

Effectiveness of Planned Teaching Programme (PTP) on Knowledge and Attitude Regarding Health Hazards of Fast Food Consumption among Adolescent Students

Suchitrarani Rathod¹, Priyanka Pawar²

¹Dean and Principal, Professor and HOD Medical Surgical Nursing, D.Y. Patil, College of Nursing, Kolhapur, Maharashtra, India

²Nursing Tutor, Dept of Medical Surgical Nursing, Shree Saraswati College of Nursing, Sindhudurg, Maharashtra, India

Abstract: A Pre experimental study conducted at Irwin English Medium School and Seventh Day Adventist Higher Secondary School, Kolhapur featuring a group of 60 adolescents using Probability, Systematic random sampling technique. The tool was developed using socio demographic data, structured knowledge questionnaire and attitude scale to assess the knowledge and attitude regarding health hazards of fast food consumption among Adolescent students. The tool was found to be reliable ($r = 0.82$). The gain in knowledge score was statistically significant at $P < 0.05$ level. The findings revealed that the planned teaching programme (PTP) on health hazards of fast food consumption was effective in increasing the knowledge regarding health hazards of fast food consumption among adolescent students. The attitude results reveal that the calculated paired 't' value ($t_{cal} = 7.43$) was greater than tabulated value ($t_{tab} = 2.00$). Hence indicates that the change in attitude score was statistically significant at $P < 0.05$ level. Therefore the findings revealed that the planned teaching programme on health hazards of fast food consumption was effective in changing the attitude regarding health hazards of fast food consumption among adolescent students.

Keywords: Effectiveness Planned teaching programme, knowledge, Attitude, Health Hazards, Fast-food

1. Introduction

Food is an important part of a balanced diet. It is something everyone needs, every day. Life can be sustained only with adequate nourishment. Food is an important part of a balanced diet. It is something everyone needs, every day. Life can be sustained only with adequate nourishment. Man needs food for growth, development and to lead an active and healthy life. Food is a substance, usually composed of carbohydrates, fats, proteins and water that can be eaten or drunk by an animal or human for nutrition or pleasure. Fast food is the term given to food that can be prepared and served very quickly. The term "fast food" was recognized in a dictionary by Merriam-Webster in 1951. Fast food is any food that is quick, convenient, and usually inexpensive. It's delicious, it's filling, is really affordable, and readily available just any time of the day, being only a drive through phone call away. [1]

Fast food operations are now an important part of modern catering practice largely through the growth of international franchise chains. Fast food is inexpensive because it is usually made with cheaper ingredients such as high fat meat, refined grains, and added sugar and fats, instead of nutritious foods such as lean meats, fresh fruits, and vegetables. [2] Consumption of fast food has increased rapidly since the 1970s among adolescents from all socioeconomic and racial/ethnic groups across the "United States," the authors provide as background information in the article. "An estimated 75 % of adolescents eat fast food one or more times per week. [3] Adolescence is a transitional period between

childhood and adulthood, which begins from the earliest signs of secondary sexual characteristics development and ends when a person has achieved adult status (WHO, 1995). Hence, dramatic changes and development of the physical, emotional and cognitive functions occur during adolescence. In order to achieve optimal growth and development during adolescence, the nutritional requirements are the highest across the life span. Practicing healthy eating behaviour is one of the important factors to meet the nutritional needs of adolescents. [4]

In adolescents both boys and girls undergo several physical and psychological changes which change them to become partly responsible for their own health and welfare. Psychological development of adolescents such as independence and acceptance by peers may affect adolescents food choices and nutrient intake, which places them to adopt unhealthy eating behaviours like addiction to junk foods. [5] In India, Commonly available junk foods are Breads, Cookies, Chips, Candy Bar, Muffins, Burger, Fries, Pizza, Pan Cake, Samosa, PaniPuri, Carbonated Beverages etc. As this foods are commonly available in urban area, adolescents are attracted to this food items because of its color, flavor and taste now a day's many adolescents have forgot the naturally available foods and got addicted to junk foods taste, and are facing many health problem in early stages of life. [6]

