Journal of Neonatal Surgery
ISSN(Online): 2226-0439
Vol. 14, Issue 4s (2025)
https://www.jneonatalsurg.com

OPEN ACCESS

To Assess The Effectiveness of Student Empowerment on Healthy Lifestyle Practices Among Students at SRM College of Nursing, SRMIST, Kattankulathur, Chengalpattu DT.

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Cite this paper as: MS. Kanmani. K, Mr. Kishore. P, Krena Keerthi Sweety. P, Kameswaran. S, (2025) To Assess The Effectiveness of Student Empowerment on Healthy Lifestyle Practices Among Students at SRM College of Nursing, SRMIST, Kattankulathur, Chengalpattu DT.. *Journal of Neonatal Surgery*, 14 (4s), 1289-1303.

ABSTRACT

Healthy lifestyle practices endeavor to prevent diseases and illnesses and to enhance an individual's general health. Today's health problems are primarily caused by inactivity and poor lifestyle. While it is true that living a healthy lifestyle can reduce mortality and disease rates, research on large populations of people shows that living a sedentary lifestyle raises the risk of a number of chronic illnesses. Adolescent students' physical activity and diet are assessed using the scale for healthy habits built in this context. The proactive handling of one's own health is regarded as health responsibility. Any form of motion is considered a physical activity.

Objectives: To determine the level of knowledge and practice among adolescent students in the experimental and control groups with regard to student empowerment towards healthy lifestyle practices.

To assess the impact of student empowerment on the experimental group of adolescent students' adoption of a healthy lifestyle. To compare the knowledge and behavior of adolescent pupils in the experimental and control groups on student empowerment on healthy lifestyle practices between pre- and post-test periods. To ascertain the relationship between post-test knowledge and practice regarding student empowerment in terms of practicing a healthy lifestyle and their chosen demographic characteristics./

Methodology: Quantitative research approach and Quasi Experimental Randomized Control Group Design was adopted to this study. A total of 100 adolescent students were selected by non-probability convenient sampling techniques. The study was conducted in SRM College of Nursing, SRMIST, Kattankulathur**. Section- A** consists of demographic data of the adolescent students participating in this study. It includes age, sex, religion, family income and occupation, living area, number of family members, and dietary pattern. **Section-B:** It consists of 15 semi structured multiple choice questions with four options each regarding the knowledge on physical activity and nutrition among adolescent students. **Section-c:** It consists of 15 semi structured multiple choice questions with four options each regarding the practice on physical activity and nutrition among adolescent students.

Major Findings Of The Study: Compares the post-test level of knowledge score between experimental and control students, in experimental group, 12% of the students are having inadequate level of knowledge score, 8% of them having moderate level of knowledge score and 80% of them are having adequate level of knowledge score. In control group, 20% of the students are having inadequate level of knowledge score, 6% of them having moderate level of knowledge score and 74% of them are having adequate level of knowledge score.

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

1. INTRODUCTION

"Look after your body. You may only live there, according to Jim Rohm, Students face a variety of problems during the college days, such as adjusting to new schedules, coping with difference with built & social nature, creating new societal connections, and having more behavioural characteristics. Adolescents are more likely during this stage of life to engage in dangerous, health-related behaviours that are known to have a detrimental impact on wellbeing, such as physical activity, bad nutritional practises, etc. Students are more likely to gain weight due to behavioural reasons, which raises their chance of contracting diseases.

A recent global public health concern is the rise in the frequency of chronic illnesses not caused by infection, including diabetes, cancer, heart disease, and high blood pressure. It was predicted that by the year 2020, these illnesses will be to blame for seven out of every ten fatalities in emerging nations. According to a survey, chronic illnesses are starting to afflict children and adolescents as well as adults. Particularly, obesity is rising alarmingly around the globe. This thought to be the 5th largest reason of mortality globally. Subsequently, it thought to be a sizable consequence for other chronic illnesses. Healthy eating patterns and sedentary lives are two of the main factors fuelling the obesity pandemic.

Nutrition is crucial for healthy growth and development during the adolescent stage and is a requirement for reaching one's maximum developmental potential. Delays in and stunted growth, as well as poor development, may be caused by under nutrition. Adolescents have a period of rapid growth and development, therefore it's important that they get enough nutrients (both macronutrients and micronutrients). Many risk factors, such as dietary inadequacies, are present as early as adolescence and have an impact on mother and neonatal health.

