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A Study To Evaluate The Effectiveness Of Life Style Modification Programme On Knowledge, Attitude And Life Style Practices Related To Life Style Disease Among Early Adulthood In Selected Urban Areas At Sagar Division, Madhya Pradesh, India.

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Abstract

Introduction: Adopting good lifestyle practices is essential to reducing the risk of lifestyle illnesses in early adulthood. This include eating a balanced diet, exercising often, controlling stress, abstaining from tobacco and excessive alcohol use, getting enough sleep, and scheduling routine checkups with the doctor. Early adoption of these behaviours can greatly lower the chance of later developing lifestyle illnesses.

Aim: This study was undertaken to evaluate the effectiveness Of Life Style Modification Programme on Knowledge, Attitude and Life Style Practices Related to Life Style Disease Among Early Adulthood, Sagar, Madhya Pradesh, India.

Objectives: 1) To gauge the research group's early adult members' awareness of lifestyle illnesses. 2) To ascertain the research group's early adult members' attitudes toward lifestyle disorders. 3) To ascertain the lifestyle behaviours associated with lifestyle illnesses among the research group's early adult participants. 3) To create a program for modifying one's lifestyle in response to certain lifestyle illnesses. 4) To assess the impact of a life style adjustment program on early adulthood's knowledge, attitudes, and lifestyle behaviours related to lifestyle illnesses. 5) To ascertain the correlation between early adulthood's pre-test knowledge, attitude, and lifestyle habits and the specified demographic characteristics. 6) To establish a correlation between the research group's early adulthood's degree of knowledge, attitude, and lifestyle habits about certain lifestyle illnesses.

Methodology: A structured questionnaire on the life style change program, a 5-point attitude scale, and a checklist to assess lifestyle habits were used to collect pre-test data. An average of twenty adulthoods were assessed each week. The entire inspection took place in twenty to thirty minutes. After the pre-test data collection, the samples were given a checklist for assessing their existing lifestyle practices and a life style

change program that used a range of teaching strategies to teach them how to prevent lifestyle disorders. The samples were assessed again for the post-test one week later, this time utilizing the identical lifestyle choice evaluation checklist, attitude scale, and questionnaire. During the data collection period, the samples exhibited effective cooperation.

Results: Following the intervention, the mean score for lifestyle behaviours climbed dramatically from 7.6 to 14.6, representing a 7.0-point (SD=1.6) improvement. Following the lifestyle modification program, there was a highly significant change in lifestyle behaviours, as indicated by the t-value of 97.915 with 499 degrees of freedom and a significance level of $P<0.001$. The early adult population's knowledge, attitude, and lifestyle behaviours about lifestyle illnesses were significantly improved by the lifestyle modification program. These results imply that the program was effective in improving knowledge, cultivating optimistic attitudes, and promoting better lifestyle choices within this particular population.

Conclusion: The study concludes by highlighting the significance of lifestyle interventions and preventative strategies in reducing the risk of lifestyle illnesses in early adulthood. Policymakers may improve health outcomes and the well-being of communities in Madhya Pradesh, Sagar, and beyond by funding focused health promotion initiatives and creating a welcoming atmosphere for healthy living.

Key words: Early Adulthood, Knowledge, Attitude, Life Style Practices, Life Style Modification Program, Life Style Diseases.

Introduction

The media is now discussing health-related issues, and the government is increasing its support for better health. Without a question, public health measures by the government have increased awareness of the need of living a healthy lifestyle. One of the main determinants of an individual's health and well-being is their lifestyle, or simply their way of living. In terms of marketing, client well-being creates opportunities and fosters creativity. Marketing professionals that work in health-related industries, such fitness centres, insurance, healthcare, and nutrition and health, are faced with a dilemma because of this. It is not surprising that individuals are more inclined to demand better goods and services when they see a movement in consumer attitudes and behaviour toward healthy living.

The age range of 20 to 40 years old is referred to as early adulthood. During this time, people are focused on establishing a family, pursuing jobs, and making friends. They also love to socialize and are typically in good health. This is the first stage of maturity after adolescence, during which the body goes through physical changes, and it is also one of the most challenging times of our lives.