Volume 7 Issue 8, August 2018

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

2. Literature Survey

Fast food affinity is equated with bad eating habits. Today's school children learned that fast foods are easily available and affordable, but the health hazards considerably outweigh those benefits. Meals at home are usually healthier with more fruits, vegetables, less fat, more calcium and milk. In assessing the preventable causes of death, poor diet and physical activities accounts about 3 lakh deaths per year globally. For proper growth and development and to prevent health problems young people should begin healthy eating habits early in life. [7]

According to WHO report on October 2012 world's adolescent population is 1200 million humans 10-19 years of age, or about 19% of the total population, they face a series of serious nutritional challenges. Increased nutritional needs at this stage relate to the fact that adolescents gain up to 50% of their adult weight, more than 20% of their adult height, and 50% of their adult skeletal mass during this period. Caloric and protein requirements are maximal. Increased physical activity, combined with poor eating habits. The main nutrition problems affecting adolescent populations worldwide include, under nutrition and obesity. The consultation's recommendations for action, which are directly relevant to other regions, include: An international growth reference suitable for adolescent children should be developed; Community-based approaches need to be developed for the sustained strengthening of household food security with emphasis on nutritional adequacy for adolescent girls; Mass information and awareness programmes are needed to alert governments and communities to the importance of health and nutrition for adolescent. [8]

In India alone the fast food industry is growing by 40% a year. Eating at home remains very much ingrained in Indian culture and changes in eating habits are very slow moving with barriers to eating out entrenched in certain sectors of Indian Society. The growth in nuclear families, particularly in urban India, exposure to global media and Western cuisine and an increasing number of women joining the work force have had an impact on eating out trends. Adolescent is the age group of enjoyment with friends especially in fast food corners. Fast foodies kind of addictive; you get hooked on to it and continue consuming it in an uncontrolled way in spite of knowing that it is unhealthy. The more you consume, the more difficult it is for you to opt for healthy foods. [9]

Adolescence is a period of rapid growth and personal development. The growth and development of adolescents depends to a large extent on their nutrition. The complex myriad of physiological as well as psychological changes, accompanied by rapid growth and increase in physical activity, creates special nutritional needs that are higher during adolescence than at any other time in life. Failure to consume adequate diet at this time can potentially retard physical growth, intellectual capacity and delay sexual maturation. [10]

The effects of fast food include nutritional deficiencies, obesity, increased cholesterol levels, cardiac problems and many other threatening health hazards. Most of these quick and convenient meals contain high amount of sodium, which increases and aggravates the risk of high blood pressure. According to the recommendations of the National Research Council of the National Academy of Sciences 1,200 - 1,500 mg of sodium is the daily sodium requirement for adults. Although the body requires minimum quantities of sodium, too much sodium contributes to high blood pressure. Sodium can also lead to building-up of fluids in case of people who are suffering from people with congestive heart failure, cirrhosis, or kidney disease. [11]

Studies conducted in metropolitan cities like Chennai, Bangalore states that 70% of the mortality in adulthood is linked to habits picked up during the adolescence period especially the poor eating habits. It was estimated that eating junk food is the second leading cause for most of the adolescent health problems. [12]

A comparative studies in Metropolitan cities (2008), Study suggest that childhood obesity is a major public health issue worldwide. It is well accepted that unhealthy eating patterns are partially responsible for the increase in childhood obesity. However, there is relationship between fast food and soft drink consumption and children happiness. In particular, they studied the effects of fast food and soft drink consumption on children body weight and their happiness. A Nation-wide Survey was carried in 2001 using Health Survey in India, the authors looked at the fast food and soft drink consumption, body weight and level of happiness of 2,366 children aged between 12 to 15 years old. Fast foods included French fries, Pizza and hamburgers, soft drinks including soda and other sugar sweetened beverages. 30% age of children in the study sample were over-weight or obese and 19% sometimes are often felt unhappy, sad or depressed. So the study's key findings were that children who ate fast food and drink soft drinks were more likely to be overweight, and had favourable attitude towards junk food consumption. [13]

A cross sectional study conducted in Chennai using an un-quantified food frequency questionnaire and anthropometric data suggests that fifty adolescents between 12 to 15 years old were selected from Schools. The consumption of junk foods was significantly higher in urban areas about 24.2% respectively. Studies result shows junk food makes up quarter of adolescent diet in urban cities. [14]

3. Methods / Approach

Research approach: In the present study focusing the nature of the research problem and to fulfil the objectives. Quantitative, Evaluative Survey approach was considered to carry out the study.

