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A STUDY TO ASSESS THE IMPACT OF LIFE STYLE MODIFICATION PROGRAMME ON KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING ADOLESCENT HEALTH AMONG ADOLESCENTS IN SELECTED COLLEGES AT MANDYA, KARNATAKA

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ABSTRACT

Teenagers are a valuable resource for any nation. They now begin their path to adulthood following defeating their early childhood obstacles. Teenagers and young adults, especially those living in urban regions, are forced by the need to advance their careers to live fast lives that involve taking risks, neglecting exercise, eating junk food, becoming obese, and getting married later in life. Due to the longer time between puberty and marriage, these individuals are more likely to engage in dangerous sexual activities. These circumstances put females at risk for teenage pregnancies, which may affect their lives more immediately than any other issue. Hence A lifestyle adjustment programme improves the teens' food and nutrition, mental health, menstrual health, and reproductive health. A pre-experimental and evaluative research approach is used with one group pre-test post-test design. The major findings revealed that life style modification programme enhanced the knowledge and change the attitude and practice regarding adolescent health. The overall mean percentage of post-test knowledge, attitude and practice scores of adolescents is 82.7%, 85.18% and 85.9% respectively is apparently higher than the overall mean percentage of pre-test knowledge, attitude and practice score of 38.1%, 55.5% and 49.1% respectively and it is significant at 0.05 level. Paired 't'(0.01,399df) =2.58, and 106.19 $p<0.05$. Indicating that the lifestyle modification programme is effective in gaining knowledge and change in attitude and practice of the adolescents regarding adolescent health.

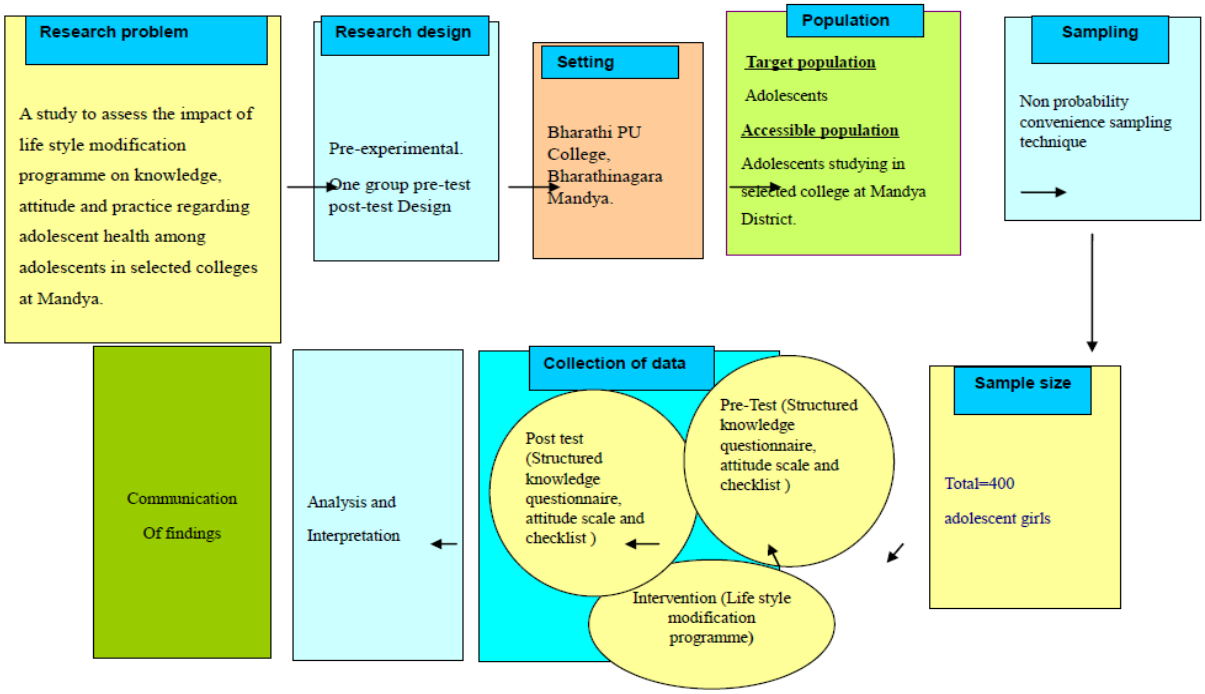
KEYWORDS: Adolescent health, Adolescents, life style modification programme, Reproductive and sexual health, Menstrual health, Mental health, and Food and nutrition.

INTRODUCTION

India has the most important adolescent populace with inside the international. Teenagers make up 24.5% of the population in Uttar Pradesh, 16.3% in Kerala, 19% in Maharashtra, and 21% overall in India. Most teenagers' mortality and morbidity are preventable or treatable, however teenagers face limitations in having access to fitness records and services. Restrictive legal guidelines and policies, parental or accomplice control, restricted know-how, distance, cost, loss of confidentiality, and company bias can all limitation teenagers from getting the care they want to develop and expand in excellent fitness. The main problems among teenagers were injuries and neuropsychiatric disorders. Due to a significant change in food and exercise patterns, teenage obesity is on the rise. Adolescence is the primary cause of close to 35% of the world's illness burden. Half of all mental health illnesses in adults begin by the age of 14, and the majority of instances go undiagnosed and untreated. Lifestyle modification is changing long-standing routines, usually related to food or exercise, and maintaining the new behavior for several months or years.