The lifestyle diseases are a huge worldwide public health concern that dramatically increase morbidity, mortality, and medical expenses. According to estimates from the World Health Organization (WHO), non-communicable diseases (NCDs) account for around 71% of deaths globally, with a disproportionate number of these deaths occurring in low- and middle-income countries. The rising prevalence of diseases linked to lifestyle choices is posing serious challenges to the world's healthcare systems and economies.

Significance and need for the study

Research on how a Lifestyle Modification Programme (LMP) influences early adult persons' knowledge, attitudes, and lifestyle behaviours linked to lifestyle illnesses is crucial and significant for several reasons.

Growing Expense of Lifestyle Diseases: Global public health is seriously threatened by lifestyle illnesses such as obesity, type 2 diabetes, heart disease, hypertension, and numerous cancers. Especially in early adulthood, sedentary lifestyles, unhealthy eating habits, and other risky behaviours are making them more common.

Impact on Long-Term Health Results: In addition to negatively impacting people's quality of life, lifestyle issues place a significant financial strain on healthcare systems. By making lifestyle changes early in adulthood, modifiable risk factors can be addressed to reduce the likelihood of chronic illness development and the associated issues later in life.

Possibility of Preventive Measures: Changing one's lifestyle over time can aid in preventing diseases linked to that lifestyle. People may drastically lower their chance of having these disorders by encouraging better habits including quitting smoking, eating a balanced diet, getting regular exercise, and reducing stress.

Providing Information and Skills: A large number of people in their early adult years lack the skills and information required to create and uphold healthy habits, as well as the comprehension of how lifestyle decisions affect one's health. By giving participants access to evidence-based knowledge, useful resources, and encouragement to make informed decisions about their health, an LMP may empower participants.

Reducing Health Inequalities: Communities of colour and socioeconomically disadvantaged groups have disproportionately high rates of lifestyle illnesses. By facilitating fair access to resources and services for preventive care, the implementation of tailored lifestyle interventions can contribute to the decrease of health disparities.

According to the 2002 World Health Report, cardiovascular diseases would account for the bulk of India's deaths and disabilities by 2020. It is estimated that 2.6 million Indians would die from coronary heart disease in 2020 AD, accounting for 54.1% of all cardiovascular disease-related fatalities

Establish healthy behaviours and a lifestyle from an early age (primordial prevention): Encourage individuals to get involved in their children's early adoption of healthy lifestyle choices and behaviours (references in the green box). Regular practice will help the development of solid knowledge, attitudes, and behaviours linked to adult health. This will ensure a reduction in the number of NCD cases.

STATEMENT OF THE PROBLEM

A study to evaluate the effectiveness Of Life Style Modification Programme on Knowledge, Attitude and Life Style Practices Related to Life Style Disease Among Early Adulthood In selected urban areas at Sagar division, Madhya Pradesh, India.

OBJECTIVES OF THE STUDY

- To evaluate the study group's early adult members' understanding of lifestyle disorders.
- To ascertain the attitudes of the research group's early adult members about lifestyle issues.
- To ascertain the lifestyle practices associated with lifestyle illnesses among the research group's early adult participants.
- Creating a program to modify one's lifestyle in response to particular diseases related to one's lifestyle.
- To assess the impact of a lifestyle modification program on early adult learners' attitudes, knowledge, and lifestyle decisions about lifestyle illnesses.

- ❖ To ascertain the connection between the pre-test characteristics of the targeted group and the knowledge, attitude, and lifestyle choices of early adulthood.
- ❖ To ascertain if there is a correlation between the research group's early adulthood level of knowledge, attitude, and lifestyle habits regarding certain lifestyle illnesses.

RESEARCH HYPOTHESIS

RH01: There won't be a discernible difference between the pre- and post-test knowledge of lifestyle illnesses among early adulthood.

RH1: Pre- and post-test knowledge of lifestyle problems will differ considerably among early adult participants.

RH02: There won't be a discernible change between the pre- and post-test levels in early adults' views on lifestyle illnesses.

RH2: There will be a considerable difference in early adult views concerning lifestyle illnesses between the pre- and post-test levels.

