இ)சைக்கிள் ஓட்டுதல்   O

   ஈ)துள்ளல் பயிற்சி செய்தல்   O

2. நீங்கள் எத்தனை முறை உடற்பயிற்சி செய்கிறீர்கள்

   அ)தினசரி   O

   ஆ)வாரத்திற்கு இரண்டு முறை   O

   இ)வாரத்திற்கு மூன்று முறை   O

   ஈ)செய்வதில்லை   O

3. நீங்கள் எத்தனை முறை பொழுதுபோக்கு நடவடிக்கைகளில் கலந்து கொள்கிறீர்களா

   அ)ஆம்   O

   ஆ)இல்லை   O

4. நீங்கள் பள்ளிக்கு எவ்வாறு செல்கிறீர்கள்

   அ)நடந்து செல்கிறேன்   O

   ஆ)சைக்கிள் மூலமாக   O

   இ)பேருந்து மற்றும் சிற்றுந்து மூலமாக   O

   ஈ)மகிழுந்து மூலமாக   O

5. நீங்கள் எத்தனை மணிநேரம் தொலைக்காட்சி அல்லது கணினி விளையாட்டுகளை விளையாடுகிறீர்கள்

அ)விளையாடுவதில்லை O

ஆ)தினமும் ஒரு மணிநேரத்திற்கும் குறைவாக O

இ) தினமும் இரண்டுமணிநேரம் O

ஈ)தினமும் இரண்டு மணிநேரத்திற்கும் அதிகமாக O

6. நீங்கள் எத்தனை மணிநேரம் தூங்குகிறீர்கள்

அ) 8 மணிநேரம் O

ஆ) 6 மணிநேரம் O

இ) 4 மணிநேரம் O

ஈ) 4 மணிநேரத்திற்கும் குறைவாக O

7. நீங்கள் உண்ணும் உணவில் எந்த வகையான உணவு அதிகளவில் சேர்க்கப்படுகிறது

அ) அரிசி, சாம்பார் மற்றும் இறைச்சி,காய்கறிகள் O

ஆ)மாலைநேர சிற்றுணவு—சுண்டல்,வடை O

இ)உருளைக்கிழங்கு சில்லுகள்/குர்குரே சில்லுகள் O

ஈ)வீட்டில் சமைப்பது மட்டும் O

8.கீழே உள்ளவற்றில் நீங்கள் பின்பற்றுவது எது

அ)சமச்சீரான உணவை உண்ணுதல் O

ஆ)உடற்பயிற்சி செய்தல் O

இ)ஓய்வெடுத்தல் O

ஈ)படித்தல் அல்லது வழக்கமான வேலை O

9.ஒரு நாளைக்கு எத்தனை முறை உணவு உண்ணுகிறீர்கள்

   அ) 3 முறை   O

   ஆ) 4—5 முறை   O

   இ) 5—6 முறை   O

   ஈ) 6 முறைக்கும் மேல்   O

10. ஒரு நாளைக்கு எத்தனை முறை தேநீர் அல்லது காபி அருந்துகிறீர்கள்

   அ) ஒரு குவளைக்கும் குறைவாக   O

   ஆ) 1—2 குவளை   O

   இ) 3—4 குவளை   O

   ஈ) 4 குவளைக்கும் மேலாக   O

11. நீங்கள் பலவகையான காய்கறிகளையும் பழங்களையும் சாப்பிடுகிறீர்களா

   அ)எப்போதும் சாப்பிடுவேன்   O

   ஆ)பெரும்பாலும் சாப்பிடுவேன்   O

   இ)சிலநேரங்களில்   O

   ஈ)சாப்பிடுவதில்லை   O

12. நீங்கள் தின்பண்டங்களை ஒரு நாளைக்கு எத்தனை முறை சாப்பிடுகிறீர்கள்

   அ)சாப்பிடுவதில்லை   O

   ஆ)தினமும் இரண்டு முறை   O

   இ)தினமும் மூன்று முறை   O

   ஈ)தினமும் மூன்று முறைக்கும் மேல்   O

13.நீங்கள் வீட்டை விட்டு வெளியில் சாப்பிடுகிறீர்களா

    அ) ஆம்   O

    ஆ) இல்லை   O

14. வெளியில் எந்த இடத்தில் நீங்கள் உணவை தேர்ந்தெடுப்பீர்கள்

    அ) பள்ளி உணவகம்   O

    ஆ) குடும்பத்துடன் வெளியே செல்லுதல்   O

    இ) வெளியிலிருந்து உணவு கொண்டு வர உத்தரவிடுதல் O

15. நீங்கள் எத்தனை முறை சூடான உணவு வகைகளை உண்ணுகிறீர்கள்

    அ)சாப்பிடுவதில்லை   O

    ஆ)தினமும் இரண்டு முறை   O

    இ)தினமும் மூன்று முறை   O

    ஈ)தினமும் மூன்று முறைக்கும் மேல்   O

SCORING KEY – KNOWLEDGE

QUESTION NUMBERS	CORRECT ANSWERS	SCORE
1	E	1
2	E	1
3	D	1
4	D	1
5	B	1
6	A	1
7	A	1
8	D	1
9	B	1
10	A	1
11	A	1
12	A	1
13	A	1
14	A	1
15	B	1

TOTAL MARKS = 15

SCORING KEY

12 – 15 MARKS – ADEQUATE KNOWLEDGE

8 – 12 MARKS – MODERATE ADEQUATE KNOWLEDGE

1- 7 MARKS INADEQUATE KNOWLEDGE

SCORING KEY PRACTICE

QUESTION NUMBERS	CORRECT ANSWER	MARKS
1	A	1
2	A	1
3	A	1
4	A	1
5	B	1
6	A	1
7	A	1
8	B	1
9	A	1
10	A	1
11	A	1
12	B	1
13	B	1
14	D	1
15	B	1

TOTAL MARKS = 15

SCORING KEY

12 – 15 =GOOD PRACTICE

8 – 11 = MODERATELY PRACTICE

1- 7   = POOR PRACTICE

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	A.V.AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
1.	**Define student empowerment and healthy life style practices**	**Student empowerment:** Student empowerment is any attitudinal, structural and cultural activity, process or outcome where students of any age gain the ability , authority and agency to make decisions and implement changes in their own schools, learning and education, and in the education of other people, including fellow students of any age and adults throughout education. **Healthy life style practices:** A healthy lifestyle practices are one which helps to keep and improve students health and well being. The ways to being healthy include healthy eating , physical activities and weight management.	**Roller Board**	**Explaining and Listening**	Define the student empowerment and healthy lifestyle practices ?

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	A.V.AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
2	**Listout the healthy lifestyle practices**	**Healthy lifestyle practices:** ❀ Get on the move, make it a habit ❀ Eat a variety of foods ❀ Base your diet on plenty of foods rich in carbohydrates ❀ Replace saturated with unsaturated fat ❀ Enjoy plenty of fruits and vegetables ❀ Reduce salt and sugar intake ❀ Eat regularly , control the portion size ❀ Drink plenty of fluids ❀ Maintain a healthy body weight	Chart	Explaining and Listening	What are the healthy lifestyle practices?

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	A.V. AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
		Get on the move , make it a habit: It is an important for students of all weight ranges and health conditions. It helps us burn off the extra calories , it is good for the heart and circulatory system. It maintains or increases our muscle mass , it helps us focus and improve overall health wellbeing. **Maintain a healthy body weight:** The right weight for each us depends on factors like our gender , height, age and genes .Being overweight increases the risks of a wide range of diseases, including diabetes , heart diseases and cancer. **Eat a variety of foods** For good health , we need more than 40 different nutrients , and no single food can supply them all. It is not about a single meal , it is about a balanced food choice overtime that will make a difference.			