RESEARCH METHODOLOGY

Schematic Representation of Research Design



MATERIAL AND METHODS

Research approach

Quantitative research approach was used in this study.

Research design

Pre-experimental one group pre test-post test research design was used in this study.

O_1 X O_2

O_1-pre-test
X- life style modification programme
O_2- post-test

Variables

Independent variable: lifestyle modification programme.

Dependent variable: adolescent health, knowledge, attitude and practice.

Setting

The study was conducted among the adolescents at selected college, Mandya District.

Population

The **target population** of the study were adolescents.
The **accessible population** of the study were adolescents studying in selected college at Mandya District.

Sample

The sample comprised of adolescents studying at selected college Mandya District and meet the inclusive criteria.

Sample size

The sample size comprised of 400 adolescents.

Sampling technique

Non probability convenience sampling technique was chosen for this study.

Criteria for sample selection

Inclusion criteria

- Adolescent girls with the age group of 17-19 years
- Adolescent girls who were attained menarche
- Adolescent girls studying in selected college at Mandya
- Adolescent girls available at the time of data collection

Exclusion criteria

Adolescent girls

- Who were not given consent for the study
- Who were not understand Kannada and English
- Who were married and had children
- Who were sick at the time of data collection
- Who were not having smart phone and internet access

DATA COLLECTION TOOLS

- **Section I**- Demographic data consisting of items seeking information about. Background data of adolescents
- **Section II**- Consists of structured knowledge questionnaire regarding adolescent health among adolescents.

- **Section III**- Consists of Likert scale to assess the attitude of adolescents towards life style modification programme on adolescent health.
- **Section IV**- Consists of checklist to assess the practice of adolescents towards life style modification programme on adolescent health.

DATA ANALYSIS METHODS

- Frequency and percentage distribution will be done to analyze demographic variable
- Mean, mean percentage and standard deviation will be used to assess the knowledge, attitude and practice of adolescents regarding adolescent health.
- Paired 't' test will be used to assess the difference between the pre-test and post-test knowledge, attitude and practice of adolescents regarding adolescent health.
- Chi-square test will be used to assess the association of selected demographic variables with knowledge, attitude and practice of adolescents regarding adolescent health.

RESULTS AND DISCUSSION

Table 1: Classification of respondents by personal characteristics.

N=400

Characteristics	Category	Respondents	
		Number	Percent
Age group (years)	16-17	295	73.8
	18-19	105	26.2
Class studying	First PUC	294	73.5
	Second PUC	106	26.5
Academic performance in previous year (%)	51-59	80	20.0
	60-69	154	38.5
	70+	166	41.5
Language known	Kannada	400	100.0
	Others	0	0.0
Number of siblings	None	97	24.2
	One	199	49.8
	Two	104	26.0
Ordinal position	First	254	63.5
	Second	121	30.3
	Third	25	6.2
Previous source of information on adolescent health	Electronic media	240	60.0
	Family members/Relatives	40	10.0
	Print media	96	24.0
	Friends/Neighbors	24	6.0
Total		**400**	**100.0**

Table 2: Classification of respondents by family characteristics.

N=400

Characteristics	Category	Respondents	
		Number	Percent
Place of Residence	Day scholar	287	71.8
	Host elite	113	28.3
Religion	Hindu	368	92.0
	Muslim	32	8.0
Family size	2-3 members	81	20.2
	4-5 members	287	71.8
	6-7 members	32	8.0
Type of family	Nuclear	384	96.0
	Joint	16	4.0
Place of Location	Rural	384	96.0
	Urban	16	4.0
Family income/month	<Rs.7,000	158	39.5
	Rs.7,000-25,000	135	33.8
	>Rs.25,000	107	26.7
Place of location	Rural	384	96.0
	Urban	16	4.0
Total		**400**	**100.0**

Table 3: Classification of Respondents by Life style of adolescent girls.

N=400

Characteristics	Category	Respondents	
		Number	Percent
Dietary habits	Vegetarian	136	34.0
	Mixed	264	66.0
Mode of journey/Transportation to college	Public vehicle	256	64.0
	College Bus	48	12.0
	Others	96	24.0
Types of physical activity	Exercise	72	18.0
	Walking	288	72.0
	Jogging	40	10.0
Involvement in other activity	Yoga	72	18.0
	Sports	232	58.0
	Cultural	96	24.0
Duration of sleep	5-6 hours	232	58.0
	7 hours	80	20.0
	8 hours	88	22.0
Total		**400**	**100.0**

Table 4: Classification of respondents by educational level of parents.

