







### Exclusion criteria

- Women in families of health personnel

### Tool Preparation

#### Structured Questionnaire

**Section I** consists of socio-demographic variables of the subject eg. religion, income, family members etc

**Section II** consists of 33 questions on knowledge regarding, obesity, dietary practices leading to obesity, hazards of obesity its prevention and control.

#### Scoring

- Score 1 was given for correct answer
- Score 0 was given for wrong answer

#### Validity

In order to obtain content validity, the tool was given to 11 experts who included one language expert, two from Department of Preventive Social Medicine and others from Department of Community Health Nursing. After receiving opinions from the experts and consultation from the guide some modifications were done in framing the item and same were incorporated in tool.

#### Reliability

Reliability of the tool is a major criterion for assessing the quality and accuracy. It is the degree of consistency with which it measures the attribute. Reliability analysis was done by Guttman split half coefficient and was found 0.837114.

#### Pilot Study

The pilot study was conducted in nearby village other than the area selected for main study from 24<sup>th</sup> June to 1<sup>st</sup> July 2013 as per laid down criteria. 10 subjects were selected from the village for pilot study from non probability convenient sampling technique. The pre test was given and simultaneously planned teaching was conducted and after seven days post test was conducted and score was improved.

The findings of the pilot study were analyzed. It was evident that the middle aged women had inadequate knowledge regarding Diet Practices leading to Obesity and its Hazards. The subjects who were included in the pilot study were excluded in the main study.

#### Feasibility of the Study

On conducting the Pilot study the researcher did not find any difficulty in getting subjects or data collection procedure. Thus the study was considered to be feasible for the researcher.

### Method of Data Collection

The data gathering process began from 8<sup>th</sup> July to 20<sup>th</sup> July 2013. The researcher visited the middle aged women of area selected for main study in advance and obtained the necessary permission from the concerned authorities. The researcher introduced herself and informed them about the nature of the study so as to ensure better cooperation during the data collection.

The researcher personally approached each subject and explained the purposes of the study and explained how it will be beneficial for them. She confirmed their willingness to participate in the study. The researcher collected a group of subjects, made them comfortable and oriented them to the study and administered questionnaire to them, instructed them not to interact with each other and their doubts were clarified. Once the questionnaire was completed, researcher collected them back. The subjects required mean time of 30 min. to complete the structured questionnaire. After the pretest planned teaching was conducted by the researcher. They were instructed to attend the planned teaching session at their convenient time and were informed to appear for retest after 7 days.

Post test was administered with the same questionnaire on the 7<sup>th</sup> day. The collection of data was performed within the stipulated time. After the data gathering process the researcher thanked all the study subjects as well as the authorities for their cooperation.

## 4. Major Findings

### Section A

- Among the selected subjects 51.6% of were Hindus, 10% were Christian and 6.66% were Muslim and 31.6% were others.
- In 8.3% of the families there were two members, in 35% there were three, in 46.6% there were four members and in 8.3% there were more than four members in their families.
- 23.33% of subjects' family income was in the range of 16000-20000 and 40% had income in the range of 21000 - 25000 while 36.66% had family income in the range of 26,000 – 30,000.
- 8.33% of subjects were educated up to SSC, 40% were educated up to HSC and 45% of them were graduates while 6.66% were post graduates.

### Section B

This section dealt with the assessment of knowledge regarding the diet practices leading to obesity and its hazards among middle aged women in selected area of Maharashtra.

In pre test the mean score percentage of middle aged was 39.09%. The minimum score in pretest was 8 and the maximum score was 16.

In post test the mean score percentage of middle- aged women was 82.22%. The minimum score in post test was 21 and the maximum score was 33.

### Section C

This section dealt with the evaluation of effectiveness of planned teaching on knowledge regarding diet practices leading to obesity and its hazards among middle aged women.

Significance of difference at 5% level of significance is tested with 't' test and tabulated 't' value is compared with calculated 't' value. Also the calculated 'p' values were compared with acceptable 'p' value i.e. 0.05. Mean, standard deviation and mean score percentage values were compared

and t test is applied at 5% level of significance. The tabulated value for  $n=60-1$  i.e 59 degrees of freedom was 2.00. The calculated 't' value for all the areas were much higher than the tabulated value at 5% level of significance which is statistically acceptable level of significance. In addition the calculated 'p' values for all the areas of knowledge regarding diet practices leading to obesity and its hazards was 0.000 which is ideal for any population. Hence it is statistically interpreted that the planned teaching program regarding diet practices leading to obesity and its hazards. Thus the  $H_1$  is accepted and null hypothesis was rejected.

#### Section D

This section deals with association of knowledge scores with demographic values and the findings were as follows:

- **Religion** The calculated 'p'=0.48 which was much higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that the religion of middle aged women in selected area of is not associated with their post test knowledge scores.
- **Number of Family Members** The calculated 'p'=0.25 which was much higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that the religion of middle aged women in selected area of is not associated with their post test knowledge scores.
- **Family income** The calculated 'p'=0.40 which was much higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that the monthly family income of the middle aged women in selected area of Maharashtra is not associated with their post test knowledge scores.
- **Educational status** The calculated 'p'=0.32 which was much higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that the educational status of the middle aged women in selected area of Maharashtra, is not associated with their post test knowledge scores.

