IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Effectiveness Of Wellness Tutelage On Knowledge, Attitude And Willingness To Change Regarding Healthy Life Style Among Adolescents

[1]Jayasree C, [2]Yuvarani S, [3]Celina D, [4] Kanchana S

[1]Professor cum HOD, [2]Assistant Professor, [3]VProfessor cum Viceprincipal, [4]Professor cum Principal

[1]Community Health Nursing Department,

[1]Omayal Achi College of Nursing, Chennai, India, [2]Narayani College of Nursing, Vellore, India

Abstract: The study aimed at assessing the effectiveness of Wellness Tutelage on knowledge, attitude and willingness to change healthy lifestyles among adolescents.**Background:** lifestyle diseases is the most common reason for today's death**.** Lifestyle and behaviors during adolescents have life-long consequences to the health and onset of lifestyle diseases in later life. Adolescents phase establish patterns of behavior lifestyle in healthy way. **Aim and objective**: To assess the effectiveness of Wellness Tutelage on knowledge, attitude and willingness to change among adolescents**. Methodology:** Quantitative approach, quasi experimental non-equivalent control group pretest, posttest research design was adopted to assess the effectiveness of Wellness Tutelage among 60adolescents at selected communities in Vellore. Probability convenient sampling technique was used to select the samples. Wellness Tutelage was administered and level of knowledge, attitude and willingness to change was assessed by using structured knowledge questionnaire, four point likert scale and structured rating scale for both the experimental and control group. **Results:** The findings of the study revealed that the calculated student paired "t" value for the post test level of knowledge among experimental group adolescents was t=7.86, for attitude t=10.84 and for willingness to change t=4.58 which showed that a very high statistical significance at $p<0.001$ level. **Conclusion:** The results revealed that Wellness Tutelage was effective in improving knowledge, attitude and willingness to change among adolescents which can enhance their healthy lifestyle in their day today life.

Key Words: Wellness Tutelage, Willingness to change, Buzz group.

I.INTRODUCTION

Health is not just about avoiding a disease or illness. It is about physical, mental and social well-being too. Feeling good about our self and taking care of our health are important for our self-esteem and self-image. The components of healthy lifestyle are balanced diet, physical activity, good sleeping pattern, absence of bad habits, reduce screen time, healthy relationship and cordial family. A healthy lifestyle is a way of living that lowers risk of being seriously ill or dying early. Healthy lifestyle is one which helps to keep and improve people's health and wellbeing. Many governmental and non-governmental organizations work at promoting healthy lifestyles. Healthy living is a lifelong effect. Good health allows people do many things and stay happy.

In India 3 of the 5 leading individual causes of disease burden were non- communicable, with ischemic heart disease and chronic obstructive pulmonary disease as the top two causes and stroke as the fifth leading cause. To improve adult's health, the first and foremost requirement is to promote healthy behaviors at an early age, especially during adolescence. The healthy behaviors and lifestyle associated with adolescent's health are physical activity, less screen time, healthy diet, and sleep pattern, healthy relationship , absence of alcohol, smoking and tobacco consumption. Lifestyle and behaviors during adolescents have life-long consequences to the health and onset of life style diseases in later life. Therefore, adolescents needs to improve their knowledge regarding healthy lifestyle and they need to change their attitude towards lifestyle. To grow and develop in

good health, adolescents need information, and they also need intervention to improve and maintain their health. The objective of this study was to assess the effectiveness of Wellness Tutelage on knowledge, attitude and willingness to change regarding healthy life style among adolescents at selected communities.

Objectives

1. To assess and compare the pre and posttest level of knowledge, attitude and willingness to change healthy lifestyle among adolescents in experimental and control group.
2. To assess the effectiveness of Wellness Tutelage on knowledge, attitude and willingness to change regarding healthy lifestyle among adolescents.
3. To correlate the posttest level of knowledge, attitude and willingness to change regarding healthy lifestyle among adolescents in the experimental group and control group
4. To associate the selected demographic variable with mean differed knowledge, attitude and willingness to change regarding healthy life style among adolescents in experimental and control group.

Research hypotheses

RH_1- There is significant effect of Wellness Tutelage on level of knowledge, attitude and willingness to change regarding healthy lifestyle among adolescents.

RH_2- There is a significant relationship between the posttest level of knowledge, attitude and willingness to change regarding healthy lifestyle among adolescents.