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
3	**Enlist the benefits of leading healthy life style practices**	**Benefits of exercise:** ✿ -Helps you sleep better ✿ -Boost your confidence ✿ -Improves your mood due to endorphins **Benefits of healthy diet;** ✿ -Maintain your weight ✿ -Meet your nutritional needs **Benefits of sleeping properly:** ✿ -Reduce stress ✿ -Improve memory ✿ -Repairs the body	Black board	Explaining and Listening	What are the benefits of leading healthy life style practices.?

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
4.	**Brief the complications of unhealthy life style practices**	<u>**Unhealthy lifestyle practices:**</u> <u>**Exercise less:**</u> Exercise not only melts stress away but it also helps protect against heart disease by lowering blood pressure , strengthening the heart muscle and helps to maintain a healthy weight. It also releases mood boosting chemicals called endorphins. <u>**Eat junk food:**</u> When you are stressed , a burger or pizza may sound good at the time but it is important to know what these types of foods are doing to your body over time. These foods are high in sodium and fat, which American heart association recommends avoiding .	Booklet	Explaining and Listening	What are the complications of unhealthy lifestyle practices.?

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
		Sleep less: Sleeping too little can over work your heart and can cause you to be more stressed. You can prevent heart disease by sleeping between seven and nine hours every night. **Stay plugged in:** After a long day you may think that sitting on the couch in front of your television or with your phone in hand sounds great but it could be doing more harm than good. Take sometime away from your phone , computer, and television to decompress.			

S.No	CONTRIBUTORY OBJECTIVESS	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUUATION

5	**Explain the physical activity in healthy life style practices**	**Physical activity:**
		
		        Any kind of voluntary body movement that a person does over a given period of time ; walking , dancing, stair climbing etc. performed by skeletal muscles that spends an additional energy than the required to maintain vital functions (breathing, circulation etc.)
		
		Physical activity:
		
		        Physical activity that is planned , organized and repeated to improve fitness.
		
		Healthy physical activity:
		
		        Healthy physical activity will depend on the condition and age of each person that can be defined as the physical activity of moderate intensity that is done daily for at least 30 minutes. Length depends on the intensity. We can practice mild physical activity for 60 minutes.
			Booklet	Explaining and listening	What are the type of the physical activity.?

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATON
		• Taking the stairs instead of elevator • Walking quickly when go to school • Reduce down time at computer or television • Stretching **Intensity of physical activity:** **Mild intensity: Walking** ❀ -Feeling of warmth ❀ -Breathing and heart rate increases **Moderate intensity: Dancing , swimming, cycling** ❀ -Feeling of warmth increases and sweating begins ❀ -Breathing rate and pulse rate increases **Vigorous intensity: Jogging , Playing sports at an advanced level** ❀ -Strong feeling of warmth ❀ -Breath starts to short ❀ -High pulse rate.			

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
		Maximum effort: Sprinting and high level sports			
		✿ -Very strong feeling of warmth and intense perspiration			
		✿ -Shortness of breath and very high pulse.			
		Important of physical activity:			
		✿ Improves cardio vascular and respiratory functioning			
		✿ Reduces coronary artery diseases risk			
		✿ Increased quality of life			
		✿ Beneficial improvements in cardio vascular and respiratory functions include			
		☺ -Increased ability of exercising muscles to consume oxygen			
		☺ -Lowered resting and exercise heart rate			
		☺ -Increased stamina			
		☺ -Resistance to fatigue			
		☺ -More effective management of diabetes			
		☺ -Reduced bone mineral loss			
		☺ -Decreased blood pressure			
		☺ -Increased efficiency of the heart			

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION

		Recommended physical exercise in adolescent 13-17 years:
		
		      Should do at least 60 minutes of moderate to vigorous intensity physical activity daily.
		
		      Physical activity of amounts greater than 60 minutes daily will provide additional health benefits.
		
		      Should include activities that strengthen muscle and bone at least 3 times per week.
		
		Benefits of physical exercise: Anatomical benefits:
		❀ Strengthen bones and muscles
		❀ Helps to avoid obesity
		❀ Reduces the risk of cardio vascular disease, diabetes.			

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
		Psychological benefits: ❁ Increases self esteem ❁ Provides well being ❁ Reduces stress, anxiety , sedentary lifestyle ❁ Improves mood **Social benefits:** ❁ Reassures autonomy and integration ❁ Encourages sociability			

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
6	**Narrate the nutritional habits in healthy lifestyle practices**	**Nutrition is necessary for the adolescents:** ☑ The phenomenal growth that occurs in adolescent, second only to that in the first year of life, creates increased demands for energy and nutrients. ☑ Nutrition is also important during this time to help prevent adult diet related chronic diseases, such as cardio vascular disease, cancer and osteoporosis. ☑ Nutrition and physical growth are integrally related ☑ Optimal nutrition is a requisite for achieving full growth potential	Booklet	Explaining and Listening	What are the nutritional problems of adolescent?

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIOVISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
		☑ Prior to puberty, nutrient needs are similar for boys and girls. It is during puberty that body composition and biological changes (e.g. Menarche) emerge which affect gender specific nutrient needs ☑ Nutrient needs for both males and females increase sharply during adolescent. ☑ Nutrient needs parallel the rate of growth, with the greatest nutrient demands occurring during the peak velocity ☑ At the peak of the adolescent growth spurt, the nutritional requirements may be twice as high as those of the remaining period of adolescents			

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
		Recommended dietary allowances for adolescents: **Girls 13—15 years:** • Calories—2060 kcal • Protein—65 g/d • Fat --22 g/d • Calcium—600 mg/d • Iron --28 mg /d • Vitamin A -- 600 ug • Vitamin C – 40 ug **Girls 16—18 years:** • Calories—2060 kcal • Protein—63 g/d • Fat --22 g/d • Calcium—600 mg/d • Iron --30 mg /d • Vitamin A -- 600 ug • Vitamin C – 40 ug			

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION

		Nutritional problems:
		☑ Low intake of calcium, vitamin A and C
		☑ Low intake of iron in girls—Anemia
		☑ Obesity or underweight
		☑ Skin problems
		☑ Nutritional deficiencies related to
		    o -Fear of overweight or crash diets
		    o -Poor choice of snack foods
		    o -Irregular eating pattern
		    o -Eating disorders – Anorexia nervosa
		              --Bulimia nervosa
		              --Binge eating disorder
		o Predisposition to osteoporosis
		o Premenstrual syndrome			

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
		Benefits of healthy eating: ❀ Have energy all day long ❀ Get the vitamins and minerals your body needs ❀ Stay strong for sports or other activities ❀ Reach your maximum height ❀ Maintain a healthy weight ❀ Prevent unhealthy eating habits. **Tips of healthy eating:** ❀ Don't skip meals ❀ Avoid diet thinking ❀ Be mindful when eating ❀ Learn about simple, healthy ways to prepare foods ❀ Sugar –avoid getting too much			

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
		Good eating habits: ❀ Maintain hygienic habits ❀ Eat slowly, chew properly ❀ Avoid Television viewing or reading while you eat ❀ Small frequent meals ❀ Never skip meals , specially breakfast ❀ Don't over eat ❀ Dietary surveys of adolescents between the ages of 13 and 18 years have two disturbing trends: -Under consumption of vitamins, mineral an dietary fiber , especially females - Higher than recommended intakes of fat and unsaturated fat.			