RH03: Among the early adults in the study group, there won't be a discernible difference in the pre- and post-test levels of lifestyle behaviors employed to prevent lifestyle illnesses.

RH3: There will be a substantial change in the degree to which early adults in the study group adopt lifestyle behaviours to prevent lifestyle illnesses between the pre-test and post-test.

RH04: The pre-test knowledge, attitude, and lifestyle choices of early adulthood will not significantly correlate with the demographic qualities they have chosen.

RH4: The chosen demographic factors and the pre-test knowledge, attitude, and lifestyle practices of early adulthood will significantly correlate.

RH05: There won't be any discernible link between any specific lifestyle illnesses and early adult lifestyle behaviours, attitudes, or knowledge.

RH5: When it comes to certain lifestyle illnesses, there will be a substantial correlation between the attitude, knowledge, and lifestyle choices of the early adult population.

ASSUMPTIONS

- ✓ Someone may choose to live a healthier lifestyle if they are aware of its benefits.
- ✓ Early adulthood is defined by differences in knowledge, attitudes, and behaviours about lifestyle illnesses and related preventative interventions.
- ✓ There exist metrics pertaining to knowledge, attitudes, and practices about certain lifestyle illnesses.
- ✓ A program aimed at modifying lifestyles would improve youths' understanding, perspective, and behaviour about certain lifestyle disorders.
- ✓ People in their early adult years would feel comfortable sharing their perspectives, experiences, and treatment plans regarding certain lifestyle disorders.
- ✓ A person develops their lifestyle early on.
- ✓ A person's understanding of a healthy lifestyle influences their implementation of it.
- ✓ Different levels of understanding, attitudes, and behaviours about lifestyle illnesses and prevention strategies are exhibited by early adult students in college and the workplace.

- ✓ Certain lifestyle issues consist of quantifiable data, conduct, and mindset. A program aimed at changing one's lifestyle would improve an early adult's understanding, perspective, and behaviour about certain lifestyle diseases.
- ✓ Early Adults would possess the liberty to articulate their thoughts, perspectives, and behaviours about certain lifestyle illnesses.

OPERATIONAL DEFINITION

Effectiveness

This study discovered that after engaging in a lifestyle change program, early adults developed new lifestyle practices, a shift in positive attitude, and increased knowledge.

Life style modification Programme

It describes well-considered educational programs aimed at reducing modifiable risk factors for conditions such as obesity, diabetes, heart disease, and hypertension. Sessions for input are also offered on food, exercise, and the negative impacts of alcohol, tobacco, and other drug use. The researcher employs models, charts, PowerPoint, and video clips. At the conclusion of each session, each participant receives a leaflet on the lifestyle change program. It is delivered in four sixty-minute sessions.

Knowledge

A knowledge questionnaire is used in this study to evaluate participants' accuracy in answering questions on certain lifestyle illnesses. There are five grades for the knowledge: very good, good, medium, terrible, and very poor.

Attitude

The attitudes, sentiments, and beliefs of early adult participants about certain lifestyle illnesses and behaviours are measured in this study using a Likert Attitude scale. Five categories comprise the attitude: most favourable, favourable, less favourable, and unfavourable.

Life Style Practices

It refers to the early adult behaviours—eating, exercising, using chewing tobacco, drinking, and smoking—that are linked in the current study, which uses a practice check list, to the prevention of lifestyle illnesses. There are two categories for the practice score: healthy and unhealthy.

Life Style Diseases

The study's "life style diseases" group includes ailments including diabetes mellitus, heart disease, hypertension, and obesity

Early Adulthood

In this study, the phrase "early stages of adulthood" refers to working men and women between the ages of 18 and 30 as well as boys and girls who aspire to attend college.

DELIMITATIONS

- ❖ Participants in this study must have been between the ages of 18 and 30 for the whole 12-month data collecting period.
- ❖ The research is restricted to the initial phases of maturity.
- ❖ The Sagar district is the exclusive focus of the inquiry.

- The primary focus of this study is on teenagers' knowledge, attitudes, and behaviours about several lifestyle illnesses, including diabetes mellitus, cancer, and cardiovascular disease.
- There will only be one administration of the lifestyle reform program.
- The scope of the study is restricted to the early adult population's reported knowledge, attitude, and practice on a few specific lifestyle issues.
- The knowledge, attitude, and practice evaluation is the only focus of the study, and it is conducted twice: once before and again after the intervention.