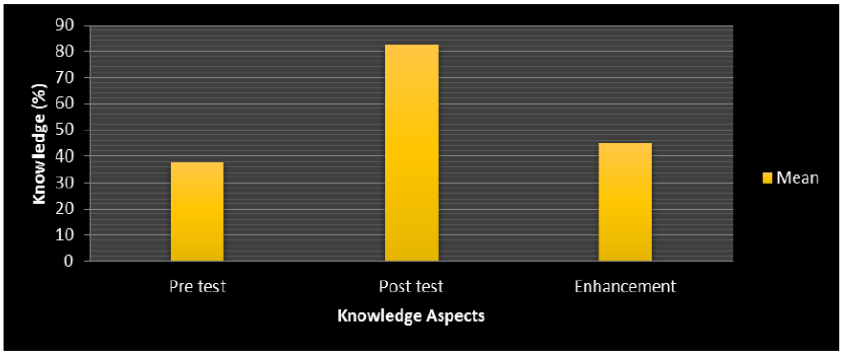
N=400

Educational level	Respondents			
	Father		Mother	
	Number	Percent	Number	Percent
Illiterate	16	4.0	33	8.2
Primary school	8	2.0	55	13.8
Middle school	64	16.0	119	29.8
High school	141	35.3	80	20.0
PUC	119	29.8	72	18.0
Graduate+	52	13.0	41	10.2
Total	**400**	**100.0**	**400**	**100.0**

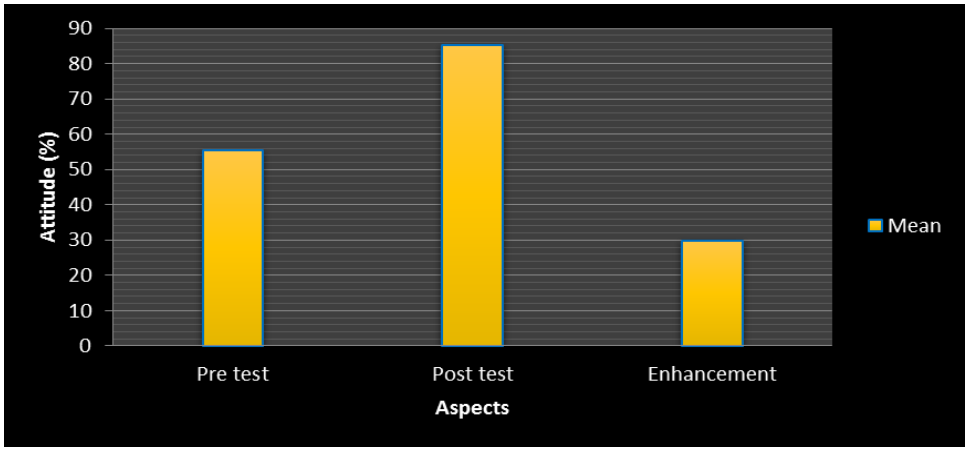
Table 5: Classification of respondents by occupational status of parents.

N=400

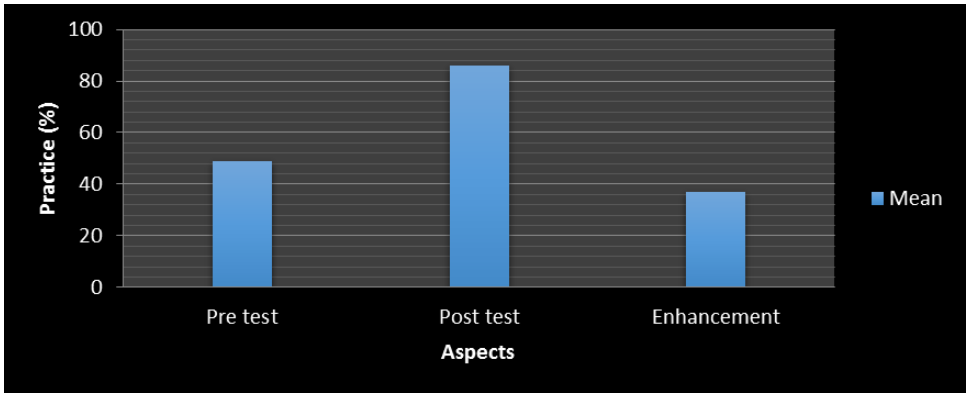
Occupational status	Respondents			
	Father		Mother	
	Number	Percent	Number	Percent
House wife/Unemployed	0	0.0	311	77.8
Daily wages	24	6.0	0	0.0
Agriculture	245	61.3	0	0.0
Self-employee	0	0.0	64	16.0
Private	121	30.2	25	6.2
Government	10	2.5	0	0.0
Total	**400**	**100.0**	**400**	**100.0**