Adilson Marques et al (2019). Carried out an experimental investigation on school- aged children's health behaviors. The international database for health behaviour in school- aged children (HBSC) 2014 served as the source of the data. 1 67 021 kids and teenagers from 37 different nations and regions participated in the study. They ranged in age from 10 to16. Those who regularly exercise, spend less than two hours doing it, refrain from drinking alcohol, and don't smoke have a higher possibility of not complaining about their subjective health. A healthy lifestyle was associated with a 50% reduction in the likelihood of having

numerous health complaints (OR = 0.5, 95% CI = 0.5-0.6, p 0.001). In brief Healthy practices and a healthy lifestyle are linked to fewer subjective health complaints as well as fewer multiple health complaints.

2. METHODOLOGY

Quantitative research approach and Quasi Experimental Randomized Control Group Design was adopted to this study. A total of 200 adolescent students were selected by non-probability convenient sampling techniques. The study was conducted in SRM College of Nursing, SRMIST, Kattankulathur**. Section- A** consists of demographic data of the adolescent students participating in this study. It includes age, sex, religion, family income and occupation, living area, number of family members, and dietary pattern. **Section-B:** It consists of 15 semi structured multiple choice questions with four options 7 questions related to knowledge on physical activity and 8 questions related to nutrition among adolescent students. **Section-c:** It consists of 15 semi structured multiple choice questions with four options 8 questions related to the practice on physical activity and 7 questions related to nutrition among adolescent students.

3. ETHICAL CONSIDERATION

Formal approval was obtained from the institution review board and institutional ethical committee of SRM University, Kattankulathur, Chengalpattu dt. To execute the study the researcher obtained official written permission obtained from the head of the department of management in SRM University, Kattankulathur, Chengalpattu dt. Content validity was received from the various expert from the field of nursing, bio-statistician and research expert.

4. RESULTS

4.1 SECTION-I: PART A- DEMOGRAPHIC VARIABLE – EXPERIMENTAL GROUP

S. No.	Demographic variable	Class	No. of respondents	Percentage
1	Age	16years - 17 years	5	10
		18 years - 19 years	45	90
2	Sex	Male	17	34
		Female	33	66
3	Religion	Hindu	20	40
		Christian	17	34

		Muslim	12	24
		Others	1	2
4	Type of family	Nuclear family	40	80
		Joint family	7	14
		Extended family	3	6
		Others	0	0
5	Education of the parents	6 – 8 standards	4	8
		8 – 12 standards	21	42
		Under graduate	23	46
		Post graduate	2	4
6	Occupation of the parents	Full time	35	70
		Part time	6	12
		Daily wages	9	18
7	Monthly income of parents	Rs 10,000 – 20,000	11	22
		Rs 21,000 – 30,000	14	28
		Rs 31,000 – 50,000	14	28
		Rs > 50,000	11	22
8	Living area	Rural	22	44
		Urban	28	56
9	No. of persons in the family	1 -3 persons	5	10
		4 - 5 persons	39	78
		Above 5 persons	6	12
10	Type of food	Vegetarian	2	2
		Non vegetarian	7	14
		Mixed type	41	82