SCOPE OF THE STUDY

A lifestyle adjustment is a long-term change that one makes to their diet or exercise regimen and keeps up for several months or even years. Changing one's lifestyle is one of the most important therapies and prevention methods for metabolic syndrome.

The research will enhance early adulthood's comprehension, perspective, and behaviour about a few specific lifestyle disorders.

The study seeks to determine the knowledge, attitude, and practice levels of early adulthood concerning various lifestyle illnesses.

SCOPE OF THE STUDY

CONCEPTUAL FRAMEWORK

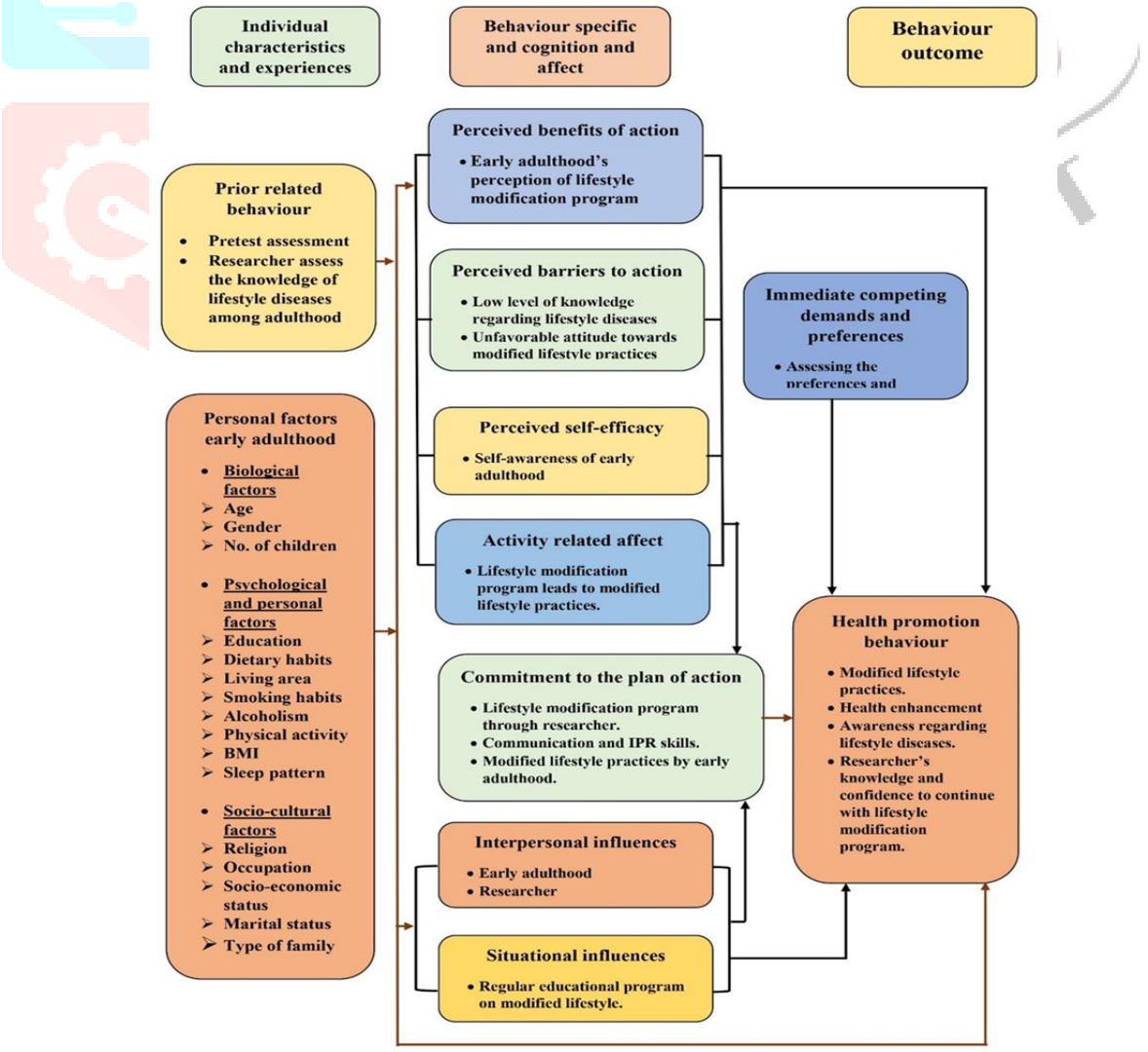

Fig No: 1 PENDER'S HEALTH PROMOTION MODEL

REVIEW OF LITERATURE

According to Polit and Hungler, a review of the literature is a critical summary of the research on the subject under consideration. It is typically written to contextualize the research challenge or to highlight the weaknesses and gaps in earlier studies in an effort to motivate further research. To locate pertinent content, we searched through printed newspapers and the biggest online databases. The following summary of key elements relates to the literature review completed for this study:

Section A: Studies on the connection between hypertension and social, economic, and demographic aspects.

Section: B Research on the relationship between HTN practice, attitude, and knowledge.

Section: C Research on lifestyle and high blood pressure.

Section: D Women and Hypertension Literature.

Section: E Overview of CVD risk factor prevalence and screening.

Section F: Modifiable risk factors for cardiovascular disease and associated demographic data.

Section G: Non-modifiable CVD risk factors and demographic data.

Section I: Information reduces the likelihood of changeable risks.

Section H: Adult perception of CVD and knowledge assessment.

Section J: You must be aware of and knowledgeable about CVDs.

Section K: How lifestyle choices affect adult CVD risks.

Section L: Rest and healthful activities are linked to cardiovascular risk.

Section M: Workplace settings and lifestyle guidance.

Section N: Modifiable risk of cardiovascular disease prevention and intervention.

Section O: The CVD risk intervention's highlights.

Section P: Diet and exercise reduce cardiovascular disease risk.

Section Q: Lifestyle intervention reduces the need for prescription drugs.

Section R: Studies on the Lifestyle Behaviours of Adolescents