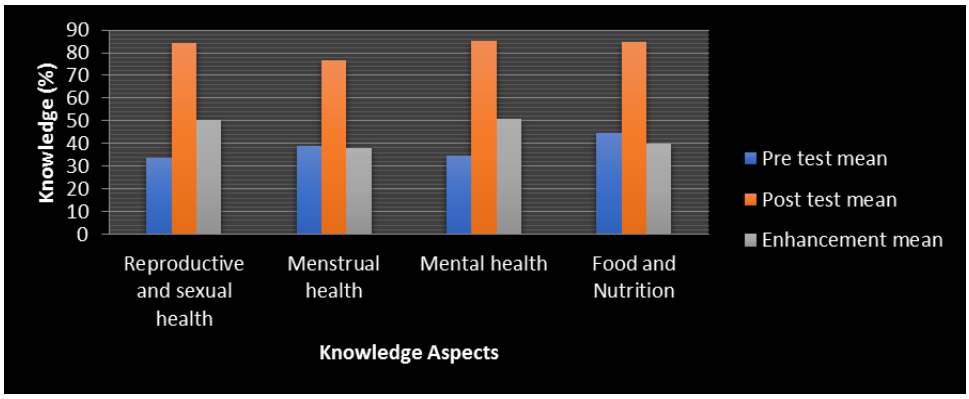
Graph 1: Over all Mean Knowledge scores on Adolescent health before and after Life style modification (N=400)



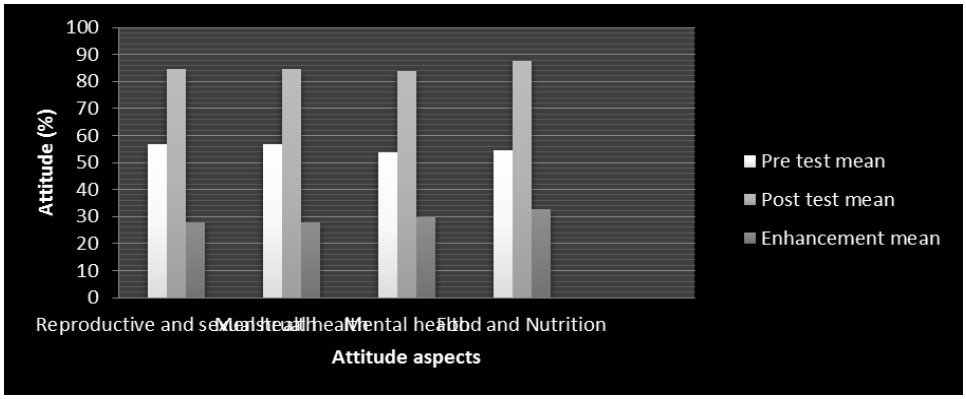
Graph 2: Over all Mean Attitude scores on Adolescent health before and after Life style modification (N=400).



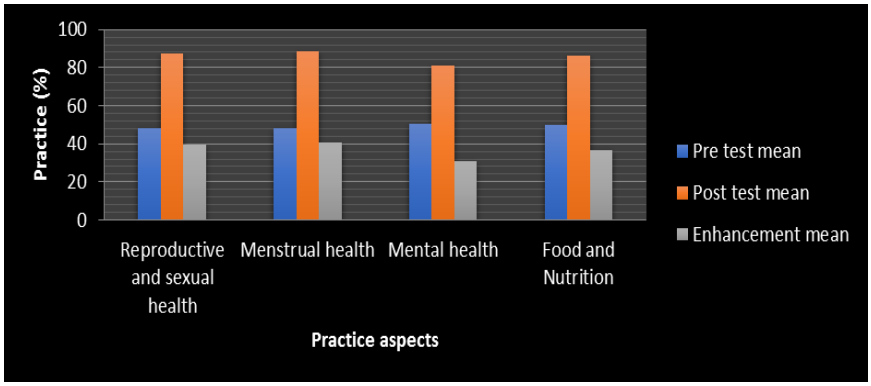
Graph 3: Over all Mean Practice scores on Adolescent health before and after Life style modification (N=400)



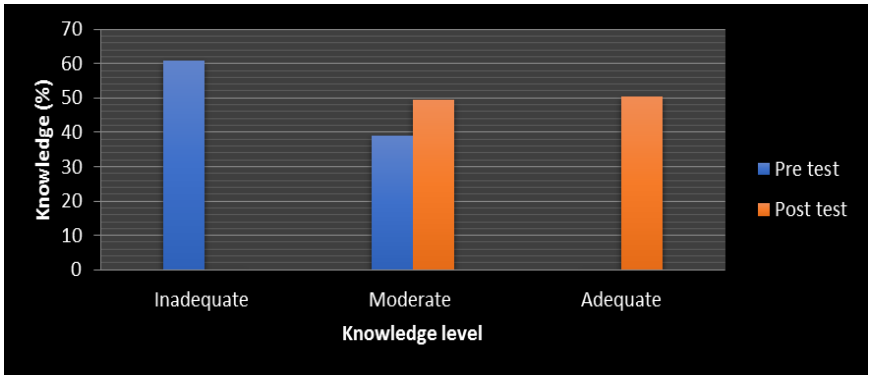
Graph 4: Aspect wise Knowledge scores on Adolescent health before and after Life style modification (N=400)