Research Design: As this study involved evaluating the effectiveness of planned teaching programme (PTP) on knowledge and attitude regarding health hazards of fast food

consumption among adolescent students. Hence, Pre experimental design; one group pre-test post-test design was chosen.

Variables:

- a) **Independent variable:** The planned teaching programme (PTP) on health hazards of fast food consumption was believed as independent variable.
- b) **Dependent Variable:** The dependent variables were the Knowledge and Attitude of adolescent students regarding health hazards of fast food consumption.
- c) **Attribute variables:** Age, Gender, Standard studying in, Place of living, Education of Father and mother, Occupation of Father and Mother, Habitat, Monthly family Income in Rupees, Source of Information.

Research setting: The study was conducted at Irwin English Medium School and Seventh Day Adventist Higher Secondary School, Kolhapur.

Research population: In the present study, population comprised of adolescent students at the selected high schools, Kolhapur.

Sample/Sample Size: The sample comprised of 60 adolescents studying in 8th and 9th Standard at selected schools, Kolhapur.

Sampling technique: Probability; Systematic Random Sampling technique was used to select the samples for the study.

Criteria for selecting the samples:

Inclusion criteria

Adolescent's students who were of both gender (Girls and Boys), studying in 8th and 9th standard, in selected high schools, Kolhapur and studying in Private or Government aided school were included in study.

Exclusion criteria

Adolescent's students who were not willing to participate in the study and adolescent who were not present at the time of data collection were excluded from the study.

Description of the tool

The tool considered of two parts: Part -I: Section A: Socio demographic data, It consist of eleven items for obtaining information about the selected background factors of samples such as Age, Gender, Standard studying in, Place of living, Education of Mother and Father, Occupation of Father and Mother, Habitat, Monthly family Income in Rupees, Source of Information, and Section B: Structured knowledge questionnaire on health hazards of fast food consumption, consisted of 32 items of multiple choice questions on knowledge regarding health hazards of fast food consumption. The Part II : Attitude Scale on Health hazards of fast food consumption, A five point Likert scale was developed to assess the attitude of adolescent students regarding health

hazards of fast food consumption. It consisted of 23 statements on attitude regarding health hazards of fast food consumption. From which 14 statements were negative and 09 statements were positive. The scoring technique of Likert scale was done on the basis of type of statement and level of respondent's agreement with statement, i.e. for negative statement was 01-05 and for positive statement scoring technique was 05-01.

Scoring technique: The structured knowledge questionnaire consisted of 32 multiple choice questions on knowledge regarding health hazards of fast food consumption. Every correct answer awarded a score of one (1) and every incorrect/unanswered item awarded as (0). The maximum score on structured knowledge questionnaire was thirty two (32). The questionnaire for knowledge assessment was categorized as: Good score for 22-32, Average score for 11-21 and Poor score for 00-10. Whereas the attitude scale consisted 32 statements on health hazards of fast food consumption. The scoring technique for attitude scale was categorized as: 85-115 indicating Highly favourable, 84-54 indicating favourable and 23-53 as Unfavourable.

Content validity of the tool:

The tool was presented in front of expertise of M.Sc. nursing teachers of D Y Patil College of Nursing before sending for the validation. The tool was submitted to 12 experts. From which 11 were experts from the field of Medical Surgical Nursing, 1 from field of Nutritional Science (Nutritionist). After validation of tool by expertise and as per their suggestions, certain questions were deleted in socio demographic data and the tool was finalized accordingly for the pilot study.

Reliability: Reliability of the tool was assessed by administering the tool to 10 Adolescents students at selected high schools of Kolhapur. Reliability of knowledge items was tested by split half method using Karl Pearson's coefficient of correlation formula and Spearman's Prophecy Brown formula. The reliability computed was $r = 0.82$ which revealed tool to be reliable. Reliability of the attitude scale was tested by Cronbach's Alpha Formula and found to be reliable with $r = 0.75$