Section A: Studies on the connection between hypertension and social, economic, and demographic aspects.

The Mayo Foundation for Medical Education and Research (2015) recognized that aging, which is more common in men and women 65 years of age and older have an increased risk of developing hypertension. Furthermore, hypertension frequently runs in families. For obvious reasons, those who are idle often have faster heart rates: the chemicals in nicotine can damage the lining of artery walls, and smoking or chewing tobacco swiftly raises blood pressure

Section: B Research on the relationship between HTN practice, attitude, and knowledge.

Lynette J. et al. (2021) conducted a cross-sectional study to ascertain undergraduate students at the University of the Free State's Knowledge, attitudes, and practices regarding family history of genetic illnesses. It is possible to treat, diagnose, and prevent inherited no communicable illnesses by using the family medical history. Even medical experts may not realize how crucial family medical history is in treating genetic illnesses. Finding out undergraduate students' knowledge, attitudes, and practices (KAPs) regarding family

medical histories of genetic illnesses was the aim of the study conducted at the University of the Free State in Bloemfontein.

Section: C Research on lifestyle and high blood pressure.

According to Sheps, S.G. (2016), excessive alcohol consumption can result in dangerously elevated blood pressure. More than three drinks at once raise blood pressure momentarily, but recurrent binge drinking can cause long-term increases. Reducing alcohol intake to moderate levels can help heavy drinkers drop their blood pressure by 2 to 4 mm Hg in the systolic (top number) and 1 to 2 mm Hg in the diastolic (bottom number) readings.

Section: D Women and Hypertension Literature.

A new study by Kumar, P. suggests that pregnant women with high blood pressure (BP) may have an increased risk of adult-onset diabetes and cardiovascular disease. Additionally, hypertension during pregnancy is associated with a six-fold greater risk of adult metabolic syndrome.

RESEARCH METHODOLOGY

Research Approach: quantitative research approach

Research Design: One-Group Pretest-Post-test Design:

Variables:

Dependent Variable: knowledge, attitude, and practice of early adulthood

Independent Variables: The Life Style Modification Program

Extraneous Variables: age, family's qualification, age in early adulthood, number of children, and monthly income.