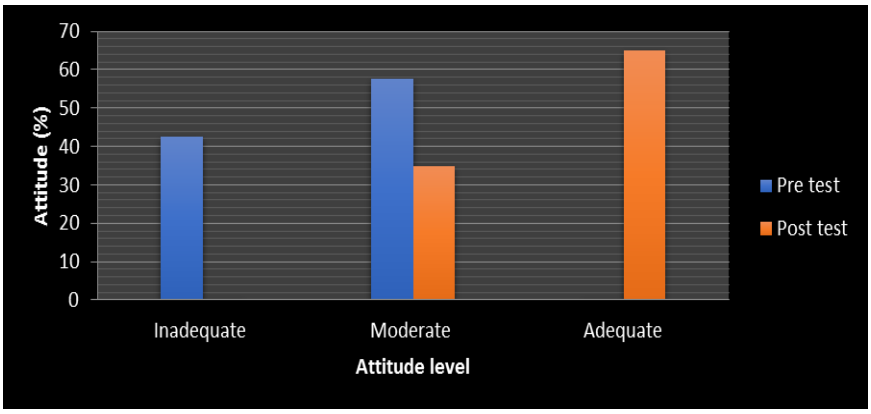
Graph 5: Aspect wise Mean Attitude scores on Adolescent health before and after Life style modification (N=400).



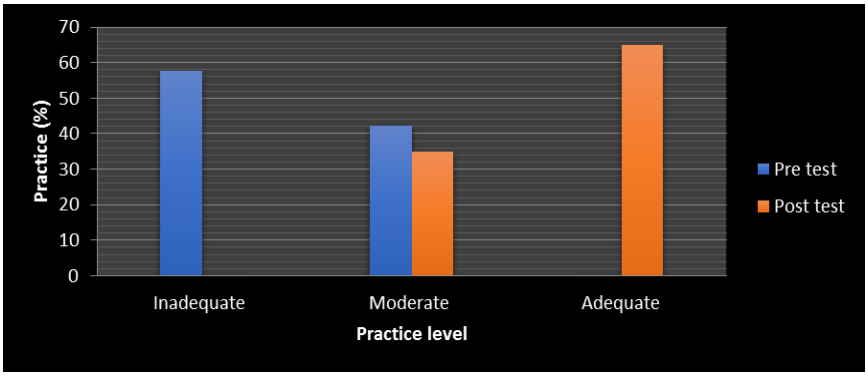
Graph 6: Aspect wise Mean Practice scores on Adolescent health before and after Life style modification (N=400)



Graph 7: Classification of Respondents Knowledge level on Adolescent health before and after Life style modification (N=400)



Graph 8: Classification of Respondents Attitude level on Adolescent health before and after Life style modification (N=400)



Graph 9: Classification of Respondents Practice level on Adolescent health before and after Life style modification (N=400)

Table 6: Association between Demographic variables and Pretest Knowledge level on Adolescent Health.

N=400

Demographic Variables	Category	Sample	Knowledge Level				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Age group (years)	16-17	295	190	64.4	105	35.6	5.48*	P<0.05 (3.841)
	18-19	105	54	51.4	51	48.6		
Class studying	Ist PUC	294	188	63.9	106	36.1	4.05*	P<0.05 (5.991)
	IInd PUC	106	56	52.8	50	47.2		
Academic performance in previous year (%)	51-59	80	48	60.0	32	40.0	0.05 NS	P>0.05 (5.991)
	60-69	154	94	61.0	60	39.0		
	70+	166	102	61.4	64	38.6		
Number of siblings	None	97	58	59.8	39	40.2	0.29 NS	P>0.05 (5.991)
	One	199	124	62.3	75	37.7		
	Two	104	62	59.6	42	40.4		
Ordinal position	First	254	161	63.4	93	36.6	7.18*	P<0.05 (5.991)
	Second	121	74	61.2	47	38.8		
	Third	25	9	36.0	16	64.0		
Previous source of information on adolescent health	Electronic media	240	141	58.8	99	41.3	3.47 NS	P>0.05 (7.815)
	Family members/Relatives	40	29	72.5	11	27.5		
	Print media	96	61	63.5	35	36.5		
	Friends/Neighbors	24	13	54.2	11	45.8		
Combined		**400**	**244**	**61.0**	**156**	**39.0**		

* Significant at 5% Level, NS: Non-significant

Table 7: Association between Demographic variables and Pretest Knowledge level on Adolescent health.