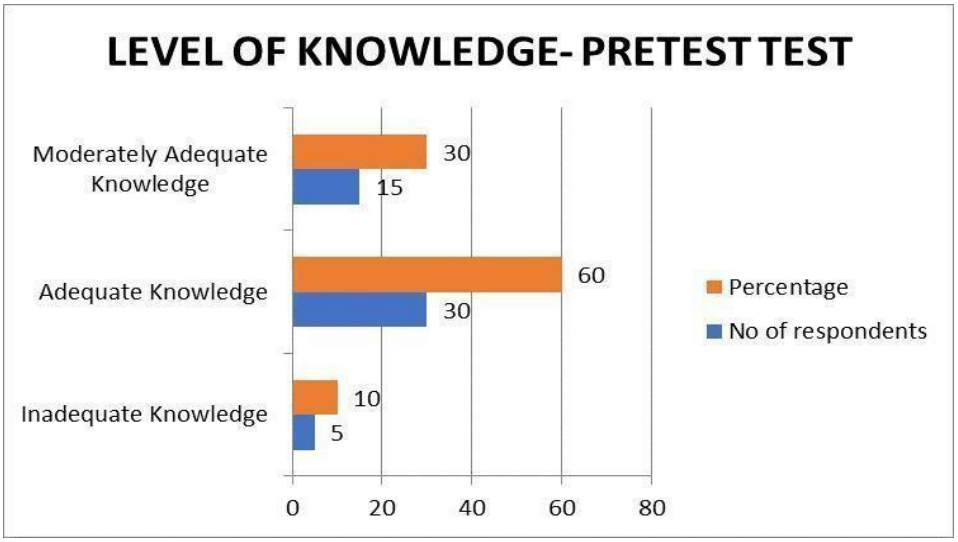
4.2 SECTION I- PART B -DEMOGRAPHIC VARIABLE – CONTROL GROUP

S. No.	Demographic variable	Class	No. of respondents	Percentage
1	Age	16years - 17 years	10	20
		18 years - 19 years	40	80
2	Sex	Male	25	50
		Female	25	50
3	Religion	Hindu	25	50
		Christian	15	30
		Muslim	10	20
		Others	0	
4	Type of family	Nuclear family	30	60
		Joint family	14	28
		Extended family	5	10
		Others	1	2
5	Education of the parents	6 – 8 standards	6	12
		8 – 12 standards	19	38
		Under graduate	13	26
		Post graduate	12	24
6	Occupation of the parents	Full time	26	52
		Part time	10	20
		Daily wages	14	28
7	Monthly income of parents	Rs 10,000 – 20,000	15	30
		Rs 21,000 – 30,000	9	18
		Rs 31,000 – 50,000	8	16
		Rs > 50,000	18	36
8	Living area	Rural	27	54
		Urban	23	46
9	No. of persons in the family	1 -3 persons	11	22
		4 - 5 persons	27	54
		Above 5 persons	12	24
10	Type of food	Vegetarian	4	8
		Non vegetarian	17	34

		Mixed type	29	58

4.2.1 SECTION -II- KNOWLEDGE REGARDING STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE Experimental Group (Pre-test)

Knowledge Level	**No of respondents**	**Percentage**
Inadequate Knowledge	5	10
Adequate Knowledge	30	60
Moderately Adequate Knowledge	15	30



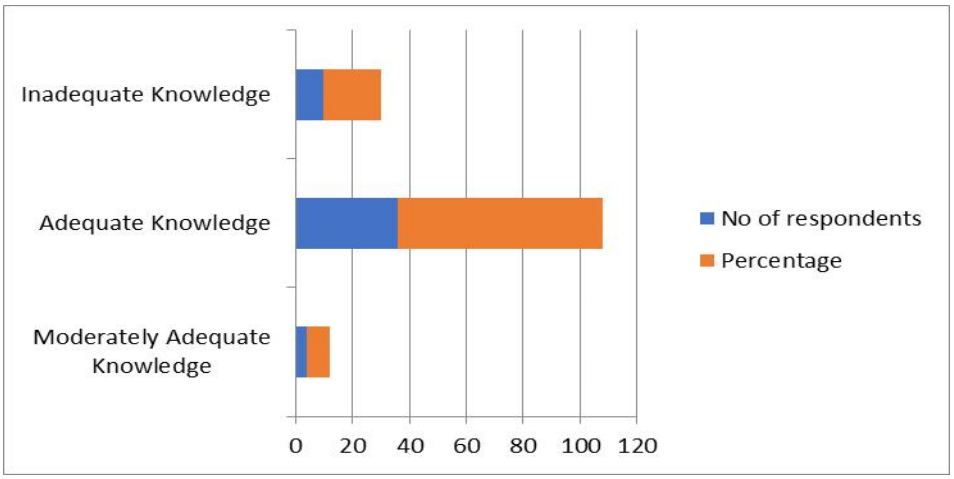
4.2.2 KNOWLEDGE REGARDING STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE Experimental Group (Post-test)