RH_3- There is a significant association of selected demographic variables with mean differed knowledge, attitude and willingness to change regarding healthy lifestyle among adolescents

II. METHODOLOGY

A quasi experimental non-equivalent pretest, posttest control group design was adopted to assess the effectiveness of Wellness Tutelage among 60 adolescents (30 adolescents in each in the control and experimental group) at selected communities. The independent variable of this study was Wellness Tutelage and dependent variable were level of knowledge, attitude and willingness to change. The adolescents who satisfied the inclusion criteria were the samples who were selected by convenient sampling technique.

After obtaining formal permission and informed written and oral consent, the investigator obtained demographic details from the experimental group samples through the demographic profile. Then the investigator assessed the pretest level of knowledge using structured questionnaire and the attitude using 4point likert scale and willingness to change using rating scale. After pretest intervention was given for 45 minutes and based on intervention the post test was conducted on the 7^{th} day of intervention.

The same procedure of data collection was followed for the control group. Following schedule the pretest usual routine lifestyle was followed by the adolescents. The post test was conducted on the 7^{th} day and the Wellness Tutelage was given for the control group after the completion of posttest. An information booklet on healthy lifestyle was given for both groups. All ethical principles were adhered during the entire course of this research study.

III.RESULTS AND DISCUSSION

Table 3.1 Frequency and percentage distribution of mean pretest level of knowledge regarding

S.No.	Domains	No. of questions	Knowledge score				Mean difference	Student independent t-test
			Experiment		Control			
			Mean	SD	Mean	SD		
1	Diet	05	02.30	01.12	02.43	01.10	00.13	t=0.47 P=0.64(NS)
2	Physical activity	04	02.10	00.92	01.90	01.12	0-0.20	t=0.75 P=0.46(NS)
3	Rest and sleep	04	01.63	00.93	01.50	01.07	-00.13	t=0.51 P=0.60(NS)
4	Harmonious living	01	00.37	00.49	00.33	00.48	-00.04	t=0.27 P=0.80(NS)
5	Screen time	02	01.33	00.80	01.00	00.83	-00.33	t=1.58 P=0.12(NS)
6	Risky habits	04	01.60	01.13	01.70	00.99	00.10	t=0.36 P=0.72(NS)
	TOTAL	**20**	09.33	03.63	08.87	03.52	-00.46	t=0.51 P=0.61(NS)

Wellness Tutelage in the experimental and control group.

Table 3.1 describes that in the pretest mean knowledge score for experimental group was 9.33 and for control group it was 8.87. This showed there was no statistical significant difference in the pretest score thereby proving homogeneity between samples.

Table 3.2 Frequency and percentage distribution of mean posttest level of knowledge regarding Wellness Tutelage in the experimental and control group.

S.No.	Domains	No. of questions	Knowledge score				Mean difference	Student independent t-test
			Experiment		Control			
			Mean	SD	Mean	SD		
1	Diet	05	03.90	00.99	02.63	01.45	01.27	t=3.47 P=0001***(S)
2	Physical activity	04	03.17	01.12	01.93	01.23	01.24	t=3.07 P=0001***(S)
3	Rest and sleep	04	03.33	00.88	01.60	01.04	01.73	t=6.97 P=001***(S)
4	Harmonious living	01	00.83	00.38	00.33	00.48	00.50	t=4.47 P=001***(S)
5	Screen time	02	01.53	00.57	01.03	00.72	00.50	t=2.98 P=01**(S)
6	Risky habits	04	02.70	00.95	01.93	01.14	00.77	t=2.82 P=01**(S)
	TOTAL	**20**	15.47	03.12	09.47	03.88	06.00	t=6.60 P=001***(S)

p≤0.001 very high significant p≤0.01 highly significant, S= Significant

Table 3.2 denotes in the posttest mean knowledge score for experimental group was 15.47 and for control group it was 9.47. This showed there was no statistical significant difference in the post test score thereby proving homogeneity between samples

Table 3.3 Comparison of mean pretest and posttest level of knowledge score within the experimental and control group.