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIO VISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
		Food components: Dietary fiber -Fruits, vegetables, Whole grain breads, Cereals, beans , rice , nuts -Calcium and Vitamin D -Milk -Fruit and vegetables -Grain products **Healthy eating plan:** ❀ Eat 3 meals a day, with healthy snacks ❀ Increase fiber in the diet and decrease the use of salt. ❀ Drink water - Try to avoid drinks that are high in sugar. Fruit juice can have a lot of calories, so limit your adolescents intake .Whole fruit juice is always a better choice.			

S.No	CONTRIBUTORY OBJECTIVES	CONTENT	AUDIOVISUAL AIDS	TEACHING LEARNING ACTIVITY	EVALUATION
		❀ Eat balanced meals. ❀ When cooking for your adolescents , try to bake or broil instead of fry. ❀ Make sure your adolescents watches (and decreases, if necessary) his or her sugar intake. ❀ Eat fruit or vegetables for a snack. ❀ Decrease the use of butter and heavy gravies. ❀ Eat more chicken and fish. ❀ Limit red meat intake, and choose lean cuts when possible.			

INTRODUCTION:

Now a days international organizations and researchers have paid increased attention to adolescents health. Adolescents coincides with major changes that affect the determinants of adult health, and many adult health conditions are related to factors that develop during adolescence. The World Health Organization estimates that nearly two thirds of premature deaths , and one third of the burden of diseases in adulthood, are associated with inadequate behaviors or lifestyles that began in youth. Adolescents age group now a days show many faulty dietary habits as consumption of sugar sweetened beverages which replace milk and water. They consume fast foods with high caloric fat content. Insufficient physical activity is the fourth leading risk factor for mortality.

EVALUATION:

      1.Definition of student empowerment and healthy lifestyle practices

      2.What are the healthy life style practices

      3.What are the benefits of healthy life style practices

      4.What are the complications on unhealthy lifestyle practices

      5.What is the meaning of physical activity

      6.What are the tips followed in nutritional habits

CONCLUSION:

     Educational interventions are effective in improving the knowledge of adolescents regarding lifestyle practices and lifestyle disorders, as well as modifying their lifestyle practices. Since school have been identified as an important setting in imparting knowledge on health promoting lifestyle practices. Initiatives are to be taken at school level including curriculum modification and conducting lifestyle modification programs, so that younger generation are protected from contracting lifestyle disorders in their future life.

CENTRAL OBJECTIVES:

At the end of the intervention the student will be able to do their own work in daily ,followed daily and also follow the nutritional habits, diet practices , healthy diet planning..

CONTRIBUTORY OBJECTIVES:

1.define student empowerment and healthy lifestyle practices

2.listout the healthy lifestyle practices

3.enlist the benefits of healthy lifestyle practices

4.brief the complications of unhealthy lifestyle practices

5.explain the physical activity in healthy lifestyle practices

6.narrate the nutritional habits in healthy lifestyle practices

LESSON PLAN ON STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
1	3 நிமி	மாணவர் அதிகாரமளித்தல், ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறைகள் வரையறை	**மாணவர் அதிகாரமளித்தல்:** மாணவர் அதிகாரமளித்தல் என்பது எந்தவொரு மனப்பான்மை, கட்டமைப்பு மற்றும் கலாச்சார செயல்பாடு, செயல்முறை அல்லது விளைவு ஆகும். மாணவர்கள் தங்கள் சொந்த பள்ளிகளில் கற்றல் மற்றும் கல்வி மற்றும் கல்வியியல் முடிவுகளை எடுக்க மற்றும் மாற்றங்களை எடுக்க மற்றும் மாற்றங்களை செய்வதற்கான திறன் அதிகாரம் மற்றும் அதிகாரத்தை பெறுதல் ஆகும்.	விளக்கம்	கவனித்தல்	கருப்பு பலகை	மாணவர் அதிகார மளித்தல் என்றால் என்ன

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகள்: ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகள் என்பது மாணவர்களின் ஆரோக்கியத்தை பராமரிக்கவும் மேம்படுத்தவும் உதவும் நடைமுறைகள் ஆகும். இதனுள் ஆரோக்கியமான உணவு உடல் செயல்பாடுகள் மற்றும் எடை மேலாண்மை ஆகியவை அடங்கும்.	விளக்கம்	கவனித்தல்	கருப்பு பலகை	ஆரோக்கிய மான வாழ்க்கை முறை நடைமுறை என்றால் என்ன

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
2	3 நிமி	ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகளை பட்டியலிடுதல்	**ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகளை பட்டியல்கள்:** ❀ நடைபயிற்சி பழக்கத்தை வழக்கமாக்குதல் ❀ கார்போஹைட்ரேட்டுகள் நிறைந்த உணவுகளை உண்ணுதல் ❀ ஏராளமான பழங்கள் மற்றும் காய்கறிகளை சேர்த்துக்கொள்ளுதல் ❀ உப்பு மற்றும் சர்க்கரை உட்கொள்ளும் அளவினை குறைத்தல் ❀ ஆரோக்கியமான உடல் எடையை பராமரித்தல் **நடைபயிற்சி :** அனைத்து எடை வரம்புகள் மற்றும் சுகாதார நிலைமைகளின் மாணவர்களுக்கு இது ஒரு முக்கியம்.	விளக்கம்	கவனித்தல்	கையேடு	ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகள் என்ன

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			❀ இது கூடுதல் கலோரிகளை எரிக்க உதவுகிறது ❀ இது இதயத்திற்கும் மற்றும் சுற்றோட்ட அமைப்புக்கும் நல்லது ❀ இது நமது தசை திறனை அதிகரிக்கிறது ❀ இது மாணவர்களின் ஒட்டுமொத்த சுகாதார நல்வாழ்வை மேம்படுத்தவும் உதவுகிறது ❀ இது ஆரோக்கியமான உடல் எடையை பாராமரிக்கவும் உதவுகிறது	விளக்கம்	கவனித்தல்		

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
3		முன்னணி ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகளின் நன்மைகளை பட்டியலிடுதல்	**உடற்பயிற்சியின் நன்மைகள்:** ❀ நன்றாக தூங்க உதவுகிறது ❀ தன்னம்பிக்கையை அதிகரிக்கவும் உதவுகிறது ❀ எண்டோர்பின்கள் காரணமாக மனநிலையை மேம்படுத்துகிறது **ஆரோக்கியமான உணவின் நன்மைகள்:** ❀ எடையை பாராமரிக்க உதவுகிறது ❀ ஊட்டச்சத்து தேவைகளை பூர்த்தி செய்தல் **நன்றாக தூங்குவதன் நன்மைகள்;** ❀ மன அழுத்தத்தை குறைத்தல் ❀ நினைவு அதிகரித்தல் ❀ உடலை சரி செய்தல்	விளக்கம்	கவனித்தல்	கையேடு	ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகளின் நன்மைகள் என்ன

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
4	10 நிமி	முன்னணி ஆரோக்கியமற்ற வாழ்க்கை முறை நடைமுறைகளின் சிக்கல்களை சுருக்கமாக கூறுதல்	**குறைவான உடற்பயிற்சி:** ❋ குறைவான உடற்பயிற்சி மன அழுத்தத்தை உருவாக்குகிறது ❋ இரத்த அழுத்தத்தைக் குறைக்கிறது ❋ இதய நோய்களை அதிகரிக்கிறது	விளக்கம்	கவனித்தல்	துண்டுப்பிரசுரம்	ஆரோக்கியமற்ற வாழ்க்கை முறை நடைமுறைகளின் சிக்கல்கள் என்ன