Knowledge Level	**No of respondents**	**Percentage**
Inadequate Knowledge	6	12

Adequate Knowledge	40	80
Moderately Adequate Knowledge	4	8

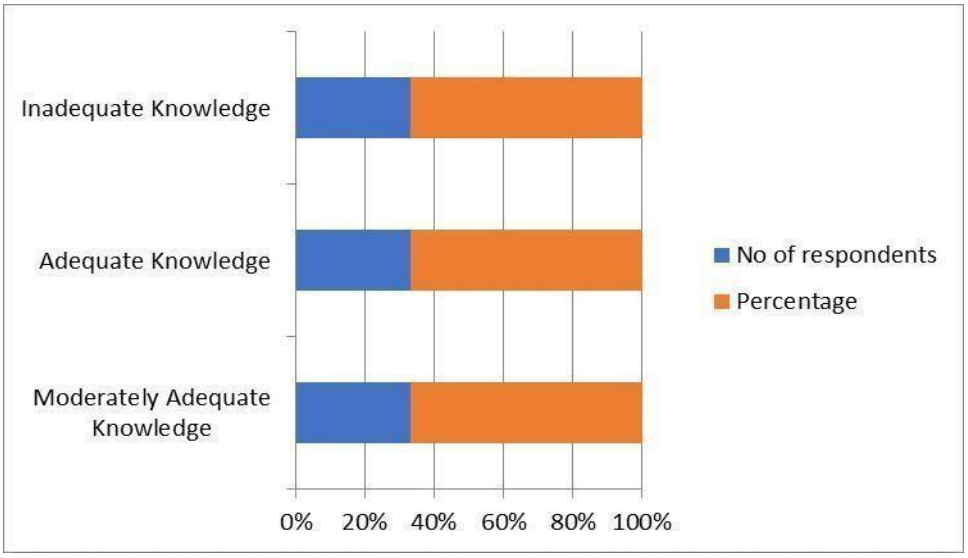
4.2.3 KNOWLEDGE REGARDING STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE Control Group (Pre-Test)

Knowledge Level	**No of respondents**	**Percentage**
Moderately Adequate Knowledge	4	8
Adequate Knowledge	36	72
Inadequate Knowledge	10	20



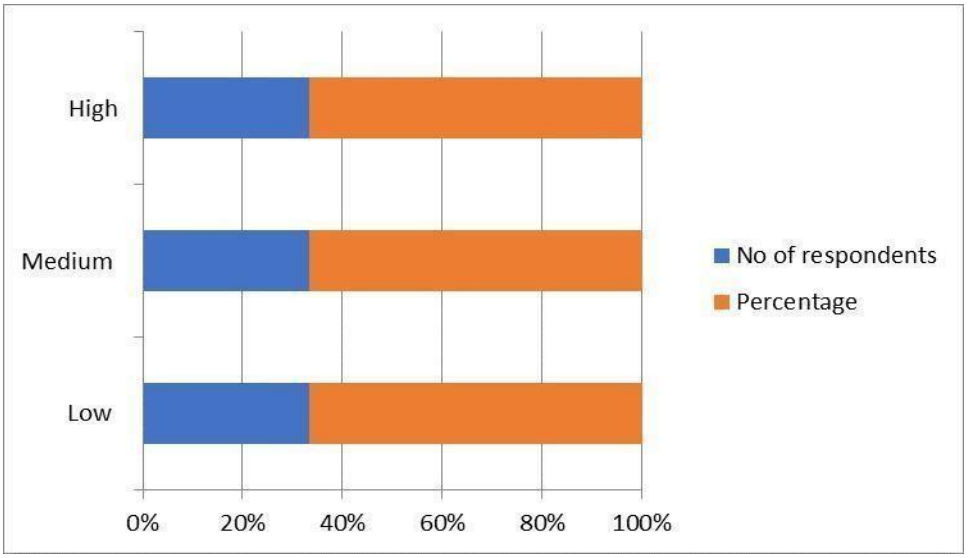
4.2.4 KNOWLEDGE REGARDING STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE Control Group (Post Test)

Knowledge Level	**No of respondents**	**Percentage**
Moderately Adequate Knowledge	3	6
Adequate Knowledge	37	74
Inadequate Knowledge	10	20