N=400

Demographic Variables	Category	Sample	Knowledge Level				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Place of Residence	Day scholar	287	184	64.1	103	35.9	4.13*	P>0.05 (3.841)
	Host elite	113	60	53.1	53	46.9		
Religion	Hindu	368	225	64.1	143	35.9	0.28 NS	P>0.05 (3.841)
	Muslim	32	19	59.4	13	40.6		
Family size	2-3 members	81	50	61.7	31	38.3	0.07 NS	P>0.05 (5.991)
	4-5 members	287	174	60.6	113	39.4		
	6-7 members	32	20	62.5	12	37.5		
Type of family	Nuclear	384	239	62.2	145	37.8	6.20*	P<0.05 (3.841)
	Joint	16	5	31.3	11	68.8		
Place of Location	Rural	384	234	60.9	150	39.1	0.16 NS	P>0.05 (3.841)
	Urban	16	10	62.5	6	37.5		
Family income/month	<Rs.7,000	158	107	67.7	51	32.3	6.34*	P<0.05 (5.991)
	Rs.7,000-25,000	135	72	53.3	63	46.7		
	>Rs.25,000	107	65	60.7	42	39.3		
Combined		**400**	**244**	**61.0**	**156**	**39.0**		

* Significant at 5% Level, NS: Non-significant

Table 8: Association between Demographic variables and Pretest Knowledge level on Adolescent health.

N=400

Demographic Variables	Category	Sample	Knowledge Level				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Dietary habits	Vegetarian	136	94	69.1	42	30.9	5.71*	P<0.05 (3.841)
	Mixed	264	150	56.8	114	43.2		
Mode of journey/Transportation to college	Public vehicle	256	157	61.3	99	38.7	0.03 NS	P>0.05 (5.991)
	College Bus	48	29	60.4	19	39.6		
	Others	96	58	60.4	38	39.6		

Types of physical activity	Exercise	72	51	70.8	21	29.2	6.03*	P<0.05 (5.991)
	Walking	288	174	60.4	114	39.6		
	Jogging	40	19	47.5	21	52.5		
Involvement in other activity	Yoga	72	36	50.0	36	50.0	6.79*	P<0.05 (5.991)
	Sports	232	141	60.8	91	39.2		
	Cultural	96	67	69.8	29	30.2		
Duration of sleep	5-6 hours	232	141	60.8	91	39.2	0.01 NS	P>0.05 (5.991)
	7 hours	80	49	61.3	31	38.8		
	8 hours	88	54	61.4	34	38.6		
Combined		**400**	**244**	**61.0**	**156**	**39.0**		

* Significant at 5% Level, NS: Non-significant

Table 9: Association between Demographic variables and Pretest Attitude level on Adolescent health.

N=400

Demographic Variables	**Category**	**Sample**	**Attitude Level**				**χ^2 Value**	**P Value**
			Inadequate		**Moderate**			
			N	**%**	**N**	**%**		
Age group (years)	16-17	295	108	36.6	187	63.4	15.95*	P<0.05 (3.841)
	18-19	105	62	59.0	43	41.0		
Class studying	Ist PUC	294	108	36.7	186	63.3	15.09*	P<0.05 (5.991)
	IInd PUC	106	62	58.5	44	41.5		
Academic performance in previous year (%)	51-59	80	25	31.3	55	68.8	7.22*	P<0.05 (5.991)
	60-69	154	60	39.0	94	61.0		
	70+	166	85	48.3	91	51.7		
Number of siblings	None	97	54	55.7	43	44.3	9.09*	P<0.05 (5.991)
	One	199	76	38.2	123	61.8		
	Two	104	40	38.5	64	61.5		
Ordinal position	First	254	118	46.5	136	53.5	4.62 NS	P>0.05 (5.991)
	Second	121	44	36.4	77	63.6		
	Third	25	8	32.0	17	68.0		
Previous source of information on adolescent health	Electronic media	240	104	43.3	136	56.7	9.21*	P<0.05 (7.815)
	Family members/Relatives	40	18	45.0	22	55.0		
	Print media	96	32	33.3	64	66.7		
	Friends/Neighbors	24	16	66.7	8	33.3		
Combined		**400**	**170**		**230**			

*Significant at 5% Level, NS: Non-significant

Table 10: Association between Demographic variables and Pretest Attitude level on Adolescent health.

N=400

Demographic Variables	**Category**	**Sample**	**Attitude Level**				**χ^2 Value**	**P Value**
			Inadequate		**Moderate**			
			N	**%**	**N**	**%**		
Place of Residence	Day scholar	287	108	37.6	179	62.4	9.86*	P<0.05 (3.841)
	Host elite	113	62	54.9	51	45.1		
Religion	Hindu	368	164	44.6	204	55.4	8.03*	P<0.05 (3.841)
	Muslim	32	6	18.8	26	81.3		
Family size	2-3 members	81	46	56.8	35	43.2	18.61*	P<0.05 (5.991)
	4-5 members	287	120	41.8	167	58.2		
	6-7 members	32	4	12.5	28	87.5		
Type of family	Nuclear	384	167	43.5	217	56.5	3.85*	P<0.05 (3.841)
	Joint	16	3	18.8	13	81.3		
Place of Location	Rural	384	159	41.4	225	58.6	4.70*	P<0.05 (3.841)
	Urban	16	11	68.8	5	31.3		
Family income/month	<Rs.7,000	158	78	49.4	80	50.6	5.07 NS	P>0.05 (5.991)
	Rs.7,000-25,000	135	52	38.5	83	61.5		
	>Rs.25,000	107	40	37.4	67	62.6		
Combined		**400**	**170**	**42.5**	**230**	**57.5**		

* Significant at 5% Level, NS: Non-significant

Table 11: Association between Demographic variables and Pretest Attitude level on Adolescent health.