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
5	5 நிமி	முன்னணி ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகளில் உடல் செயல்பாடுகளை விளக்குதல்	**உடற்செயல்பாடு:** ஒரு குறிப்பிட்ட காலப்பகுதியில் ஒரு நபர் செய்யும் எந்தவொரு தன்னார்வ உடல் இயக்கம் நடைபயிற்சி, நடனம், படிக்கட்டு ஏறுதல் போன்றவை எலும்பு தசைகளின் திறனை அதிகரிக்கிறது. அவை உடற்செயல்பாடுகளை பராமரிப்பதை விட கூடுதல் ஆற்றலை தருகிறது. சுவாசப்பயிற்சி, உடல் சுழற்சி போன்றவை முக்கியமானதாகும். உடற்பயிற்சி செய்வது திட்டமிடப்பட்ட, ஒழுங்கமைக்கப்பட்ட மீண்டும் மீண்டும் செய்வது ஆகும். ஆரோக்கியமான உடற்பயிற்சி செய்வது ஒவ்வொரு நபரின் நிலை மற்றும் வயதைப் பொறுத்தது.	விளக்கம்	கவனித்தல்	கையேடு	உடல் செயல்பாடுகளின் வகை என்ன

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			மிதமான உடற்பயிற்சி என்பது தினசரி குறைந்தது 30 நிமிடங்களுக்கு செய்யப்படும் உடற்பயிற்சி ஆகும். **தீவிரமான உடற்பயிற்சி** என்பது தினசரி குறைந்தது 60 நிமிடங்களுக்கு மேல் செய்யப்படும் உடற்பயிற்சி ஆகும் ✿ வேகமாக படிக்கட்டு ஏறுதல் ✿ பள்ளிக்கு செல்லும்போது வேகமாக நடத்தல் ✿ கணினி மற்றும் தொலைக்காட்சி பார்க்கும் நேரத்தைக் குறைத்தல்				

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			நீட்சி பயிற்சிகள் **உடற்செயல்பாடுகளின் தீவிரம்:** **லேசான உடற்பயிற்சி:** நடை பயிற்சி ❀ மெதுவான அரவணைப்பு உணர்வு ❀ சுவாசம் மற்றும் இதயத்துடிப்பு அதிகரித்தல் **மிதமான உடற்பயிற்சி:** நடனம் , நீச்சல், சைக்கிள் ஓட்டுதல் ❀ அரவணைப்பு உணர்வு அதிகரிக்கிறது ❀ வியர்க்க தொடங்குகிறது ❀ சுவாசம் மற்றும் இதய துடிப்பு அதிகரிக்கிறது				

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			தீவிரமான உடற்பயிற்சி: **ஜாக்கிங், மேம்படுத்தப்பட்ட விளையாட்டு** ❀ வலுவான வெப்ப உணர்வு மற்றும் அரவணைப்பு ❀ சுவாசம் குறைய தொடங்குகிறது ❀ நாடித்துடிப்பு அதிகரிக்கிறது **அதிகபட்ச முயற்சி உடற்பயிற்சி:** **வேகமாக ஓடுதல், உயர்மட்ட விளையாட்டு** ❀ அரவணைப்பு மற்றும் தீவிர வியர்வை மற்றும் வலுவான உணர்வு ❀ மூச்சுத்திணறல் ❀ நாடித்துடிப்பு அதிகரித்தல்.				

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
6.	9 நிமி	முன்னணி ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகளில் ஊட்டசத்து பழக்க வழக்கங்களை விளக்குதல்	**இளம்பருவத்தினருக்கு ஊட்டச்சத்து அவசியம்:** இளம்பருவத்தில் நிகழும் தனித்துவமான வளர்ச்சி ,வாழ்க்கையில் முதல் ஆண்டில் இரண்டாவதாக ,ஆற்றல் மற்றும் ஊட்டச்சத்துகள் அதிகமாக தேவைப்படுகிறது. இதயம் தொடர்பான நோய்கள், இரத்தக்குழாய் தொடர்பான நோய்கள், எலும்பு சம்மந்தமான நோய்கள், புற்று நோய் போன்ற உணவு தொடர்பான நோய்களைத் தடுப்பதற்காக ஊட்டச்சத்து முக்கியமானது.	விளக்கம்	கவனித்தல்	கையேடு	இளம் பருவத்தினரின் ஊட்டச்சத்து பிரச்சினைகள் என்ன

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			❀ முழு வளர்ச்சித்திறனை அடைவதற்கு ஊட்டச்சத்து மிகவும் தேவையாகும். ❀ பருவமடைவதற்கு முன்பு ஊட்டச்சத்து தேவைகள் சிறுவர்களுக்கும், சிறுமிகளுக்கும் சமமானது. ❀ பருவமடையும்போது உடல் அமைப்பு மற்றும் உயிரியல் மாற்றங்கள் உருவாகின்றன. ❀ இந்த தருணத்தில் ஊட்டச்சத்து அதிகளவில் தேவைபடுகிறது.				

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			❀ ஆண் ,பெண் இருபாலருக்கும் ஊட்டச்சத்து தேவைகள் இளம்பருவத்தில் அதிகமாக தேவைப்படுகிறது.. ❀ வளர் இளம்பருவத்தினர் அவர்கள் வளர்ச்சியின் போது அதிகளவில் ஊட்டச்சத்து தேவைப்படுவதால் ஊட்டச்சத்து மிக்க உணவுகளை உணவில் சேர்த்துக்கொள்ளுமாறு அறிவுறுத்தப்படுகிறார்கள்.				

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			இளம் பருவத்தினருக்கு பரிந்துரைக்கப்பட்ட உணவு வகைகள்: **பெண்கள் 13−15 வயது:** ❀ கலோரி 2060கிலோ கலோரி ❀ புரோட்டீன் 65கி ❀ கொழுப்பு 22கி ❀ கால்சியம் 600 மி.கி ❀ இரும்புச்சத்து 28மி.கி ❀ வைட்டமின் எ 600 மை.கி ❀ வைட்டமின் சி 40 மை.கி. **பெண்கள் வயது 16−18 வயது** ❀ கலோரி 2060 கிலோ கலோரி ❀ புரோட்டீன் 63 கி ❀ கொழுப்பு 22 கி ❀ கால்சியம் 600 மி.கி ❀ இரும்புச்சத்து 30 மி.கி ❀ வைட்டமின் எ 600 மை.கி ❀ வைட்டமின் சி 40 மை.கி.				

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			ஊட்டச்சத்து பிரச்சினைகள்: ❀ உணவில் குறைந்த அளவில் கால்சியம், வைட்டமின் எ மற்றும் வைட்டமின் சி எடுத்துக்கொள்வதால் வளர் இளம்பருவ பெண்களுக்கு இரத்த சோகை, உடல் பருமன், உடல் எடை குறைதல், தோல் சம்மந்தமான பிரச்சினைகள், ஏற்படுகிறது. ❀ அதிக அளவில் உணவு உண்ணுவது , சாப்பிடாமல் இருப்பது போன்றவை கூட ஏற்பட வாய்ப்புள்ளது. ❀ நொறுக்குத்தீனிகள் அதிக அளவில் உண்ணுதல்.				

