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A study to assess the effectiveness of multimedia education package on knowledge regarding lifestyle modification for the prevention of selected lifestyle diseases among early adults residing in selected rural community areas in Vijayapura

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Abstract
"Lifestyle" originally coined by Austrian psychologist Alfred Adler in 1929, means the way a person lives. It is a pattern of individual practices and personal behavioral choices that are related to elevated or reduced health risk. Lifestyles are born of a multitude of causes, from childhood determinants to personality makeup to influences in the cultural, physical, economic, and political environments.
Life style diseases are ailments that are primarily based on the day-to-day hab its of people. Habits that detract people from activity and push them towards a sedentary routine can cause a number of health issues that can lead to chronic non-communicable diseases that can have near life-threatening consequences.
Methods: A quantitative research approach with one group pretest post-test research design was selected. 60 samples were selected by using Non probability Purposive sampling technique. The tool used for data collection was self-administered structured knowledge questionnaires was used. Collected data was analyzed by using descriptive and inferential statistics in terms of frequencies, percentage, mean, standard deviation, chi-square and t-test.
Results: According to pre-test knowledge scores states that majority of the samples (93.3%) 56, have inadequate knowledge scores and (6.7%) 4 are having moderate knowledge and Post test knowledge scores states that majority of the samples (78.3%) 47, have adequate knowledge scores and (21.7%) 13 are having moderate knowledge. While comparing the pre-test mean scoreswas8.4and standard deviation was 1.2 and posttest mean scores was 27.3 and standard deviation was 2.6.
The chi square distribution of the samples, the calculated chi square data for the samples were not significant with all the demographic variables. This indicates that there is no association between the pretest knowledge level regarding effectiveness of multimedia education package on knowledge regarding lifestyle modification for the prevention of selected lifestyle diseases among early adults residing in selected rural community areas in Vijayapura.

Keywords: Assess, knowledge, prevention, multimedia educational program, lifestyle modification lifestyle modification, early adult

Introduction
The WHO defines health as a state of "complete, physical mental and social; well-being and not merely the absence of disease or infirmity".1A variety of definitions have been used for different purposes over time. Health can be promoted by encouraging healthful activities, such as regular physical exercise, and by reducing or avoiding unhealthful activities or situations, such as smoking or excessive stress. Some factors affecting health are due to individual choices, such as whether to engage in a high-risk behavior, and others are due to structural causes, such as whether the society is arranged in a way that makes it easier or harder for people to get necessary healthcare services. Still other factors are beyond both individual and group choices, such as genetic disorders.
"Lifestyle" originally coined by Austrian psychologist Alfred Adler in 1929, means the way a person lives. It is a pattern of individual practices and personal behavioral choices that are related to elevated or reduced health risk.

Lifestyles are born of a multitude of causes, from childhood determinants to personality makeup to influences in the cultural, physical, economic, and political environments [2].

Lifestyle diseases are ailments that are primarily based on the day-to-day habits of people. Habits that detract people from activity and push them towards a sedentary routine can cause a number of health issues that can lead to chronic non-communicable diseases that can have near life-threatening consequences.

Lifestyle diseases include atherosclerosis, heart disease, and stroke; obesityandtype2diabetes; and diseases associated with smoking and alcohol and drug abuse.

Regular physical activity helps prevent obesity, heart disease, hypertension, diabetes, colon cancer, and premature mortality [3].

Materials and methods
Statement of The Problem
A study to assess the effectiveness of multimedia education package on knowledge regarding lifestyle modification for the prevention of selected lifestyle diseases among early adults residing in selected rural community areas in Vijayapura.

Objectives of the study
1. To assess the existing knowledge of early adults regarding lifestyle modification for the prevention of selected lifestyle diseases.
2. To find out the effectiveness of multimedia education package on knowledge regarding lifestyle modification for the prevention of selected lifestyle diseases by comparing the pretest and post-test knowledge scores of early adults residing in selected rural areas.
3. To associate the knowledge regarding lifestyle modification for the prevention of selected lifestyle diseases with selected socio demographic variables of early adults.