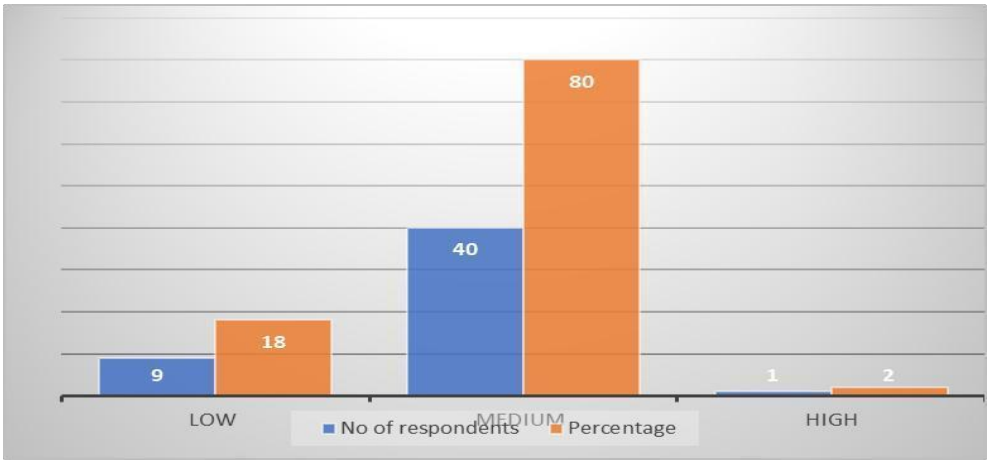
4.2.5 SECTION-III PRACTICE REGARDING STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE Control Group- (Pre-test)

Practice Level	**No of respondents**	**Percentage**
Low	18	36
Medium	21	42
High	11	22



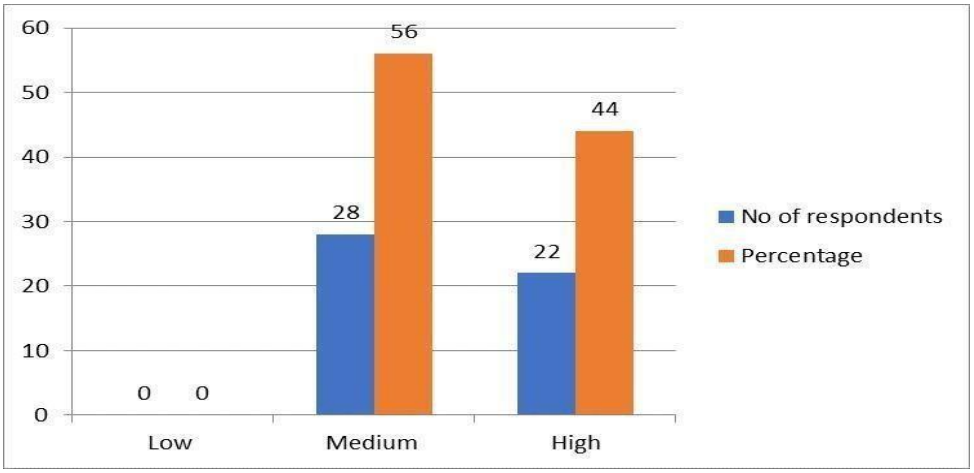
4.2.6 PRACTICE REGARDING STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE Control Group- (Post test)

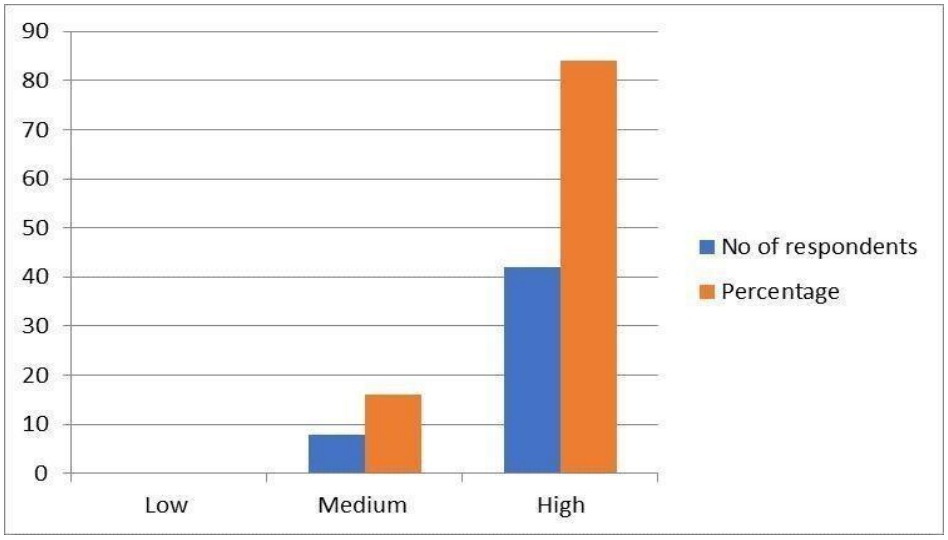
Practice Level	No of respondents	Percentage
Low	9	18
Medium	40	80
High	1	2



