



NURSE LED EDUCATION PROGRAMME ON HEALTH HAZARDS OF JUNK FOODS AMONG SCHOOL CHILDREN

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ABSTRACT

WHO describes overweight and obesity as one of today's most important public health problems, which is escalating as a global epidemic. With increasing urbanization, there has been a decrease in frequency and duration of physical activities of daily living for children. Therapeutic lifestyle changes targeting food habits and physical activity through parental participation and social support are the cornerstones of preventing childhood obesity. A descriptive study was conducted to evaluate the effectiveness of Nurse Led Education Programme on knowledge regarding health hazards of junk foods among school children at a selected school in Thirukalukundrum, kanchipuram district. A quantitative research design – Pre Experimental one group pre and post test design was used. For this study 100 samples of school children aged between 9 – 13 years at a selected school in Thiukalukundrum were selected by using probability stratified random sampling technique. The structured questionnaire used for this study consisted of three parts. Namely, Part I - demographic variables, Part II assessment of knowledge on health hazards of junk foods, Part III Nurse Led Education Programme on health hazards of junk foods. Data were collected, organized and analyzed in terms of both descriptive and inferential statistics. The Frequency and percentage distribution of level of knowledge on health hazards of junk foods in pre and post test disclosed that 91 (91%) study participants had inadequate knowledge where as 9 (9%) had moderately adequate knowledge in pre test. But in post test 94 (94%) study participants had adequate knowledge, and only 6 (6%) had moderately adequate knowledge. The findings disclosed that there was a statistically significant difference between pre and post test on knowledge regarding health hazards of junk foods at level $P < 0.05$. Hence the H_1 is accepted. The result of the study concluded that need to improve the knowledge of school children on health hazards of junk foods.

KEYWORDS : Effectiveness, Nurse Led Education Programme, , Junkfoods, School children.

INTRODUCTION

WHO describes overweight and obesity as one of today's most important public health problems, which is escalating as a global epidemic. Childhood obesity is a grave issue, which needs to be addressed urgently because it leads to several medical and psychosocial problems in children. Evidence suggests that overweight children are at risk of experiencing low self-esteem, body dissatisfaction and depression. Children are now less physically active than a decade ago. The rigorous school schedule followed by the after school academic and extracurricular training sessions leave the children with limited leisure time and they tend to choose sedentary activities like TV, videos and computer games. With increasing urbanization, there has been a decrease in frequency and duration of physical activities of daily living for children, Therapeutic lifestyle changes targeting food habits and physical activity through parental participation and social support are the cornerstones of preventing childhood obesity.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding the health hazards of junk foods among school children in pre test and post test.
2. To evaluate the effectiveness of structured teaching programme regarding the health hazards of junk foods.
3. To associate the level of knowledge regarding the health hazards of junk foods with selected demographic variables among school children

HYPOTHESES

H₁: There is a significant difference between pre and post test on knowledge regarding health hazards of junk foods among school children who were given Nurse Led Education programme.

H₂: There is a significant association of selected demographic variables with the post test level of knowledge on health hazards of junk foods among school children.

METHODS AND MATERIALS:

Research approach

A quantitative approach was used for this study.

Research design

A Pre -Experimental design, one group pre test, and post test was used.

Group	Pretest	Intervention	Post-test
Study group	O ₁	X	O ₂

KEYS

- O₁ = Pre-test on knowledge regarding health hazards of junk foods
 X = Intervention- structured teaching programme regarding health hazards of junk foods
 O₂ = Post test on knowledge regarding health hazards of junk foods.

SETTING OF THE STUDY

The study was conducted at Panchayat Union Middle School in Thirukalukundram. This was situated 15 kms away from Karpaga Vinayaga College of Nursing, Chinnkolambakkam, Kanchipuram District.Tamilnadu,India.

POPULATION

Target population

It refers to all the school children.

Accessible population

It refers to school children studying from IV – VII standard at Panchayat Union Middle School in Thirukalukundram, Kanchipuram District.

SAMPLE

It refers to school children studying from IV – VII standard who fulfilled the inclusive criteria.

SAMPLE SIZE

A total of 100 school children were included in this study.

SAMPLING TECHNIQUE

A probability type of stratified random sampling technique was used for this study to recruit the sample.

SAMPLING CRITERIA

Inclusion Criteria

- School children studying in 4th, 5th, 6th and 7th standard
- School children who are willing to participate.
- Children of both girls and boys of aged between 9-13 years at panchayat union school in Thirukalukundrum, kanchipuram district, Tamilnadu.
- School students are able to understand Tamil language.

Exclusion Criteria

- Children who were on leave.
- School Children aged below 9 years.
- School Children aged above 13 years.

DISCUSSION:

Selection and development of the study instruments

The researcher devised the structured tool which consisted of part I Demographic variables and part II Structured questionnaire for assessment of knowledge on health hazards of junk foods and part III Nurse Led Education programme on health hazards of junk foods.

Description of the tool

demographic variables such as age, sex, education, religion, fathers educational status, mothers educational status, occupational status of father, family income per month, type of family, number of children in the family and residence.

Structured knowledge questionnaire

This included 20 multiple choice questions to assess the knowledge of children on health hazards of junk foods, these questions were prepared relevant to the meaning of junk foods, characteristics of junk foods, types and health hazards of junk foods and scores 1, 0 were given for right and wrong answer respectively.

RESULTS:

Major findings of the study:

The findings disclosed that there was a statistically significant difference between pre and post test on knowledge regarding health hazards of junk foods at level P <0.05. Hence the H1 is accepted.