Pilot Study: A setting of the pilot study was selected randomly by using lottery method. Hence, Seventh Day Adventist Higher secondary School, Kolhapur was selected for pilot study. The researcher obtained formal permission from the Principal of Seventh Day Adventist Higher secondary School, Kolhapur. The pilot study was conducted from 05/01/2017 to 12/01/2017. Researchers introduced themselves to the subjects and explained purposes, objectives of the study. Subjects were selected using Probability; Systematic Random sampling technique. Then written consent was obtained from the subjects on previous day of pre-test. Data was collected from 10 samples. Pre-test was conducted in 9th standard classroom, by administering Tool Part I: Socio demographic data, Structured Knowledge Questionnaire and Part II –Attitude scale on health hazards of fast food

consumption. Approximately 45 minutes were taken to complete the pre-test. Planned Teaching Programme was administered to subjects by researcher soon after pre-test. Post-test was conducted by using same tool on same subjects after 07 days of Planned Teaching Programme on 12/12/2017

Procedures for data collection: The researcher randomly selected the school by lottery method which fulfilled the inclusive and exclusive criteria and Irwin English Medium School, Kolhapur was selected for the study. Researchers obtained the formal permission from the Principal of the Irwin English Medium School. The main study was conducted from the 07/02/2017 to 15/2/2017. Planning of the time schedule as per the timings of activities in selected schools was done. Researchers introduced themselves to the subjects and explained the purpose and objectives of the study. Researcher selected 70 subjects from 140 target population by using probability systematic sampling technique. The Kth value obtained was 2; hence every 2nd subject was selected as a subject. 70 subjects were selected to avoid drop out bias during post-test and during post-test only 60 subjects were considered as final subjects. Written consent was obtained from the selected subjects. A pre-test was conducted on 07/02/2017 by using the tool. Subjects took approximately one hour to complete the structured knowledge questionnaire and attitude scale on health hazards of fast food consumption. On the same day planned teaching programme was administered to the same subject's for 45 minutes, by gathering them in 9th standard classroom. Post test was conducted on 8th day after PTP i. e. on 15/02/2017. For the post-test 64 subjects were present; from that 64 subjects only first 60 were considered final.

4. Results/Discussion

The data was entered in a master sheet for tabulation and statistical processing. Analysis of data is organized and presented under the following headings:

Section I: Findings related to distribution of selected Socio-demographic data of adolescent students.

Table 1: Distribution of socio demographic variables.

Sr. No	Socio-demographic Variables	Frequency (f)	Percentage (%)
1	Age in Years		
	a. 13-14	38	63.3
	b. 15-16	22	36.7
2	Gender		
	a. Male	34	56.7
	b. Female	26	43.3
3	Standard studying in		
	a. 8 th	28	46.7
	b. 9 th	32	53.3
4	Education of Father		
	a. Primary school	2	3.7
	b. Middle school	11	18.3
	c. High school	25	41.5
	d. Diploma	10	16.5
	e. Graduation and above	12	20.0
5	Education of Mother		

	a. Illiterate	1	1.6
	b. Primary school	4	6.7
	c. Middle school	14	23.3
	d. High school	16	26.7
	e. Diploma	13	21.7
	f. Graduation and above	12	20.0
6	Occupation of Father		
	a. Driver	06	10.0
	b. Worker	10	16.5
	c. Farmer	11	18.3
	d. Business man	06	10.0
	e. Service	18	30.0
	f. Advocate	02	03.6
	g. Engineer	03	05.0
	h. Teacher	03	05.0
i. Doctor	01	01.6	
7	Occupation of Mother		
	a. Housewife	46	76.6
	b. Advocate	01	01.6
	c. Service	06	10.0
	d. Teacher	04	06.6
	e. Doctor	01	01.6
	f. Shopkeeper	02	03.6
8	Habitat		
	a. Rural	12	20.00
	b. Urban	48	80.00
9	Monthly income in Rupees		
	a. 04,000-35,000	46	76.5
	b. 36,000-65,000	09	15.0
	c. 66,000-95,000	02	03.5
	d. 96,000-01,25,000	03	05.0
10	Source of Information		
	a. Yes	45	75.0
	b. No	15	25.0
	If Yes,		
	a. Mass media	15	33.6
	b. Self-Experience	06	13.3
	c. Observed Experience	06	13.3
	d. Teachers		
	e. Others	12	26.5
		06	13.3