Hypotheses
The study is based on the following hypothesis and this will be tested at 0.05 levels of significance

H1– There will be statistically significant difference between the pretest and post- test knowledge scores among early adults regarding lifestyle modification for the prevention of selected lifestyle diseases.

H2: There will be statistically significant association between the lifestyle modification for the prevention of selected lifestyle diseases and selected demographic variables of the early adults.

Population
The population of the study consists of Early adults residing in Kanamadi Village, Vijayapura.

Sample
In this study, sample was Early adults who are 20-35years old and currently residing in Kanamadi village, Vijayapura.

Sampling Technique
Sampling technique refers to the process of selecting a portion of the population to represent the entire population. In this study, Non-Probability Purposive sampling technique was used to select the sample.

Research design
It studies observable changes that takes place in order to establish a cause-and- The research design selected for this study was a one-group pretest-posttest research design.

Research variables
Variables are an attribute of a person or objects that varies, that takes different values.

Independent variable: In this study independent variable is multimedia educational program regarding lifestyle modification for the prevention of selected lifestyle diseases

Dependent variable: In this study dependent variable is the knowledge of early adults regarding the lifestyle modification for the prevention of selected lifestyle diseases

Criteria for Sample Selection
The following were the inclusive and exclusive criteria for the selection of the samples.

Inclusion criteria
The study will include the patients who are:-
- **Available during the period of data collection.**
- **Willing to participate in the study**
- Able to read, write and understand Kannada or English

Exclusion criteria
The study will not include the patients who are:-
- Not willing to participate
- Not available at the time of data collection
- Not able to read, write and understand Kannada or English

Results

Section I: Frequency and percentage distribution of samples according to socio demographic variables

Demographic variables	Demographic variables	
	Frequency	**Percentage**
Age in year		
20-23years	-	-
24-27years	15	25%
28-31years	28	46.7%
32-35years	17	28.3%
Gender		
Male	31	51.7%
Female	29	48.3%
Educational status		

Primary education	23	38.3%
Secondary education	14	23.3%
Degree	11	18.3%
Postgraduate	12	20.1%
Illiterate	-	-
Type of diet		
Vegetarian	34	56.7%
Nonvegetarian	26	43.3%
Physical Activity		
Walking	29	48.3%
Jogging	31	51.7%
Cycling	-	-
Doing house hold works	-	-
Alcohol Consumption		
Once a week	9	15.0%
Daily	7	11.7%
Once a month	3	5.0%
not tall using	41	68.3%
Tobacco usage		
Yes	26	43.3%
No	34	56.7%
BMI		
17.5 – 18.5	17	51.6%
18.5 – 24.9	27	45.0%
25 – 29.9	1	1.7%
over 30	1	1.7%
Previous knowledge		
Yes	33	55.0%
No	27	45.0%

Section-II: Percentage distribution of Pre-test knowledge regarding lifestyle modification for the prevention of selected lifestyle diseases among early adults residing in selected rural community area in Vijayapura.

Pre-test knowledge scores	No. of subjects	Percentage
Inadequate	56	93.3%
Moderate	4	6.7%
Total	60	100%

Section-III: Percentage distribution of samples according to post-test knowledge regarding lifestyle modification for the prevention of selected lifestyle diseases among early adults residing in selected rural community areas in Vijayapura.

Post-test knowledge scores	No. of subjects	Percentage
Moderate	13	21.7%
Adequate	47	78.3%
Total	60	100%

Section-IV: Comparing of Pre-test and Post-test knowledge regarding lifestyle modification for the prevention of selected lifestyle diseases among early adults residing in selected rural community areas in Vijayapura

	Pre-test	Post-test	P-value	Result
Mean	8.4	27.3	<0.0001	The intervention was effective
Standard deviation	1.2	2.6		

Section- V: Association of the knowledge regarding lifestyle with their selected demographic variables.