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			ஆரோக்கியமான உணவு உண்ணுவதால் ஏற்படும் நன்மைகள்: ❀ அதிக ஆற்றல் கிடைக்கிறது ❀ உடலுக்கு தேவையான வைட்டமின் ,தாதுக்கள் கிடைக்கிறது. ❀ ஆரோக்கியமான எடை மற்றும் வளர்ச்சி கிடைக்கிறது. ❀ உடல் வலு பெறுகிறது. ❀ உடல் எடையை சீராக வைத்துக்கொள்ள உதவுகிறது. ❀ ஆரோக்கியமற்ற உணவுப் பழக்கத்தை தடுக்கும்.				

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			ஆரோக்கியமான உணவின் உதவிக்குறிப்புகள்: ❋ உணவு உண்பதை தவிர்க்க வேண்டாம். ❋ உணவு உண்ணும் போது தேவையற்ற சிந்தனைகளை தவிர்க்கவும். ❋ உணவு உண்ணும் போது கவனமாக இருக்கவேண்டும். ❋ உணவுகளை தயாரிப்பதற்கு எளிய, ஆரோக்கியமான வழிகளை கடைபிடித்தல். ❋ அதிகளவில் சர்க்கரை சேர்த்தல் கூடாது.				

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			நல்ல உணவு பழக்க வழக்கங்கள்; ✿ சுகாதாரமான உணவுகளை உண்ணுதல். ✿ மெதுவாக சாப்பிடுதல் ✿ நன்றாக மென்று சாப்பிடுதல். ✿ உணவு உண்ணும் போது தொலைக்காட்சி பார்த்தல், புத்தகம் படித்தல் போன்றவற்றை தவிர்த்தல். ✿ உணவு உண்பதை ஒரு வேளையும் தவிர்த்தல் கூடாது. ✿ காலை உணவு கண்டிப்பாக உண்ண வேண்டும்.				

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			❁ வளர் இளம்பருவ மாணவர்கள் 13 முதல் 18 வயதுக்குள், வைட்டமின் ,நார்ச்சத்து உணவுகளை உண்ணுதல். ❁ அதிகளவில் கொழுப்பு மற்றும் நிறைவுறா கொழுப்பு சேர்த்துக் கொள்ளவும். **உணவு கூறுகள்:** ❁ நார்ச்சத்து உணவுகள் ❁ பழங்கள் , காய்கறிகள் ❁ தானிய ரொட்டிகள் ❁ பீன்ஸ் , அரிசி, கொட்டைகள் ❁ கால்சியம் மற்றும் வைட்டமின் 'எ' நிறைந்த பால், பழங்கள், காய்கறிகள்				

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			ஆரோக்கியமான உணவு திட்டம்: ❀ ஒரு நாளைக்கு மூன்று வேளை உணவு உண்ணுதல் ❀ ஆரோக்கியமான நொறுக்குத் தீனிகளை சாப்பிடுதல் ❀ உண்ணும் உணவில் அதிக நார்ச்சத்து சேர்த்தல் ❀ உப்பு பயன்பாட்டை குறைத்தல் ❀ அதிகளவில் தண்ணீர் குடித்தல் ❀ சர்க்கரை அதிகம் உள்ள பானங்களை தவிர்த்தல் ❀ கடைகளில் அடைத்து வைத்திருக்கும் பழச்சாறு மற்றும் குளிர்பானங்களை தவிர்த்தல் ❀ முழு பழச்சாறு அருந்துதல். ❀ சீரான சமநிலை உணவு உண்ணுதல் ❀ வறுத்த உணவுக்கு பதிலாக சுட்ட உணவுகள், வேக வைத்த உணவுகளை உண்ணுங்கள்				

வ.எண்	நேரம்	குறிப்பான நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்	மாணவர்கள் செயல்	ஒலி,ஒளி சார் உபகரணங்கள்	மதிப்பீடு
			- ஒரு வேளை உணவுக்கு பழம் அல்லது காய்கறிகளை சாப்பிடுங்கள். - வெண் நெய் மற்றும் கனமான கிரேவி சாப்பிடுதலை தவிர்த்தல். - நாட்டுக்கோழி , மீன் சப்பிடுதலை அதிகரித்தல். - பிராய்லர் கோழி உண்ணுதலை தவிர்த்தல். - சிகப்பு இறைச்சி உட்கொள்ளலை தவிர்த்தல்.				

மதிப்பீடு:

1. மாணவர் அதிகாரமளித்தல் மற்றும் ஆரோக்கியமான வாழ்க்கைமுறைகளின் வரையறை

2. ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறைகள் என்ன

3. ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறைகளின் நன்மைகள் என்ன

4. ஆரோக்கியமற்ற வாழ்க்கைமுறை நடைமுறைகளின் சிக்கல்கள் என்ன

5. வாழ்க்கைமுறை நடைமுறைகளில் உடல்செயல்பாட்டின் பங்கு என்ன

6. வாழ்க்கைமுறை நடைமுறைகளில் உணவு பழக்கவழக்கங்களின் பங்கு என்ன

முடிவுரை:

வாழ்க்கை முறைகள் மற்றும் வாழ்க்கை முறைகேடுகள் தொடர்பான இளம் பருவத்தினரின் அறிவை மேம்படுத்துவதற்கும், அவர்களின் வாழ்க்கைமுறை நடைமுறைகளை மாற்றுவதற்கும் இக்கல்வி தலையீடுகள் பயனுள்ளதாக இருக்கும்.

உடல்நலசெயல்பாடுகள், உணவு ஊட்டச்சத்து பழக்கவழக்கங்கள் போன்ற வாழ்க்கைமுறை நடைமுறைகள் பற்றிய அறிவை வழங்குவதில் பள்ளி ஒரு முக்கியமான அமைப்பாக உள்ளது. இதனால் இளம்பருவத்தினர் ,இளைய தலைமுறையினர் தங்கள் எதிர்கால வாழ்க்கையில் வாழ்க்கைமுறை கேடுகளிலிருந்து பாதுகாக்கப்படுகிறார்கள்

அறிமுகவுரை:

இன்றைய நிலையில் சர்வதேச அமைப்புகளும் ஆராய்ச்சியாளர்களும் இளம்பருவத்தினரின் ஆரோக்கியத்தில் அதிக கவனம் செலுத்துயுள்ளனர். இளம்பருவத்தினர் ஆரோக்கியத்தை மேம்படுத்துவது அல்லது சீர்கெடுவது அவர்களின் உடல்செயல்பாடு மற்றும் உணவு ஊட்டச்சத்து பழக்கவழக்கங்களை பொருத்தே உள்ளது.

உலக சுகாதார அமைப்பு கணக்குப்படி பச்சிளங்குழந்தைகளின் இறப்புகளில் மூன்றில் இரண்டு பங்கும், வயது வந்தோரின் இறப்புகளில் மூன்றில் ஒரு பங்கும் மதிப்பிடுகிறது.

இளம் பருவத்தினரிடையே அதிகளவில் சர்க்கரை மற்றும் குளிர்பானங்களை சேர்தல், அதிகளவில் கொழுப்பு நிறைந்த உணவுகள் உண்ணுவது மற்றும் உடல்செயல்பாட்டின் குறைபாடு போன்றவற்றால் இறப்பு நாலாவது காரணிகளாக உள்ளது.