Group	No. of adolescents	Pretest		Post test		Mean difference	"t" value
		Mean	S.D	Mean	S.D		
Experimental	30	9.33	3.63	15.47	3.12	6.14	**t=7.86 p=0.001(S)**
Control	30	8.87	3.52	9.47	3.88	0.60	**t=1.62 p=0.09 (NS)**

p>0.05 not significant, p=0.001*** very high significant

Table 3.3 signifies that in the pretest the mean score of knowledge in the experimental group was 9.33 with SD 3.63 and in the post test the mean score of knowledge was 15.47 with S.D 3.12. The calculated "t" value was t= 7.86 which was greatest than the table value and hence high statistical significant at p=0.01 level, and in control group pretest the mean score of knowledge in the control group was 8.87 with SD 3.52 and in the post test the mean score 9.47 with SD 3.88. The calculated "t" value was t=1.62 which was lower than the table value, hence there was no statistical difference between the pre and posttest level of knowledge regarding healthy lifestyle among adolescents

Table 3.4 Comparison of mean pretest and posttest level of attitude score within the experimental and control group

Group	No. of adolescents	Pretest		Post test		Mean difference	"t" value
		Mean	S.D	Mean	S.D		
Experimental	30	23.17	3.30	31.37	2.50	9.20	**t=10.84 p=0.001*** (S)**
Control	30	23.93	3.24	24.80	3.39	0.87	t=1.56 p=0.13 (NS)

p>0.05 not significant, p=0.001*** very high significant

Table 3.4 showed that the pretest the mean score of attitude in the experimental group was 23.17 with SD 3.30 and in the post test the mean score of attitude was 31.37 with S.D 2.50. The calculated "t" value was t= 10.84 which was greatest than the table value and hence high statistical significant at p<0.01 level .In the pretest the mean score of attitude in the control group was 23.93 with SD 3.24 and in the post test the mean score 24.80 with SD 3.39. The calculated "t" value was t=1.62. The difference in the attitude score is 0.87, this difference is small and it is not statistically significant.

Table 3.5 Comparison of mean pretest and posttest level of willingness to change score within the experimental and control group

Group	No. of adolescents	Pretest		Post test		Mean difference	"t" value
		Mean	S.D	Mean	S.D		
Experimental	30	32.70	6.20	41.40	5.04	8.70	**t= 4.58 p=0.001***(S)**
Control	30	33.73	7.12	34.80	6.89	1.07	t=1.73 p=0.10(NS)

p>0.05 not significant, p=0.001*** very high significant

Table 3.5 considering experimental group Willingness to change score in pretest they are having 32.70 willingness score and in posttest they are having 41.40 willingness score, so the difference is 8.70, this difference is large and it is statistically significant. Considering Control group Willingness to change in pretest they are having 33.73 willingness score and in posttest they are having 34.80 willingness score, so the difference is 1.07, this difference is small and it is not statistically significant.

Table 3.6 Comparison of mean pretest and posttest level of attitude score between experimental and control group

Test	Level of attitude	Experimental		Control		Chi square Test
		N	%	N	%	
Pre test	Unfavorable attitude	07	53.85	06	46.15	χ^2=0.10
	Moderately favorable attitude	23	48.94	24	51.06	P=0.75
	Favorable attitude	00	0.0	00	0.0	DF= 1
	Total	30	100	30	100	(NS)
Post test	Unfavorable attitude	00	0.00	06	20.00	**χ^2=36.00**
	Moderately favorable attitude	09	30.00	24	80.00	**P=0.001*** **
	Favorable attitude	21	70.00	00	0.00	**DF=2**
	Total	30	100	30	100	**(S)**

p>0.05 not significant, DF= degrees of freedom p=0.001*** very high significant

Table 3.6 explains the comparison level of attitude score between experimental and control group. In pretest experimental group 56.67% of them had unfavorable level of attitude score, 33.33% of them had moderate level of attitude score and none of them had favorable level of attitude score. In control group, 66.67% of them had unfavorable level of attitude score, 33.33% of them having moderate level of attitude score and none of them are having favorable level of attitude score. P=0.75statistically there is no significant difference. In pretest experimental and control group was a homogenous group. In posttest in experimental, none of them had Unfavorable attitude score, 27.27% of them had moderate level of attitude score and 63.33% of them had favorable attitude score. In control group, 20.00% of them had Unfavorable attitude score, 80.00% of had moderate level of attitude score and none of them had favorable attitude score. P=0.001***statistically there is a significant difference between experimental and control group. Level of attitude score between experimental and control group was calculated using chi-square test.