N=400

Demographic Variables	Category	Sample	Attitude Level				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Dietary habits	Vegetarian	136	47	34.6	89	65.4	5.32*	P<0.05 (3.841)
	Mixed	264	123	46.6	141	53.4		
Mode of journey/Transportation to college	Public vehicle	256	108	42.2	148	57.8	0.94 NS	P>0.05 (5.991)
	College Bus	48	18	37.5	30	62.5		
	Others	96	44	45.8	52	54.2		
Types of physical activity	Exercise	72	42	58.3	30	41.7	11.25*	P<0.05 (5.991)
	Walking	288	108	37.5	180	62.5		
	Jogging	40	20	50.0	20	50.0		
Involvement in other activity	Yoga	72	21	29.2	51	70.8	0.10 7.17*	P<0.05 (5.991)
	Sports	232	109	47.0	123	53.0		
	Cultural	96	40	41.7	56	58.3		
Duration of sleep	5-6 hours	232	118	50.9	114	49.1	15.95*	P<0.05 (5.991)
	7 hours	80	26	32.5	54	67.5		
	8 hours	88	26	29.5	62	70.5		
Combined		**400**	**170**	**42.5**	**230**	**57.5**		

* Significant at 5% Level, NS: Non-significant

Table 12: Association between Demographic variables and Pretest Practice level on Adolescent health.

N=400

Demographic Variables	Category	Sample	Practice Level				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Age group (years)	16-17	295	152	53.3	133	46.7	4.79*	P<0.05 (3.841)
	18-19	105	69	65.7	36	34.3		
Class studying	Ist PUC	294	161	54.8	133	45.2	4.06*	P<0.05 (5.991)
	IInd PUC	106	70	66.0	36	34.0		
Academic performance in previous year (%)	51-59	80	44	55.0	36	45.0	0.36 NS	P>0.05 (5.991)
	60-69	154	91	59.1	63	40.9		
	70+	166	96	57.8	70	42.2		
Number of siblings	None	97	64	66.0	33	34.0	6.95*	P<0.05 (5.991)
	One	199	116	58.3	83	41.7		
	Two	104	51	49.0	53	51.0		
Ordinal position	First	254	150	59.1	104	40.9	0.74 NS	P>0.05 (5.991)
	Second	121	66	54.5	55	45.5		
	Third	25	15	60.0	10	40.0		
Previous source of information on adolescent health	Electronic media	240	140	58.3	100	41.7	1.53 NS	P>0.05 (7.815)
	Family members/Relatives	40	26	65.0	14	35.0		
	Print media	96	52	54.2	44	45.8		
	Friends/Neighbors	24	13	54.2	11	45.8		
Combined		**400**	**231**	**57.8**	**169**	**42.2**		

* Significant at 5% Level, NS: Non-significant

Table 13: Association between demographic variables and Pretest Practice level on Adolescent health.

N=400

Demographic Variables	Category	Sample	Practice Level				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Place of Residence	Day scholar	287	168	58.5	119	41.5	0.26 NS	P>0.05 (3.841)
	Host elite	113	63	55.8	50	44.2		
Religion	Hindu	368	207	56.3	161	43.8	4.24*	P<0.05 (3.841)
	Muslim	32	24	75.0	8	25.0		
Family size	2-3 members	81	49	60.5	32	39.5	0.32 NS	P>0.05

	4-5 members	287	164	57.1	123	42.9		(5.991)
	6-7 members	32	18	56.3	14	43.8		
Type of family	Nuclear	384	221	57.6	163	42.4	0.16 NS	P>0.05 (3.841)
	Joint	16	10	62.5	6	37.5		
Place of Location	Rural	384	217	56.5	167	43.5	6.05*	P<0.05 (3.841)
	Urban	16	14	87.5	2	12.5		
Family income/month	<Rs.7,000	158	95	60.1	63	39.9	6.33*	P<0.05 (5.991)
	Rs.7,000-25,000	135	86	63.0	50	37.0		
	>Rs.25,000	107	51	47.7	56	52.3		
Combined		**400**	**231**	**57.8**	**169**	**42.2**		

*Significant at 5% Level,
NS: Non-significant

Table 14: Association between Demographic variables and Pretest Practice level on Adolescent health.