மத்திய நோக்கங்கள்:

இத்தலையீட்டின் முடிவில் மாணவர்கள் தினசரி தங்கள் சொந்தவேலைகளைச் செய்வதிலும், மேலும் உணவு பழக்கவழக்கமுறைகள், ஆரோக்கியமான உணவு திட்டமிட்டல், ஊட்டச்சத்து உணவுகளை உண்ணுதல் ஆகியவற்றைப் பின்பற்றவும்.

பங்களிப்பு நோக்கங்கள்;

1. மாணவர் அதிகாரமளித்தல் மற்றும் ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறைகளை வரையறுத்தல்

2. ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறைகளை பட்டியலிடுதல்

3. ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறைகளின் நன்மைகளைப் பட்டியலிடுதல்

4. ஆரோக்கியமற்ற வாழ்க்கைமுறை நடைமுறைகளின் சிக்கல்களை சுருக்கமாக கூறுதல்

5. ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறைகளில் உடல்செயல்பாடுகள் பற்றி விளக்குதல்

6. ஆரோக்கியமான வாழ்க்கைமுறை நடைமுறைகளில் ஊட்டச்சத்து பழக்கங்களை விளக்குதல்.

INFORMATION TO PARTICIPANTS

Title : "A study to assess the effectiveness of student empowerment on healthy lifestyle practice among adolescent students at selected school at Chennai ."

Name of the participant   :

Age/Sex   :

Date   :

Name of the investigator   :   Mrs. G. Bama Kanmani

Name of the Institution   :   College of Nursing, Madras Medical
                                        College,Chennai-600 003.

Enrolment number   :

You are invited to take part in this study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns. You are being asked to co- operate in this study being conducted at selected school at Chennai.

What is the purpose of the research (explain briefly)

This research is conducted to assess the student empowerment on healthy lifestyle practice among adolescent students at selected school at Chennai.

Study Procedures

- Study will be conducted after approval of ethics committee.

- A written formal permission will be obtained from authorities of College of Nursing, Madras Medical College, Chennai -600 003 to conduct study.

- The purpose of study will be explained to the participants.

- The investigator will obtain informed consent.

- The investigator will assess the job satisfaction and burn out of each participant before the procedures using a standardized scale.

- It will be taught by the investigator daily the student empowerment on Healthy Lifestyle practice among adolescent students at selected school at Chennai with the help of lecture.
- Following that the level of knowledge and practice will be assessed by post test.

Possible benefits to other people

The result of the research may provide benefits to student empowerment on Healthy Lifestyle Practice among adolescent students.

Confidentiality of the information obtained from you

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

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

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

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

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

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

Signature of Investigator   Signature of Participants
Date   Date

INFORMED CONSENT

Investigator : Mrs. G. Bama Kanmani

Name of Participant :

Age/ Sex :

Date :

Name of the Institution : College of Nursing, Chennai.

Title : "A study to assess the effectiveness of student empowerment on Healthy lifestyle practice among adolescent students at selected School at Chennai "

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

- I ----------------------------------- have read/ it has been read for me, the information in this form. I was free to ask any questions and they have been answered. I am an adolescent and exercising my free power of choice, hereby give my consent to be included as a participant in the study.

- I have read and understood this consent form and the information provided to me.
- I have had the consent document explained in detail to me.
- I have been explained about the nature of my study.
- My rights and responsibilities have been explained to me by the investigator.
- I agree to cooperate with the investigator.
- I have not participated in any research study at any time.
- I am aware of the fact that I can opt out of the study at any time without having to give any reason
- I hereby give permission to the investigators to release the information obtained from me as a result of participation in this study to the regulatory authorities, government agencies and Institutional Ethics Committee. I understand that they are publicly presented.
- My identity will be kept confidential if my data are publicly presented.
- I am aware that I have any question during this study; I should contact the concerned investigator.

Signature of investigator   Signature of Participants
Date :

<u>சுய ஒப்புதல் படிவம்</u>

ஆராய்ச்சி தலைப்பு : இளம் பருவ மாணவர்களிடையே ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகளில் மாணவர் ஆளுமைத்திறனை மதிப்பிடுவதற்கான ஆய்வு.

ஆய்வாளர் பெயர் : கோ. பாமா கண்மணி

பங்கேற்பாளர் பெயர் :

தேதி :

வயது/பால் :

- ஆய்வாளர்கள் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடன் சுயநினைவுடன் சம்மதிக்கிறேன்.

- ஆய்வாளர்கள் மேற்கொள்ளப்போகும் பரிசோதனைகளை மிக தெளிவாக விளக்கிக்கூறினார்.

- எனக்கு விருப்பமில்லாத பட்சத்தில் ஆரோய்ச்சியிலிருந்து எந்நேரமும் விலகலாம் என்பதையும் ஆய்வாளர் மூலம் அறிந்து கொண்டேன்.

- இந்த ஆராய்ச்சி ஒப்புதல் கடிதத்தில் உள்ள விவரங்களை நன்கு புரிந்து கொண்டேன். எனது உரிமைகள் மற்றும் கடமைகள் ஆராய்ச்சியாளர் மூலம் விளக்கப்பட்டது.

- நான் ஆராய்ச்சியாளருடன் ஒத்துழைக்க சம்மதிக்கிறேன். எனக்கு ஏதேனும் உடல்நலக்குறைவு ஏற்பட்டால் ஆராய்ச்சியாளரிடம் தெரிவிப்பேன்.

- நான் வேறு எந்த ஆராய்ச்சியிலும் தற்சமயம் இடம் பெறவில்லை என்பதை தெரிவித்துக்கொள்கிறேன்.

- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிட சம்மதிக்கிறேன் .அப்படி வெளியிடும் போது என் அடையாளம் வெளிவராது என்பதை அறிவேன்.

- எனக்கு இந்த ஒப்புதல் கடிதத்தின் நகல் கொடுக்கப்பட்டது.

ஆய்வாளர் கையொப்பம்   **பங்கேற்பாளர் கையொப்பம்**
தேதி   **தேதி**

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு : இளம் பருவ மாணவர்களிடையே ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகளில் மாணவர் ஆளுமைத்திறனை மதிப்பிடுவதற்கான ஆய்வு.

ஆய்வாளர் பெயர் : கோ. பாமா கண்மணி

தேதி :

பங்கேற்பாளர் பெயர் :

வயது / பால் :

- ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடம் சம்மதிக்கலாம்.

- இதில் பங்கேற்பதன் நோக்கம்: மாணவர்கள் ஆரோக்கியமாக வாழ்வதற்குரிய தகவல்களை தெரிந்து கொள்வதற்காகவும் அதனை பயன்படுத்துவதற்காக மட்டும் தான்.

- ஆராய்ச்சி மேற்கொள்ளும் முறை: இந்த ஆராய்ச்சி மாணவர்களின் ஆரோக்கியம் பற்றிய அவர்களது ஆளுமைத்திறன் குறித்து குறிப்பிட்ட சமுதாய நல செவிலியரின் தலையீடு பற்றி கற்றுத்தந்ததன் தாக்கத்தை அறியலாம்.

- இதனால் ஆய்வாளருக்கான பயன்: இந்த ஆய்வுக்குப்பின் மாணவர்களின் ஆளுமைத்திறன் அவர்களது ஆரோக்கியத்தை மேம்படுத்துவது குறித்த தொகுப்பின் செயல்திறனின் தாக்கத்தை அறியலாம்.