Population:

Targeted population: Early adulthood is defined for the group under investigation as the age range of 18 to 30.

Accessible population: The research sample consists of early adult residents of Sagar Division, Madhya Pradesh, who meet the inclusion and exclusion criteria and reside in the cities of Sagarcity, Bina, Khurai, Banda, and Shahgarh.

Sample size: 500 early adulthood

Sampling technique: Multi-stage sampling is a complex sampling strategy

Sampling Criteria: sample was selected by based on following criteria

Inclusion criteria:

The following requirements must be met in order to be included:

- Those who are willing to engage and who fall within the 18–30 age group.
- Early adulthood spent in Sagar Division's rural and urban districts.
- At an early age, capable of understanding both Hindi and English.
- Those in their early adult years who speak Hindi and English well

Exclusion criteria:

- Early adulthood and unwillingness to engage in the study are the exclusion criteria.
- Early adulthood without residing in Sagar Division's rural and urban districts

Tool explanation

Section A is the Personal Data Sheet regarding Socio-Demographic Variables.

Section B is a self-structured questionnaire about life style diseases;

Section C is a 5-point Likert scale to identify attitudes toward life style diseases

Section D is a practice checklist to evaluate life style modification practices

Pilot Study:

The goal of the pilot study is to ensure that the formalistic work of the questionnaires and the validity of the key design components are met. The goal of the pilot research was to increase the investigator's sense of self-worth by having them use the questionnaire to perform the investigation in a thorough and effective manner. The investigator felt more confident and had the means to finish the primary investigation when the goal was accomplished. To achieve these objectives, pilot study was carried out prior to the start of the terminal examination.

Data collection

In order to make the technique easy to use, the researcher considered both inclusion and exclusion criteria while choosing the samples. Pre-test data were gathered using a checklist to evaluate lifestyle behaviours, a 5-point attitude scale, and an organized questionnaire on the life style modification program. Every week, on average, twenty adulthoods were evaluated. In twenty to thirty minutes, the examination was over. Following the pre-test data collection, the samples received a life style modification program that included a variety of teaching tactics to teach them how to prevent lifestyle disorders, as well as a checklist for evaluating their current lifestyle practices. One week later, the samples were evaluated once more for the post-test using the same attitude scale, questionnaire, and lifestyle choice evaluation checklist. The samples shown good collaboration during the time of data collection.

Data analysis and interpretation of data

Section: A sample's demographic distribution based on a number of statistical parameters.

Table-1: Description of study subjects according to their demographic profiles:

Sl. No	Demographic profiles	Components	Frequency	%	Significance
1	Age	18-21	129	25.8	χ^2=17.812 df=2 P<0.001
		22-25	165	33.0	
		26-30	206	41.2	
		Total	500	100.0	
2	Gender	Males	198	39.6	χ^2=21.632 df=1 P<0.001
		Female	302	60.4	
		Total	500	100.0	
		P.G.	74	14.8	χ^2=80.440

3	Education	Graduate	78	15.6	df=6 P<0.001
		Inter, Dip	89	17.6	
		High School	127	25.4	
		Mid School	40	8.0	
		Primary	43	8.6	
		Informal	49	9.8	
		Total	500	100.0	
4	Religion	Hindu	160	32.0	$\chi 2$=228.616 df=5 P<0.001
		Muslims	42	8.4	
		Xion	98	19.6	
		Jains	150	30.0	
		Sikhs	25	5.0	
		Others	25	5.0	
		Total	500	100.0	
5	Occupation	Professional	69	13.8	$\chi 2$=227.552 df=6 P<0.001
		Semi Professional	102	20.4	
		Semi- Skilled	30	6.0	
		Students	87	17.4	
		Clerical	165	33.0	
		Unskilled	22	4.4	
		Unemployed	25	5.5	
		Total	500	100.0	
6	Socio-Economic status	Upper class	43	8.6	$\chi 2$=180.544 df=3 P<0.001
		Upper Middl	87	17.4	
		Upper lower	125	25.0	
		Lower middl	245	49.0	
		Total	500	100.0	
7	Marital statuses	Unmarried	172	34.4	$\chi 2$=312.928 df=3 P<0.001
		Married	264	52.8	
		Sep/Divorce	44	8.8	
		Widow	20	4.0	
		Total	500	100.0	
8	Children	Childless	234	46.8	$\chi 2$=133.936 df=3 P<0.001
		1	95	19.0	
		2	65	13.0	