4.2.7 PRACTICE REGARDING STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE Experimental Group – (Pre-test)

Practice Level	No of respondents	Percentage
Low	0	0
Medium	28	56
High	22	44





4.2.8 PRACTICE REGARDING STUDENT EMPOWERMENT ON HEALTHY LIFESTYLE PRACTICE Experimental Group– (Post test)

Practice Level	**No of respondents**	**Percentage**
Low	0	0
Medium	8	16
High	42	84

4.3 Association between Pre-test level of knowledge and practice regarding student empowerment on healthy life style practice and their selected demographic variables.

S. No.	Questions		Student empowerment on healthy life style practice-Pre-Test				Chi Square value	df	P value
			Experimental Group		Control Group				
			Number	%	Number	%			
1	Age	16years - 17 years	5	10	5	10	4.352[a]	2	.114
		18 years - 19 years	45	90	45	90	1.539[a]	2	.463
2	Sex	Male	18	36	24	48	4.183[a]	4	.382
		Female	22	44	26	52	4.459	4	.347
3	Religion	Hindu	20	40	22	44	14.67 9a	6	.023
		Christian	17	34	15	30	9.355	6	.155
		Muslim	12	24	10	20	4.394[a]	6	.623
		Others	1	2	3	6	4.783	6	.572
4	Type of family	Nuclear family	40	80	35	70	3.473[a]	4	.482
		Joint family	7	14	10	20	3.323	4	.505
		Extended family	3	6	5	10	2.039[a]	4	.729
		Others	0	0	0	0	3.051	4	.549
5	Education of the parents	6 – 8 standards	4	8	35	70	4.301[a]	6	.636
		8 – 12 standards	21	42	6	12	4.964	6	.548
		Under graduate	23	46	8	16	1.532[a]	6	.957
		Post graduate	2	4	1	2	1.844	6	.934
6	Occupation of the parents	Full time	11	22	25	50	10.67 4a	6	.099
		Part time	14	28	11	22	10.22 9	6	.115

		Daily wages	25	50	14	28	1.844	6	.934
7	Monthly income of parents	Rs 10,000 – 20,000	13	26	15	30	1.201[a]	6	.977
		Rs 21,000 – 30,000	15	30	13	26	1.206	6	.977
		Rs 31,000 – 50,000	9	18	12	24	1.062[a]	2	.588
		Rs > 50,000	11	22	8	16	1.104	2	.576
8	Living area	Rural	22	44	24	48	1.062[a]	2	.588
		Urban	28	56	26	52	1.104	2	.576
9	No. of persons in the family	1 -3 persons	11	22	26	52	1.299[a]	2	.522
		4 - 5 persons	14	28	20	40	1.312	2	.519
		Above 5 persons	25	50	4	8	1.273	1	.259
10	Type of food	Vegetarian	6	12	7	14	5.765[a]	6	.450
		Non vegetarian	5	10	6	12	6.100	6	.412
		Mixed type	39	78	37	74	3.315	6	.768

It is elicited that the p- value regarding ―Sex‖ is less than 0.05 hence it is proved that there is high significant association between ―Sex and Knowledge regarding student empowerment on healthy life style practice‖ at 1% level, Whereas the p-values regarding all other demographic variables are not less than 0.05 hence it is proved that there is no significant association between

the knowledge regarding student empowerment on healthy life style practice with other demographic variables.

4.4 Association between Post-test level of Practice regarding student empowerment on healthy life style practice and their selected demographic variables.