N=400

Demographic Variables	Category	Sample	Practice Level				χ2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Dietary habits	Vegetarian	136	89	65.4	47	34.6	5.00*	P<0.05 (3.841)
	Mixed	264	142	53.8	122	46.2		
Mode of journey/Transportation to college	Public vehicle	256	153	59.8	103	40.2	1.18 NS	P>0.05 (5.991)
	College Bus	48	26	54.2	22	45.8		
	Others	96	52	54.2	44	45.8		
Types of physical activity	Exercise	72	51	70.8	21	29.2	7.18*	P<0.05 (5.991)
	Walking	288	161	55.9	127	44.1		
	Jogging	40	19	47.5	21	52.5		
Involvement in other activity	Yoga	72	34	47.2	38	52.8	7.24*	P<0.05 (5.991)
	Sports	232	132	56.9	100	43.1		
	Cultural	96	65	67.7	31	32.3		
Duration of sleep	5-6 hours	232	134	57.8	98	42.2	1.00 NS	P>0.05 (5.991)
	7 hours	80	43	53.8	37	46.3		
	8 hours	88	54	61.4	34	38.6		
Combined		**400**	**231**	**57.8**	**169**	**42.2**		

* Significant at 5% Level, NS: Non-significant

DISCUSSION

The results demonstrate that among teenage females, the posttest mean percent knowledge score is higher at 82.7% with a standard deviation of 12.9 than it was at 38.1% with a standard deviation of 11.9. Adolescent females' knowledge scores differed significantly between the pretest and posttest, according to the statistical paired t test. At 5% level ($p<0.05$). Hence H_1 is accepted and H_{01} rejected. Hence first hypothesis It is expected that there would be a considerable difference between the pre- and posttest knowledge levels of teenagers about adolescent health.

When compared to the pretest mean percent attitude score value of 55.5%with SD of 8.6, the results showed that among adolescent females, the posttest mean percent attitude score was higher at 85.2%with SD of 9.1. According to the statistical paired t test, the difference in the attitude scores of teenage females on the pretest and posttest was found to be statistically significant at the 5% level (p 0.05). H02 is therefore rejected but H2 is approved. As a result, the second hypothesis that there would be a substantial change between the pre- and posttest levels of teenage attitudes about adolescent health is accepted.

The results indicate that among teenage females, the posttest mean percent practice score was higher at 85.9% with a standard deviation of 11.6, compared to the pretest mean percent practice score value of 49.1% with a standard deviation of 12.8. According to the statistical paired t test, teenage girls' pretest and posttest practice scores differed in a way that was statistically significant at the 5% level (p 0.05). H03 is therefore rejected but H3 is approved. As a result, the third hypothesis that there would be a substantial difference in practice levels about adolescent health between the pre- and posttest is accepted.

The outcome shows that there are a statistically significant difference χ 2 values of 450.98 between the pretest and posttest knowledge scores at the 5% level, with (0.01,2df) = 9.210. Additionally, the difference between the pretest and posttest attitude scores of χ 2 value is 422.56 and was judged to be statistically significant at the 5% level with a degree of freedom (0.01,2df) = 9.210.Next, in terms of practice, there is a

statistically significant difference between the pre-test and post-test practice scores of χ 2 value of 493.72 identified at the 5% level with a degree of freedom (0.01,2df) = 9.210.Hence fourth hypothesisH_4 there will be significance difference in the adolescent health before and after the life style modification programme accepted.

Using the chi-square test, the link between several baseline characteristics and their level of knowledge is demonstrated. The results show that there is a strong correlation between teenagers' pretest knowledge scores and factors including age, class studying, and ordinal rank, site of residence, type of family, family income, dietary habits, kind of physical activity, and participation in other activities. At the 5% level, the chi-square value exceeds the table value. Hence H_5 is accepted and H_{05} rejected.

The chi-square test's outcome shows a correlation between a few baseline characteristics and their attitude. Findings show a significant relationship between pre-test attitude scores of adolescents and factors like age, class studying, academic performance in the previous year (%), number of siblings, previous source of information on adolescent health, place of residence, religion, family size, type of family, location, dietary habits, and duration of sleep. At the 5% level, the chi-square value is higher than the table value. H06 is therefore rejected but H6 is approved.

The chi-square test's findings show a correlation between a few chosen demographic factors and their practice. The results show that there is a strong correlation between teenagers' pretest practice scores and factors including age, class studying, number of siblings, religion, region, family income/month, dietary habits, kind of physical activity, and participation in other activities. At the 5% level, the chi-square value is higher than the table value. Henceforth H_7 is accepted and H_{07} rejected.

CONCLUSION

The main conclusions showed that a life style modification programme improved knowledge, changed attitudes, and changed practises related to adolescent health. Evidently more than the pre-test knowledge, attitude, and practise scores' aggregate mean % of 38.1%, 55.5%, and 49.1% respectively, the total mean proportion of post-test knowledge, attitude, and practise scores of adolescents is 82.7%, 85.18%, and 85.9%, respectively. This difference is significant at the 0.05 level. T'(0.01, 399df) = 2.58 and 106.19 p 0.05 were paired. Demonstrating the effectiveness of the lifestyle modification programme in helping teenagers learn about, modify their attitudes toward, and engage in healthier behaviours.

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DISSERTATION

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