- இதனால் பங்கேற்பாளருக்கான பயன்: இந்த ஆய்வு ஆரோக்கியம் குறித்து மாணவர்களின் ஆளுமைத்திறன் உத்தியை கற்றுத் தந்தபின் பயன்படுத்துவதனால் அவர்களது ஆரோக்கியம் மேம்படுகிறது.

- ஆராய்ச்சியில் பங்கேற்கவில்லை என்றாலும் உங்களின் சராசரி வாழ்க்கை முறையில் எந்தவித மாற்றமும் ஏற்படாது என்பதை தெரிவிக்கின்றேன்.

- இந்த ஆராய்ச்சியில் பங்கேற்க விருப்பம் இல்லை என்றால் உங்களின் முழுமனதுடன் நீங்கள் இந்த ஆராய்ச்சியில் இருந்து விலகிக் கொள்ளலாம் என்பதை தெரிவிக்கின்றேன்.

- இந்த ஆராய்ச்சியில் உங்களின் தகவல்களை பாதுகாப்பாக வைத்து கொள்கிறேன் என்பதை தெரிவிக்கின்றேன்.

- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிடும்போது உங்களை பற்றி அடையாளங்கள் வெளிவராது என்று உறுதி கூறுகிறேன்.
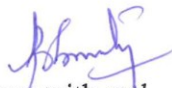

ஆய்வாளர் கையொப்பம்   பங்கேற்பாளர் கையொப்பம்
தேதி   :   தேதி:

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool submitted by G.Bama Kanmani M.Sc (Nursing) II year student , College of Nursing ,Madras Medical College which is to be used in her study titled, **"A study to assess the effectiveness of student empowerment on healthy lifestyle practice among adolescent students at selected school at Chennai."** Has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

Signature with seal

Name   : Banumathi.k.

Designation : Asst. Prof,

College   : Apollocollege of Nursing

Place   : Chennai.

Date   : 23/12/19.

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool submitted by G.Bama Kanmani M.Sc Nursing II year student , College of Nursing ,Madras Medical College which is to be used in her study titled, **"A study to assess the effectiveness of student empowerment on healthy lifestyle practice among adolescent students at selected school at Chennai"** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

Signature with seal

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

Name : MRS- KANCHANA S

Designation : ASSOCIATE PROFESSOR

College : MADHA COLLEGE OF NURSING
KUNDRATHUR, CH-69

Place : CHENNAI

Date : 23/12/19

CERTIFICATE OF APPROVAL

To
G.BAMA KANMANI
M.Sc (N) I Year
College of Nursing
Madras Medical College
Chennai-600003.

Dear G.BAMA KANMANI,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE AMONG ADOLESCENT STUDENTS AT SELECTED SCHOOL AT CHENNAI"- NO.24112019.** The following members of Ethics Committee were present in the meeting held on **12.11.2019** conducted at Madras Medical College, Chennai 3.

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

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

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

Member Secretary – Ethics Committee

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool submitted by G.Bama Kanmani M.Sc (Nursing) II year student , College of Nursing ,Madras Medical College which is to be used in her study titled, **"A study to assess the effectiveness of student empowerment on healthy lifestyle practice among adolescent students at selected school at Chennai."** Has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

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

Name   : Dr Joy PATRICIA PUSHPARANI

Designation : Professor of Community Medicine

College   : Madras Medical College, Chennai

Place   :

Date   :

CERTIFICATE FOR TAMIL EDITING

This is to certify that the dissertation work topic titled, "**A study to assess the effectiveness of student empowerment on healthy life style practice among adolescent students at selected school, Chennai**" , done by G.Bama Kanmani,   M.Sc(N) II year student, College of Nursing, Madras Medical College, Chennai-03 has been edited and validated for Tamil language appropriateness.

Place :

Date :

Signature :

Name

Designation:

Place   :

CERTIFICATE FOR ENGLISH EDITING

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Place :

Date :

Signature : T. JathiLakshen

T. JONAILAKSHMI, M.A.,B.Ed.,
B.T. Asst. (English)
Designation: Sec. School,
Koratti, (Vlr.Dt.) 635 602.
Place :

அனுப்புனர்:	பெறுநர்:
கல்வி அலுவலர்,	The Principal,
கல்வித்துறை,	College of Nursing,
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க.து.ந.க.எண்.அ3/12100 /2019 நாள்:21.11.2019

பொருள்	பெருநகர சென்னை மாநகராட்சி கல்வித்துறை College of Nursing, Madras Medical College, Chennai – 600 003 என்ற கல்லூரியில் **G.Bama Kanmani M.Sc.(N)** முதலாம் ஆண்டு பயிலும் மாணவி சென்னை பெண்கள் மேல்நிலைப் பள்ளி இராட்லர் தெரு பள்ளியில் ஆய்வு மேற்கொள்ள அனுமதி வழங்குவது சம்மந்தமாக
பார்வை	1.The Principal, College of Nursing, Madras Medical College, Chennai – 600 003 அவர்களின் கடிதம்

The Principal, College of Nursing, Madras Medical college, Chennai -03 என்ற கல்லூரியில் **G.Bama Kanmani, M.Sc.(N)** முதலாம் ஆண்டு பயிலும் மாணவி, இளம் பருவ மாணவர்களுக்கு ஆரோக்கியமான வாழ்க்கை முறை நடைமுறைகள் பற்றிய ஆய்வு சென்னை பெண்கள் மேல்நிலைப் பள்ளி இராட்லர் தெரு பள்ளியில் பயிலும் 13 வயது முதல் 16 வயது வரையில் உள்ள மாணவர்களுக்கு ஜனவரி 2020 (ஒரு மாதம்) ஆய்வு மேற்கொள்வதற்கு அனுமதி வழங்க படுகிறது.

மேலும் மாணவ மாணவியர்களிடம் ஆய்வு மேற்கொள்ளும்போது தலைமை ஆசிரியர் அறிவுரையின்படியும் பள்ளி கல்விப் பணிக்கும் எவ்வித பாதிப்பும் ஏற்படா வண்ணம் பார்த்துக் கொள்ளுமாறும் அறிவுறுத்தப் படுகிறது.

for கல்வி அலுவலர்

நகல் 1. தலைமை ஆசிரியர் சென்னை பெண்கள் மேல்நிலைப் பள்ளி இராட்லர் தெரு

CERTIFICATE OF PLAGIARISM

This is to certify that dissertation titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE AMONG ADOLESCENT STUDENTS AT SELECTED SCHOOL AT CHENNAI"** of the candidate **Mrs.G.BAMA KANMANI** for the partial fulfillment of M.Sc. Nursing Programme in the branch of **COMMUNITY HEALTH NURSING** has been verified for plagiarism through relevant plagiarism checker. We found that the uploaded thesis file from introduction to conclusion pages and rewrite shows _____% of Plagiarism (_____% uniqueness) in this dissertation.