Table 3.7 Comparison of mean pretest and posttest level of willingness to change score between experimental and control

Test	Level of attitude	Experimental		Control		Chi square Test
		N	%	N	%	
Pre test	Inadequate willingness	08	26.67	07	23.33	**χ^2=0.38**
	Moderate willingness	16	53.33	15	50.00	**P=0.83**
	Adequate willingness	06	20.00	08	26.67	**DF=2(NS)**
	Total	30	100.0	30	100.0	
Post test	Inadequate willingness	00	00.00	05	16.67	**χ^2=13.28**
	Moderate willingness	08	26.67	17	56.66	**P=0.001*** **
	Adequate willingness	22	73.33	08	26.67	**DF=2(S)**
	Total	30	100.0	30	100.0	

p>0.05 not significant, DF= degrees of freedom p=0.001*** very high significant

Table 3.7 depicts pretest in experimental, 26.67% of them had inadequate level of willingness score, 53.33% of them had moderate level of willingness score and 20% of them had adequate level of willingness score. In control group, 23.33% of them had inadequate level of willingness score, 50.00% of them had moderate level of willingness score and 26.67% of them had adequate level of willingness score. P=0.83statistically there is no significant difference between experimental and control group. Posttest in experimental, none of them had inadequate willingness score, 26.67% of them had Moderate willingness score and 73.33% of them had adequate willingness score .In control group, 16.67% of them had inadequate willingness score, 56.67% of them having Moderate willingness score and 26.67% of them are having adequate readiness score. P=0.001*** statistically there is a significant difference between experimental and control group.

Table 3.8 Effectiveness of Wellness Tutelage on knowledge score among adolescents and generalization knowledge score

Group	Test	Maximum score	Mean score	%	Mean Difference of knowledge gain score	Percentage Difference of knowledge gain score
Experiment	Pretest	20	09.33	46.65	6.13 (4.53 – 7.72)	**30.65 (22.65 –38.60)**
	Posttest	20	15.47	77.35		
Control	Pretest	20	08.87	44.35	0.60 (-0.48 – 1.68)	**3.00 (-0.02 –8.40)**
	Posttest	20	09.47	47.35		

Table 3.8 depicts that with regard to knowledge gain score the experimental group gained 30.65% knowledge score whereas control group gained only 3.00% knowledge score. So, experimental group gained more knowledge through the wellness Tutelage.

Table 3.9 Effectiveness of Wellness Tutelage on attitude among adolescents and generalization attitude score

Group	Test	Maximum score	Mean score	%	Mean Difference of attitude gain score	Percentage Difference of attitude gain score
Experiment	Pretest	40	23.17	57.93	9.20 (7.46 – 10.94)	**30.65 (22.65 –38.60)**
	Posttest	40	31.37	78.43		
Control	Pretest	40	23.93	59.83	1.20 (-0.33 – 2.77)	**3.00 (-0.83 –6.93)**
	Posttest	40	24.80	62.00		

Table 3.9 shows explains that experimental group gained 30.65% attitude score whereas control group gained only 3.00% attitude score. So Wellness Tutelage increased the level of favorable attitude in the experimental group adolescents.

Table 3.10 Effectiveness of Wellness Tutelage on willingness to change among adolescents and generalization willingness to change score

Group	Test	Maximum score	Mean score	%	Mean Difference of willingness gain score	Percentage Difference of willingness gain score
Experiment	Pretest	50	32.70	65.40	8.70 (4.81–12.59)	**17.40 (9.62 –25.18)**
	Posttest	50	41.40	82.80		
Control	Pretest	50	33.73	67.46	1.07 (-0.20 – 2.33)	**2.14 (-0.40 –4.66)**

Table 3.10 shows the effectiveness of Wellness Tutelage on willingness score among adolescents and generalization of willingness score. Experimental group gained 17.40% willingness score whereas control group gained only 2.14% willingness score.