Thus the researcher found no significant association between the demographic variables and the post test knowledge score.

#### 5. Discussion

This section presents a discussion of the findings against the main objectives of the researcher behind the study, to assess the efficacy of planned teaching regarding diet practices leading to obesity and its hazards among middle aged women, on the basis of the previously performed researches.

The first objective of the study was to assess the existing knowledge of the subjects regarding diet practices leading to obesity. From the literature reviewed in Chapter II it is evident that snack, convenience, and fast foods and sweets continue to dominate food choices of children as well as adults[20]. Also there are evidences of people underestimating the calorie strength and future hazards of such food [21]. On conducting pre-test it was evident that the knowledge of subjects regarding diet practices was not satisfactory.

As for the efficacy of planned teaching, by comparing the pre test and post test results and analyzing the comparison with inferential statistics it is evident that the planned teaching had

significant effect on the subjects' knowledge regarding diet practices leading to obesity and its hazards. According to Kahn et al; informational approaches are designed to increase physical activity by providing information necessary to motivate and enable people to change their behavior, as well as to maintain that change over time[22].

The third objective was to identify the association between demographic variables and the subjects' knowledge score. Obesity is a matter of talk among most individuals, especially in this era of media and technology every other day; subjects get to hear about the fundamental information of this issue for example 'Hazards of Obesity'. Still the lack of information about the etiological factors triggered the need of intervention by the researcher. The post – test knowledge scores showed that the information provided by the researcher in the form of planned teaching lead to a uniform improvement in the knowledge scores of the subjects. Santhi M D et al; (2013) in a similar study conducted over mothers regarding newborn care found no association between the demographic variables and knowledge scores. She quotes that information on newborn care for all mothers in their own language creates uniform awareness irrespective of their socio- demographic characteristics[23].

#### 6. Conclusion

According to the National Health and Family Survey Report, India possesses fifth largest number of obese people in the world among which number of women is far higher than men. The main reason for this transition is the underestimation of fast foods and sugary drinks in terms of their calorie content and nutritive value. Also many women consider their children to be 'Healthy' or 'Chubby' while they already have higher than normal BMI.

In this concern the researcher conducted a study to understand the effectiveness of a planned teaching on the existing knowledge of middle aged women regarding Diet practices leading to Obesity and its Hazards. On assessing the pre test score it was evident that the subjects had very little knowledge about diet practices leading to Obesity and its Hazards. There was a significant increase in the knowledge of subjects after conducting planned teaching program. To find the effectiveness of planned teaching program students' paired 't' test was applied and t value was calculated, post test score were significantly higher at 0.05 level than that of pre test score. Thus it was concluded that planned teaching program on diet practices leading to Obesity was found effective as a teaching strategy.

Demographic variables did not show a major role in influencing the pre test and post test knowledge score among subjects.

Hence, based on the above cited findings, it was concluded undoubtedly that the planned teaching program effectively increased the knowledge of the subjects, regarding the diet practices leading to Obesity and its Hazards, equally, irrespective of their varied demographic characteristics.

## 7. Nursing Implication

The findings of this study have implications for nursing practice, nursing education, nursing administration and nursing research.

### Nursing Services

Nurses in advanced practice positions may find routine assessment skills difficult. Inspection of skin and bony structures is difficult due to the excess amount of adipose tissue and loss of landmarks due to excess fat. Assessment procedures like auscultation and palpation are also difficult because of the large amounts of adipose tissue, and thorough evaluation of heart, lung, and bowel sounds is impaired that in turn impairs the diagnosis. Every nurse needs to develop self-awareness of the overt and covert messages conveyed to obese patients about their weight, their weight loss efforts, and especially their weight control failures. Nurse practitioners are in a wonderful position to educate patients regarding diet and exercise, as well as help with the maintenance of appropriate weight and identification of those at risk for overweight and obesity. Nurses play an important role in promoting preventative measures and encouraging positive lifestyle behaviors, as well as identifying and treating obesity-related co-morbidities. They also have a role in counseling patients about safe and effective weight loss and weight management programs.

### Nursing Education

Obesity may be an old known physical parameter but it is a new Disease. This study justifies the need to consider Obesity and Overweight as a condition that requires medical intervention and include it in the curriculum as a study area. Also Continuing Education in this aspect would help the professional nurses to be acquainted with this 'New world Syndrome'. This would not only help the nurses to know about this recently growing epidemic but also it would help the nurses to educate her clients and community about Obesity and its causes and thus prevent associated risks.

### Nursing Administration

As a Nursing Administrator one can use the findings of this study as a topic for conducting group discussions, symposiums and continuing education programs. This would not only update the knowledge of nursing staffs, but also recommendations suggested by the participants may be of significant help in modifying policies and planning of the Government in the areas of prevention and rehabilitation.

### Nursing Research

This research is an attempt to update the existing level of knowledge regarding diet practices leading to Obesity. Nursing researchers find their basis of study in the findings revealed in earlier studies. The results of this study would trigger a researcher's instinct to conduct further studies in the field of prevention and control etc.

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