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Selvi .B.Lingeswari, M.Sc(N).,M.B.A.,M.Phil.,   **Mrs.A.Thahira Begum, M.Sc.(N), MBA, M.Phil.,**
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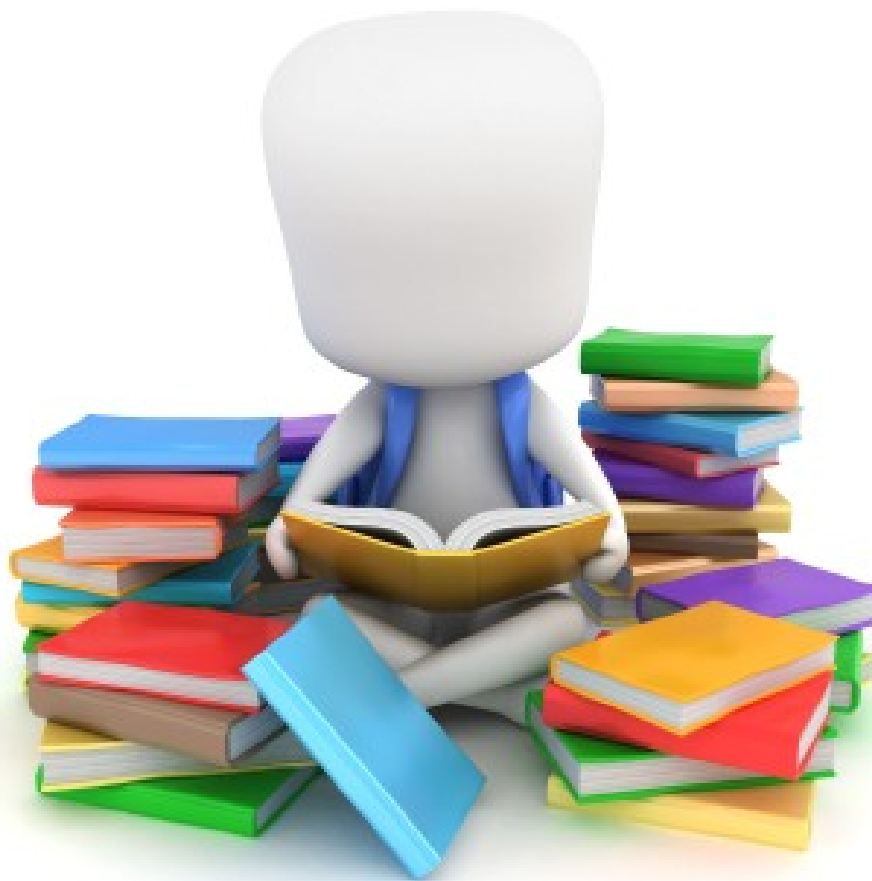Chennai - 03.   Chennai -03.
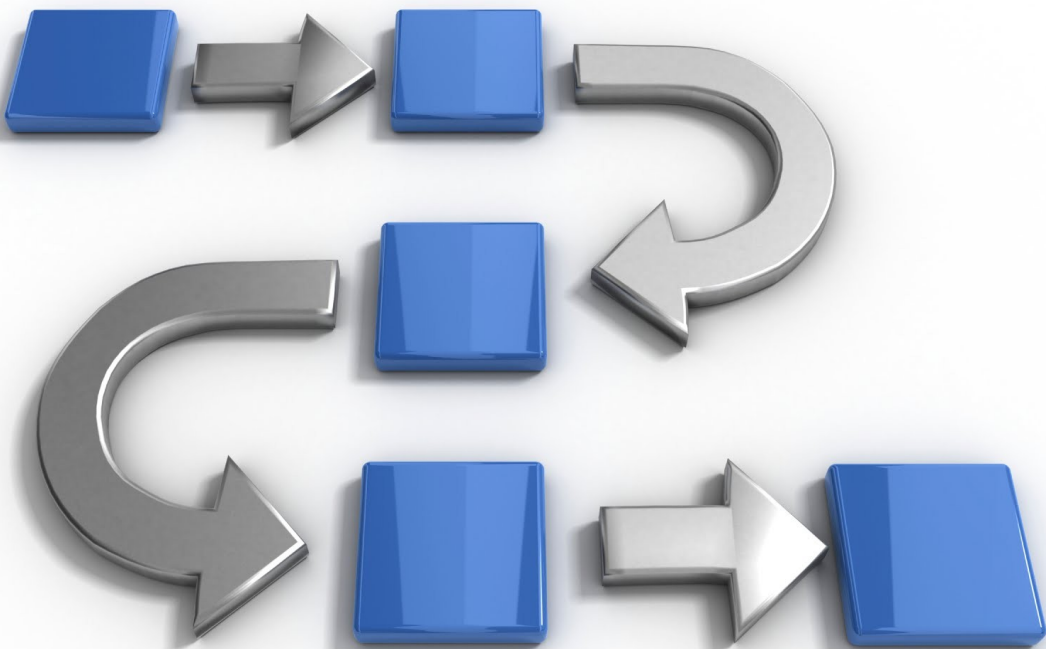
Chapter-I
Introduction

Chapter-II
Review of Literature

Chapter-III
Research Methodology

Chapter-IV
Data Analysis &
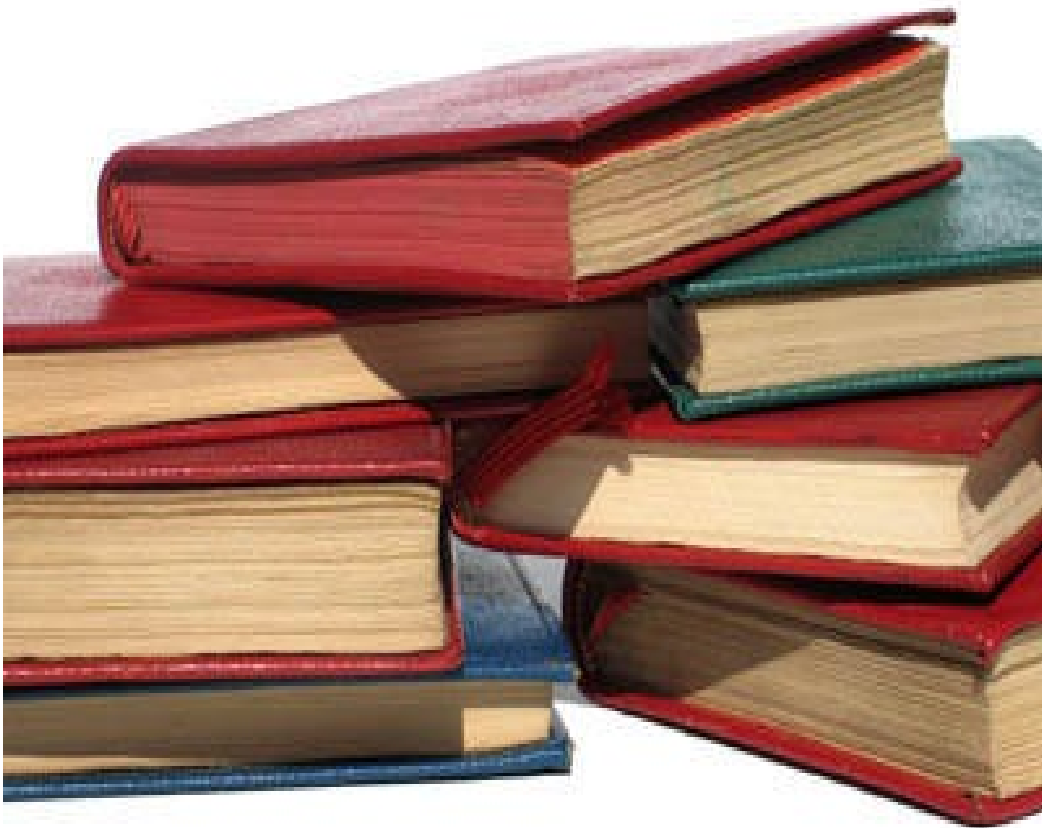# Interpretation

Chapter-V
Discussion

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

References

Appendices