Correlation between the posttest level of knowledge, attitude and willingness to change regarding healthy lifestyle in experimental and control group

The correlation was calculated with Karl Pearson's Correlation Coefficient. The value "r" value among experimental group adolescents r=0.44, r=0.38and r=0.29 respectively which revealed that there was a moderate and fair positive correlation between the knowledge, attitude and willingness to change at $p<0.001$ level. Hence improving knowledge regarding healthy lifestyle will enhance the favorable attitude and willingness to change their behavior towards healthy lifestyle among adolescents whereas the "r" value among

control group adolescents r= 0.11, r=0.32and r=0.29 respectively which revealed that there was a poor correlation between the knowledge, attitude and willingness to change at p<0.001 level. Hence improving knowledge regarding healthy lifestyle will not enhance the favorable attitude and willingness to change their behavior towards healthy lifestyle among adolescents in the control group

Association of selected demographic variables with mean differed knowledge, attitude and willingness to change regarding healthy lifestyle in the experimental and control group among adolescents

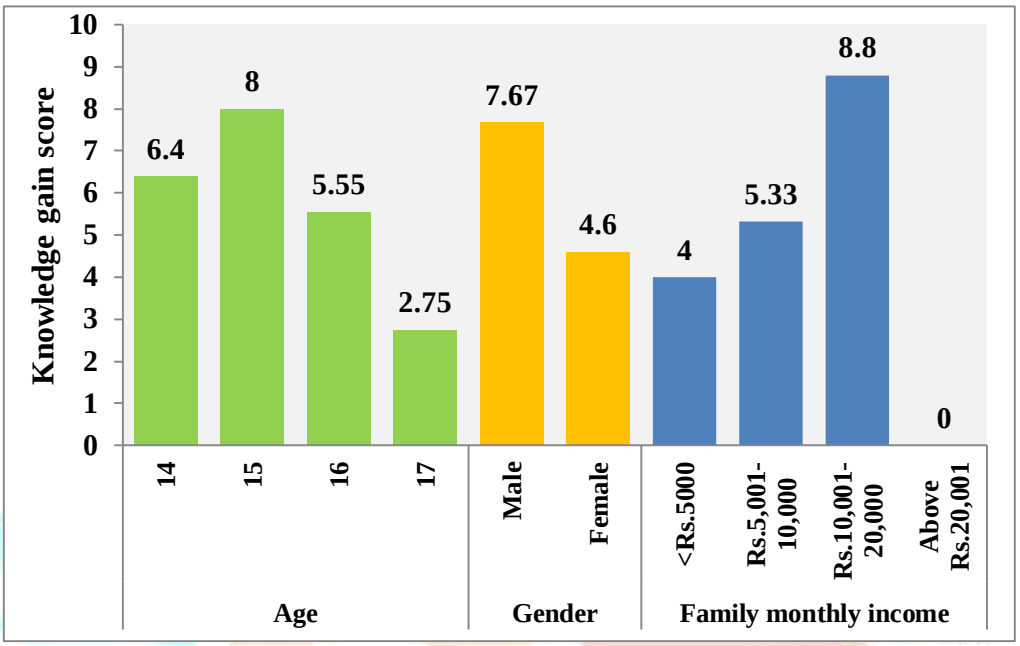

Figure 3.1 Association of selected demographic variables with mean differed level of knowledge regarding Wellness Tutelage on healthy lifestyle in the experiment group.

Figure 3.1 shows that there was an association between knowledge gain score and demographic variables such as 14-15 year age, female adolescents and more income family adolescents lowered other demographic variables in the study did not have statistically significant association with the knowledge gain score.