		2+	106	21.2	
		Total	500	100.0	
9	Diet habit	Vegetarian	104	20.8	$\chi 2$=185.608 df=5 P<0.001
		Raw Veg	50	10.0	
		Non-Veg	108	21.6	
		Lacto Veg	173	34.6	
		LactoOvaVeg	25	5.0	
		Eggetarian	40	8.0	
		Total	500	100.0	
10	Family Type	Nuclear	86	17.2	$\chi 2$=93.556 df=5 P<0.001
		Joint	261	55.2	
		Extended	153	30.6	
		Total	100.0		
11	Living Area	Rural	301	60.2	$\chi 2$=20.808 df=5 P<0.001
		Urban	199	39.8	
		Total	500	100.0	

The above table-1 compares the components of demographic profiles such as age, gender, education, religion, occupation, socio economic status, marital status, children, diet habits, family type and living area were described in the above table. They were very highly statistically significantly differed within the components. (P<0.00)

Table-2: Description of study subjects according to their clinical variables:

Sl. No	Clinical Variables	Components	Frequency	%	Significance
1	BMI	Normal	249	49.8	$\chi 2$=266.416 df=5 P<0.001
		Obese	26	5.2	
		Over wt	175	35.0	
		Under wt	50	10.0	
		Total	500	100.0	
2	Smoking habit	Nil	383	76.6	$\chi 2$=720.432 df=5 P<0.001
		Causal	14	2.8	
		Ex-smoker	65	13.0	
		Moderate	38	7.6	
		Total	500	100.0	
3	Alcohol	No	356	71.2	$\chi 2$=720.432 df=5 P<0.001
		Social	144	28.8	
		Total	500	100.0	
4	Sleep duration	6 hours	350	70.0	$\chi 2$=80.000 df=1 P<0.001
		8 hours	150	30.0	
		Total	500	100.0	
5	Physical activity	Daily	20	4.0	$\chi 2$=316.000 df=1
		Alter days	40	8.0	

		weekly	260	52.0	P<0.001
		Monthly	180	36.0	
		Total	500	100.0	

The table-2 compares the components of clinical variables such as BMI, smoking habit, alcohol use, sleep duration and physical activity. The components of them were statistically very highly significantly differed (P<0.001).

Section B: Study group members' knowledge of lifestyle diseases in their early adulthood:

Goal 1: To evaluate the research group's early adult members' understanding of lifestyle diseases.

Table number: 3 The early adult population's pre- and post-test levels of awareness of life style change programs: -

Sl. No.	Knowledge Score	Score	Pre test		Post test	
			No	%	No	%
1	Inadequate	≤ 15	370	74.0	0	0.0
2	Moderate	16-25	129	25.8	432	86.4
3	Adequate	25+	1	0.2	68	13.6
Total			500	100.0	500	100.0

Section B: Views on lifestyle illnesses among the research group's early adult participants:

Goal: 2 To ascertain the research group's early adult members' attitudes toward lifestyle diseases: -

Table number: 4 The early adult population's attitude toward a life style adjustment program before and after the test: -

Sl. No	Attitude	Score	Pre test		Post test	
			No	%	No	%
1	Highly Favourable	81-100	0	0.0	0	0.0
2	Most Favourable	61-80	62	12.4	249	49.8
3	Favourable	41-60	250	50.0	251	50.2
4	Less Favourable	21-40	188	37.6	0	0.0
5	Unfavourable	0-20	0	0.0	0	0.0
Total			500	100.0	500	100.0

Section C: The research group's early adulthood lifestyle habits in relation to lifestyle diseases: -

Goal: 3 To ascertain the early adult research group's lifestyle behaviours regarding lifestyle diseases: -

Table No. 5 Pre- and post-assessment of lifestyle behaviours associated with lifestyle illnesses in young adults:

Sl. No	Life style	Score	Pre test		Post test	
			No	%	No	%
1	Healthy	14-20	0	0.0	285	57.0
2	Moderate	7-13	321	64.2	215	43.0

3	Unhealthy	0-6	179	35.8	0	0.0
Total			500	100.0	500	100.0

Section D: Lifestyle practices' efficacy in relation to lifestyle disorders

Goal: 4 In order to assess how well a life style change program has affected early adulthood participants' knowledge, attitudes, and lifestyle behaviours relevant to lifestyle diseases:

Table No. 6 The impact of a lifestyle modification program on early adulthood's knowledge, attitudes, and lifestyle behaviours relevant to lifestyle diseases:

Life style variables	Pre test		Post test		Improvement		"t"	df	Significance
	Mean	SD	Mean	SD	Mean	SD			
Knowledge	13.1	3.1	22.4	3.5	9.3	3.5	58.987	499	P<0.001
Attitude	45.7	16.7	67.0	11.6	21.3	8.1	58.489	499	P<0.001
Life Style Practices	7.6	2.1	14.6	2.9	7.0	1.6	97.915	499	P<0.001

Conclusion

The study aims to offer significant new insights into the efficacy of lifestyle modification therapies for the treatment of lifestyle diseases among young people residing in Sagar, Madhya Pradesh. Through the integration of quantitative and qualitative approaches, it seeks to provide a comprehensive understanding of the impact of the LMP on knowledge, attitudes, and lifestyle behaviours, with the potential to inform public health policies and actions.

The study's implications for nursing

The study carried out in Sagar, Madhya Pradesh, to evaluate the effect of a Lifestyle Modification Programme (LMP) on knowledge, attitude, and lifestyle behaviours connected to lifestyle diseases among early adulthood has several nursing implications.

Implication of nursing practice

The Practice of Nursing: "A nurse's special role is to help people, sick or well, carry out the tasks that contribute to their health, recovery, or peaceful passing away and that they would complete on their own if they had the strength, determination, or knowledge to do so in a way that would enable them to become independent as soon as possible."

A nurse has a dual role in both causing and preventing disease. Nurses need to be knowledgeable in order to determine the risk factors that young people have for lifestyle illnesses and help them take the

appropriate preventative measures should these disorders develop. Nurses should schedule their work in a way that allows them to spend time teaching teens about reducing their exposure to modifiable risk factors for non-communicable diseases.

Education in Nursing

Nurses are potential providers of expertise and information that might enhance the professional education of other disciplines.

The paediatric and community health nursing departments should collaborate to implement the study's findings.

Nursing students should benefit from a skill development program on risk factor assessment for noncommunicable diseases (NCDs) based on the study's findings.

Administration of Nursing

Nurse administrators can design CNE and Inservice education programs.

The study's findings might serve as a guide to identify the aspects of adolescent care that require organizational change.

Increase the involvement of paediatric and public health nurses in risk factor assessments for those at risk of noncommunicable illnesses.

Nurse administrators are responsible for developing nursing care standards and regulations in certain contexts, such as schools and community centres, to motivate youngsters to adopt healthier lifestyles.

Research in Nursing

The purpose of this study is to evaluate how a lifestyle modification program affects the knowledge, attitudes, and behaviours of early adults related to certain lifestyle disorders. The findings of this study have the potential to directly and indirectly guide nursing research.

Based on this genuine experimental study, the nurse researcher might plan future research to develop innovative methods to problem solving and prevention.

Recommendations

- ✓ Comparable study may be conducted again with a fresh set of participants, such as teachers, parents, industrial workers, and college students.
- ✓ Long-term studies might be carried out to find out how certain lifestyle decisions impact health.
- ✓ Questions on the program's impact may also be directed towards other groups, including parents, teachers, and teenagers.
- ✓ A survey may be carried out to determine the lifestyle choices and risk factors for the onset of non-communicable diseases.
- ✓ In order to enhance the impartiality of the research, additional objective techniques might be employed, including tracking certain behaviours.
- ✓ Research comparing the effects of LSMP on the knowledge, attitudes, and practices of teens from urban and rural communities can be conducted

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