With regards of Frequency and percentage distribution of selected

Association of demographic variables with posttest level of knowledge on health hazards of junk foods among school children

N = 100

Sl.	Demographic Variables		Post Score						Chi square	P value
			Inadequate		Moderately Adequate		Adequate			
			No.	%	No.	%	No.	%		
1	Age	9-11 years	0	0%	2	2%	45	45%	0.479	0.489 NS
		11.1-13years	0	0%	4	4%	49	49%		
2	Sex	Boys	0	0%	3	3%	47	47%	0.368	1.22 NS
		Girls	0	0%	3	3%	47	47%		
3	Education	IV Std	0	0%	0	0%	24	24%	7.801	0.05*
		V Std	0	0%	2	2%	23	23%		
		VI Std	0	0%	4	4%	21	21%		
		VII Std	0	0%	0	0%	26	26%		
4	Religion	Hindu	0	0%	5	5%	84	84%	1.533	0.325 NS
		Christian	0	0%	1	1%	5	5%		
		Muslim	0	0%	0	0%	4	4%		
		Others	0	0%	0	0%	1	1%		
5	Father Educational status	Illiterate	0	0%	0	0%	19	19%	1.623	0.444 NS
		Primary School	0	0%	4	4%	45	45%		
		Secondary School	0	0%	2	2%	30	30%		
6	Mothers Educational status	Illiterate	0	0%	2	2%	42	42%	0.684	0.71 NS
		Primary School	0	0%	4	4%	48	48%		
		Secondary School	0	0%	0	0%	4	4%		

demographic variables among school children revealed that 53 (53%) study participants were aged between 9-13 years, and boys and girls were 50(50%) each. With regard to education 26 (26%) study participants were studying in VIII std, 25 each (25%) were studying VI and VII std.

Most of the 89 (89%) study participants were hindus. With respect to the study participants father occupational status 49 (49%), 32 (32%) had primary school, secondary school education respectively.

With regard to the study participant's mothers educational status 52 (52%) had primary school education whereas 44 (44%) were illiterate.

The distribution of occupational status of father revealed that 33 (33%) were Farmer.

With reference to the family income per month, 35 (35%) study participants had Rs.5001-10000. The distribution of type of family disclosed that 76 (76%) study participants to the number of children in the family each 37 (37% had one and two child respectively. Most of the 59 (59%) study participants were residing in rural area.

The Frequency and percentage distribution of level of knowledge on health hazards of junk foods in pre and post test disclosed that 91 (91%) study participants had inadequate knowledge where as 9 (9%) had moderately adequate knowledge in pre test. But in post test 94 (94%) study participants had adequate knowledge, and only 6 (6%) had moderately adequate knowledge.

Comparison of pre and post test knowledge score on health hazards of Junk foods among school children

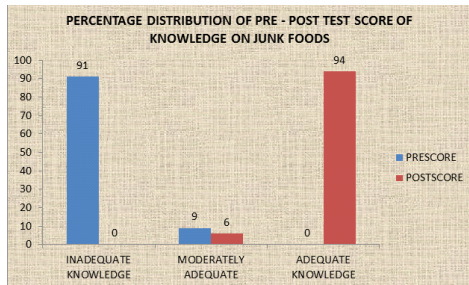
N=100

Sl. No.	Observation	Mean	SD	Paired 't' value	'p' value
1	Pretest total	8.22	1.58	43.09*	0.04
2	Post test total	17.79	1.51		

The above table of the Comparison of pre and post test scores of level of knowledge on health hazards of junk foods in pre and post test within study group by using paired 't' test unveiled that there was a statistically significant difference between pre and post test knowledge score on health hazards of junk foods among study participants at level P <0.05.

7	Occupational status of father	Coolie	0	0%	3	3%	28	28%	2.526	0.471 NS
		Farmer	0	0%	2	2%	31	31%		
		Govt.Employee	0	0%	1	1%	10	10%		
		Priv.Employee	0	0%	0	0%	25	25%		
8	Family income/ month	Below Rs.5000	0	0%	2	2%	28	28%	1.055	0.788 NS
		Rs.5001-10000	0	0%	1	1%	34	34%		
		Rs.10001-15000	0	0%	2	2%	22	22%		
		Above Rs.15000	0	0%	1	1%	10	10%		
9	Type of family	Joint family	0	0%	3	3%	73	73%	2.366	0.124NS
		Nuclear family	0	0%	3	3%	21	21%		
10	No. of children in the Family	One child	0	0%	1	1%	36	36%	2.445	0.294 NS
		Two children	0	0%	4	4%	33	33%		
		More than 2 children	0	0%	1	1%	25	25%		
11	Residence	Rural	0	0%	4	4%	55	55%	0.155	0.694 NS
		Urban	0	0%	2	2%	39	39%		

The above table depicted that there was no association of demographic variables with level of knowledge on health hazards of junk foods among study participants except in educational status which was statistically significant at level $P < 0.05$.



RECOMMENDATIONS

Based on the research findings the recommendations are as follows.

1. A similar study can be conducted to access the knowledge and practice among mother of school children regarding the healthy diet.
2. A study can be conducted to the different age group of children.
3. A comparative study can be conducted among the rural and urban area school children.
4. A study can be conducted to find out the knowledge of parents and teachers on junk foods.
5. A study on assessing the knowledge and attitude of school children on health hazards of junk food and their practice can be done.

Similar study can be conducted with large sample to generate the findings.

CONCLUSION

The present study highlighted the knowledge of school children on health hazards of junk foods. The study findings proved that the Nurse Led Education Programme administered by the researcher was effective to increase the knowledge of the school children on health hazards of junk foods.

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