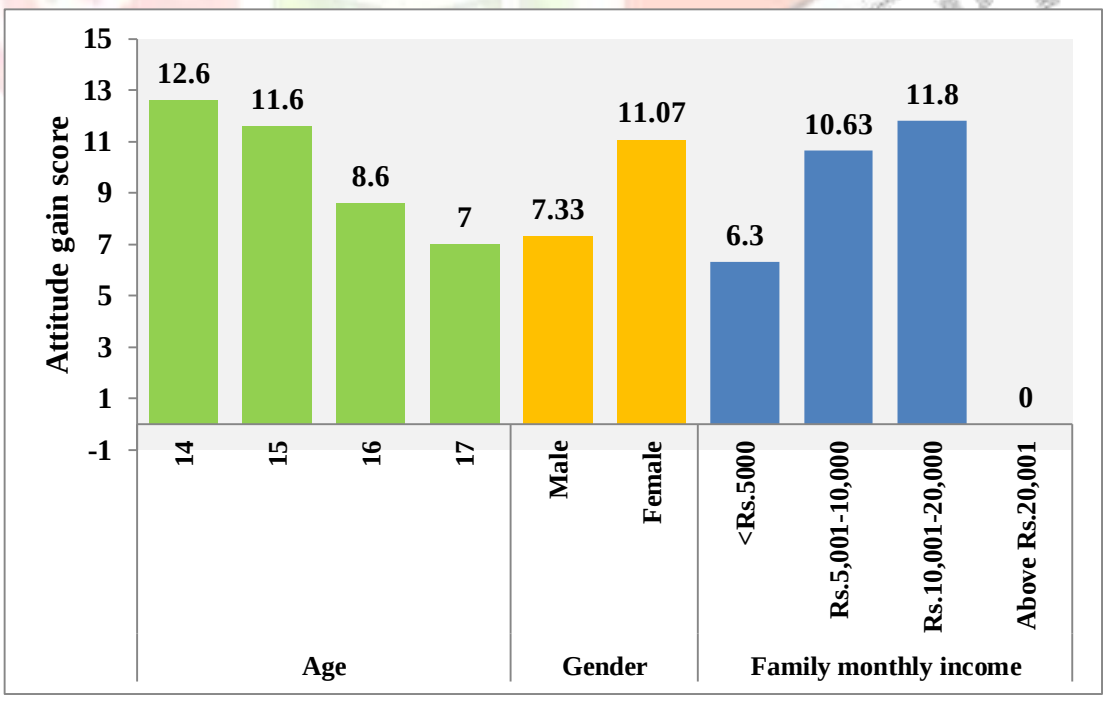

Figure 3.2 Association of selected demographic variables with mean differed level of attitude regarding Wellness Tutelage on healthy lifestyle in the experiment group.

Figure 3.2 reveals a there was association between attitude gain score and demographic variables such as 14-15 year adolescents, female adolescents and more income family adolescents had more attitude gain

score, and other demographic variables in the study did not have statistical significant association with the attitude gain score.

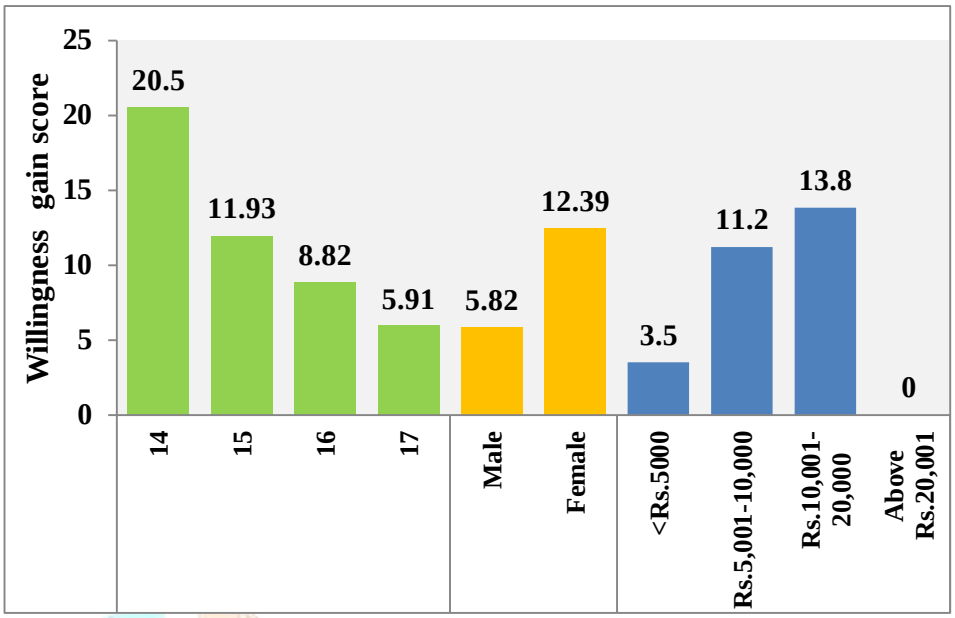

Figure 3.4 Association of selected demographic variables with mean differed level of willingness to change regarding Wellness Tutelage on healthy lifestyle in the experiment group

Figure 3.4 shows that there was association between willingness gain score and demographic variables such as 14-15 year adolescents, female adolescents and more income family adolescents were had more willingness gain score, lowered is demographic variables in the study did not have statistical significant association with the willingness gain score

IV RESULTS

The findings of the study revealed that, the posttest mean score of knowledge was 15.47 with S.D 3.12among adolescents in the experimental group. The calculated "t" value was t= 7.86 significant at $p<0.01$ level. In the post test the mean score of attitude was 23.47 with S.D 3.24. The calculated "t" value was t= 10.84 at $p<0.01$ level. In the post test the mean score of willingness and change was 41.40 with SD 5.04 .The calculated "t" value was t=4.58, which showed a very high statistical significant improvement in the level of knowledge, attitude and willingness to change regarding wellness tutelage of adolescents in the experimental and control group.