Demographic variables	Pre-test knowledge		X2 value	'p' value	Result S
	Inadequate	Moderate			
Again year					
20-23years	0 (0)	0 (0)	1.5194	0.468	Not Significant
24-27years	13 (23.1)	2 (50.0)			
28-31years	27 (48.2)	1 (25.0)			
32-35years	16 (28.6)	1 (25.0)			
Gender					
Male	30 (53.6)	1 (25.0)	1.2204	0.269	Not Significant
Female	26 (46.4)	3 (75.0)			
Educational status					
Primary education	22 (39.3)	1 (25.0)	3.4052	0.333	Not Significant
Secondary education	13 (23.2)	1 (25.0)			
Degree	9 (16.1)	2 (50.0)			
Post Graduate	12 (21.4)	0 (0)			
Illiterate	0 (0)	0 (0)			
Type of diet					
vegetarian	32 (57.1)	2 (50.0)	0.0776	0.781	Not Significant
Nonvegetarian	24 (42.9)	2 (50.0)			
Physical Activity					

Walking	28 (50.0)	1 (25.0)	0.9344	0.334	Not Significant
Jogging	28 (50.0)	3 (75.0)			
Cycling	0 (0)	0 (0)			
Doing household works	0 (0)	0 (0)			
Alcohol Consumption					
Once a week	8 (14.3)	1 (25.0)	1.3639	0.714	Not Significant
daily	6 (10.7)	1 (25.0)			
once a month	3 (5.4)	0 (0)			
Not at all using	39 (69.4)	2 (50.0)			
Tobacco usage					
Yes	26 (46.3)	0 (0)	3.2773	0.070	Not Significant
No	30 (53.7)	4 (100.0)			
BMI					
17.5 – 18.5	16 (28.6)	1 (25.0)	0.7468	0.862	Not Significant
18.5 – 24.9	18 (32.1)	1 (25.0)			
25 – 29.9	16 (28.6)	1 (25.0)			
over 30	6 (10.7)	1 (25.0)			
Previous knowledge					
Yes	30 (53.6)	3 (75.0)	0.6926	0.405	Not Significant
No	26 (46.4)	1 (25.0)			

Chi square distribution of the samples, the calculated chi square data for the samples were not significant with all the demographic variables. This indicates that there is no association between the pretest knowledge level regarding effectiveness of multimedia education package on knowledge regarding lifestyle modification for the prevention of selected lifestyle diseases among early adults residing in selected rural community areas in Vijayapura.

Hence the hypothesis H2 that there will be statistically significant association between the lifestyle modification for the prevention of selected lifestyle diseases and selected demographic variables of the early adults was rejected.

Chi square distribution of the samples, the calculated chi square data for the samples were not significant with all the demographic variables. This indicates that there is no association between the pretest knowledge level regarding effectiveness of multimedia education package on knowledge regarding lifestyle modification for the prevention of selected lifestyle diseases among early adults residing in selected rural community areas in Vijayapura.

Hence the hypothesis H2 that there will be statistically significant association between the lifestyle modification for the prevention of selected lifestyle diseases and selected demographic variables of the early adults was rejected.

Nursing Practice
▪ Today society demands a greater accountability and increase deficiency and effectiveness from the health care center. Nursing care is no more only task oriented, fragmented care, but it demands a comprehensive and holistic care.
▪ There is need to implement the research findings in the clinical field, so as to avoid the gap between research studies and clinical practices.
▪ Education about the disease condition and lifestyle modification (importance of physical exercise, weight loss, foot care, cessation of smoking,
▪ Nurse leaders should recognize the power of social support and the hospital orunit culture on a nurse's ability to practice health-promoting behaviors. Nurse leaderscansupportandpromotenurses'effortstoeatahealth ydietortoexercise.
▪ Effectivenurseleadersencouragehealthyworkrelationship sandcanserveasrole models for health promotion. Nurse

leaders should examine their own nutritional, exercise, stress reduction, and sleep patterns, and their own implementation of work-life balance.

Recommendations
On the basis of the findings of the study following recommendations have been made
▪ Asimilar study can be done on large population.
▪ A comparative study can be done by using two groups.
▪ An experimental study can be done using SIM to improve knowledge of early adults.

Summary
Adults using of multimedia education package, on knowledge regarding lifestyle modification for the prevention of selected lifestyle diseases among early adults residing in selected rural community areas, Vijayapura, they increase the knowledge regarding modification of disease condition.

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