S. No.	**Questions**		**Student empowerment on healthy life style practice-post-test**				**Chi Square value**	**df**	**P value**
			Experimental Group		**Control Group**				
			Numbe r	**%**	**Numbe r**	**%**			
1	Age	16years - 17 years	5	10	5	10	4.352[a]	2	.114
		18 years - 19 years	45	90	45	90	1.539[a]	2	.463

2	Sex	Male	24	48	18	36	.741[a]	2	.690
		Female	26	52	22	44	1.223	2	.543
3	Religion	Hindu	17	34	30	60	14.679a	6	.023
		Christian	32	64	17	34	4.183[a]	4	.382
		Muslim	1	2	3	6	4.459	4	.347
		Others	0	0	0	0	4.810	6	.568
4	Type of family	Nuclear family	40	80	35	70	1.778	1	.182
		Joint family	7	14	10	20	3.323	4	.505
		Extended family	3	6	5	10	2.039[a]	4	.729
		Others	0	0	0	0	3.051	4	.549
5	Education of the parents	6 – 8 standards	4	8	35	70	2.699	4	.609
		8 – 12 standards	21	42	6	12	1.004	1	.316
		Under graduate	23	46	8	16	1.532[a]	6	.957
		Post graduate	2	4	1	2	1.844	6	.934
6	Occupation of the parents	Full time	35	70	25	50	10.674a	6	.099
		Part time	8	16	11	22	10.776a	6	.096
		Daily wages	7	14	14	28	12.567	6	.050
7	Monthly income of parents	Rs 10,000 – 20,000	13	26	15	30	1.201[a]	6	.977
		Rs 21,000 – 30,000	15	30	13	26	1.206	6	.977
		Rs 31,000 – 50,000	9	18	12	24	1.062[a]	2	.588
		Rs > 50,000	11	22	8	16	1.104	2	.576
8	Living area	Rural	22	44	24	48	1.062[a]	2	.588

		Urban	28	56	26	52	1.104	2	.576
9	No. of persons in the family	1 -3 persons	11	22	26	52	1.299[a]	2	.522
		4 - 5 persons	14	28	20	40	1.312	2	.519
		Above 5 persons	25	50	4	8	1.273	1	.259
10	Type of food	Vegetarian	6	12	8	16	1.104	2	.576
		Non vegetarian	5	10	9	18	.006	1	.939
		Mixed type	39	78	35	70	3.315	6	.768

It is elicited that the p- value regarding ―Occupation ‖ is less than 0.05 hence it is proved that there is high significant association between ―Occupation and Practice regarding student empowerment on healthy life style practice‖ at 1% level, Whereas the p-values regarding all other demographic variables are not less than 0.05 hence it is proved that there is no significant association between the Practice regarding student empowerment on healthy life style practice with other demographic variables .

5. MAJOR FINDINGS OF THE STUDY

The findings of the present study reveals that among 50 students were in experimental group and 50 were in control group. Knowledge regarding student empowerment on health life style practice in Experimental group (pre-test) 10% are having inadequate knowledge, 60% are having adequate knowledge and 30% are having moderate adequate knowledge.

Knowledge regarding student empowerment on health life style practice in Experimental group (post-test) 12% are having inadequate knowledge, 80% are having adequate knowledge and 8% are having moderate adequate knowledge.

Knowledge regarding student empowerment on health life style practice in control group (pre-test) 8% are having inadequate knowledge, 72% are having adequate knowledge and 20% are having moderate adequate knowledge.

Knowledge regarding student empowerment on health life style practice in control group (post-test) 6% are having inadequate knowledge, 74% are having adequate knowledge and 20% are having moderate adequate knowledge.

Practice regarding student empowerment on health life style practice in Experimental group (pre-test) 36% are having low level of practice, 42% are having medium level of practice and 22% are having high level of practice.

Practice regarding student empowerment on health life style practice in Experimental group (post-test) 16% are having low level of practice, 80% are having medium level of practice and 2% are having high level of practice.

Practice regarding student empowerment on health life style practice in Experimental group (pre-test) 0% are having low level of practice, 23% are having medium level of practice and 27% are having high level of practice.

Practice regarding student empowerment on health life style practice in Experimental group (post-test) 0% are having low level of practice, 8% are having medium level of practice and 42% are having high level of practice.

Compares the post-test level of knowledge score between experimental and control students, in experimental group, 12% of the students are having inadequate level of knowledge score, 8% of them having moderate level of knowledge score and 80% of them are having adequate level of knowledge score. In control group, 20% of the students are having inadequate level of knowledge score, 6% of them having moderate level of knowledge score and 74% of them are having adequate level of knowledge score.

6. CONCLUSION

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

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