V CONCLUSION

The study aimed at assessing the effectiveness of Wellness Tutelage on knowledge, attitude and willingness to change among adolescents. Hence the investigator concluded that there was significant improvement in knowledge, attitude and willingness to change of adolescents after administration of Wellness Tutelage. Thus the study findings states an enriched evidence that Wellness Tutelage was effective method of educative package in enhancing the knowledge, attitude and willingness to change regarding healthy lifestyle that can be used for mass education regarding healthy lifestyle among adolescents.

VI IMPLICATION

The investigator had drawn the following implications from this study which is of concern to the field of Nursing Education, Nursing Practice, Nursing Administration and Nursing Research.

- Nurse educators should incorporate the importance of healthy lifestyle in the nursing curriculum.
- Nurse educators should develop skills among nursing students in using different AV aids for educating regarding healthy lifestyle.
- The community and school nurse plays a crucial role in making the children's as the best adolescents to adult in a healthy way.
- The Wellness Tutelage package helps the community health nurse to improve the School children's is an effective method by video teaching and demonstration of healthy lifestyle.
- Nurse administrator should work collaboratively regarding healthy lifestyle with other health personnel such as primary health center staff, school health nurse and teacher who implement the school health services.

- Nurse administrator organize the community awareness program in general public regarding healthy lifestyle to prevent lifestyle diseases.

VII LIMITATIONS

- The investigator had found little constrain to find the adolescents in the community settings.
- The investigator found difficult to gather every adolescents in same time at one place.

VIII ACKNOWLEDGEMENT

The author expresses sincere gratitude to the Managing Trustee and Member Trustees of Omayal Achi College of Nursing for providing the opportunity to pursue the postgraduate programme in this esteemed institution. Heartfelt thanks are extended to Dr. S. Kanchana, Principal and Research Director, ICCR, Omayal Achi College of Nursing, for her constant inspiration, valuable guidance, and unwavering support throughout the course of this research. The author also gratefully acknowledges Dr. D. Celina, Vice Principal, for her motivational guidance, insightful suggestions, and encouragement, which greatly contributed to the successful completion of the study. Sincere thanks are due to the Executive Committee Members of ICCR and the Heads of all Departments for their constructive suggestions during the research proposal, pilot study, and main study.

REFERENCES

[1] Adilsonmarques, nunoloueiro et al., Adolescent health life style 2020 vol.no.96. http://11dx.doi.org/10.1016/j.pediatrics2018

[2] Agar,B.L. (2011). Textbook of statistics. CBS publishers. New Delhi. Bailey Louis, McNeil Jay., (2102). Tran's health across the North West. NHS publications. Manchester.

[3]American of academy of pediatrics (2020). Screen time and Children. www.aacap.org/aacap.

[4] An Pan, Dong D Wang et al. impact of life style practice on life expenditure in the US population, 2018,138 (4), 345-355.

[5] Ankur Singh, Shalini Bassi et al., (2017 Apr4) National Library of Medicine. Impact of school policies on Non-communicable disease risk factors – a systematic review, 17(1):292.doi:10.1186/s12889-017-4201-3.

[6] Cezenario Goncalves Campos, et al., (2019 Aug) National Library of Medicine. Adolescent's knowledge about the benefits of physical exercise to mental health. 2(8)2951-2598. doi: 10.150/113-8123201828.17982017

[7] Chakrapani Venkatesan (2010). Hijras/Transgender women in India: HIV. Human Rights and Social Exclusion. UNDP. India.

[8] Constance, Hieule J., & Craven, Ruth F. (2007). Fundamentals of Nursing: human health and function. Lippincott publishers. Philadelphia.

[9]Couchman Wendy., Dawsone Jane (2015). Nursing and Health Care Research a Practical guide. RCN publishing company Ltd. London.