Table 1: Indicates that,

- Majority of the subjects 38(63.33%) belonged to the age group of 13-14 years, and minority 22 (36.77%) belonged to the age group of 15-16.
- Majority of the subjects were males 34(56.7%) and Females were 26 (43.7%).
- Majority of subjects were from 9th standard 32 (53.3%) and minimum 28 (46.7%) were from 8th standard.
- Majority of subjects fathers education were high school 25 (41.5%) and minority of the subjects fathers education were primary school 2 (03.7%).
- Majority of subjects mothers education were high school 16(26.7%) and minimum was 1(1.6%) participant's mother was illiterate.
- Most of the subjects fathers occupation were service 18(30.0%) and minimum 1 (1.6%) subjects fathers occupation was doctor.
- Most of the subjects mothers were housewife 46 (76.6%) and only 1 (1.6%) subjects mothers occupation was doctor.

- Majority of 48 (80%) subjects were from urban habitat and 12 (20%) were from rural habitat.
- Majority of subjects parents monthly income was 4,000-35,000 46 (76.6%) and minimum was 1 (1.6 subjects parents monthly income was 96,000-1,25,000.
- Majority of subjects had mass media 15 (51.66%) as source of information, 12(20%) had teachers as a source of information. 6(10%) had self -experience, observed experience as a source of information respectively and 15 (25%) had no source of information.

Section II:

A. Findings related to distribution of pre-test and post-test knowledge scores of adolescent students regarding health hazards of fast food consumption.

Table 2: Frequency and percentage distribution of pre-test and post-test knowledge scores of adolescent students regarding health hazards of fast food consumption, n=60

Knowledge score	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Good (22-32)	16	26.7	54	90
Average (11-21)	44	73.3	06	10
Poor(00-10)	00	00	00	00

Table 2: Indicates that, In pretest majority of the subjects 44 (73.3%) had average knowledge and 16 subjects (26.7%) had good knowledge and none of the subjectshad poor knowledge, where as in posttest 06 (10%) subjects had average knowledge, 54 (90%) subjects had good knowledge none of the subjects had poor knowledge.

B. Findings related to distribution of pre-test and post-test attitude scores of adolescent students regarding health hazards of fast food consumption.

Table 3: Frequency and percentage distribution of pre-test and post-test attitude scores of adolescent students regarding health hazards of fast food consumption, n=60

Attitude score	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Favourable (85-115)	23	38.3	52	86.7
Moderately favourable (54-84)	36	60	08	13.3
Unfavorable (23-53)	01	1.7	00	00

Table 3: Indicates that, In pre-test majority of the subjects 36 (60%) had moderately favourable and 23 subjects (38.3%) had favourable attitude and 1(1.6%) of the subjects had unfavourable attitude, where as in post-test 52 (86.7%) subjects had favourable attitude, 08 (13.3%) subjects had moderately favourable attitude and none of the subjects had unfavourable attitude.

Section III:

A. Findings related to mean, median, mode, range & standard deviation of pre and post knowledge scores of adolescent students regarding health hazards of fast food consumption.

Table 4: Mean, Median, Mode, Range and Standard Deviation of knowledge scores of adolescent students regarding health hazards of fast food consumption, n = 60

Area of analysis	Mean	Median	Mode	SD	Range
Pre-test	19.25	19.05	20	4.83	60
Post-test	26.65	26.05	26	3.09	54
Difference	7.4	7	6	-1.74	-6

Table 4: Indicates that, The overall knowledge score of subjects was increased by mean difference 7.4 units and median difference was 07 whereas mode difference was 6. The variability around the mean of knowledge score distribution was -1.74. The range between the highest and lowest score was 6 administering the PTP.

B. Findings related to mean, median, mode, range & standard deviation of pre and post attitude scores of adolescent students regarding health hazards of fast food consumption.

Table 5: Mean,Median, Mode, Range and Standard Deviation of attitude scores of adolescent students regarding health hazards of fast food consumption, n = 60

Area of analysis	Mean	Median	Mode	SD	Range
Pre-test	78.65	78.05	78.02	14.42	27
Post-test	95.38	96.05	98.74	9.83	21
Difference	16.73	18	20.72	-4.59	-6

Table 5: Indicates that, the overall attitude score of subjects was increased by mean difference 16.73 units and median difference was 18 whereas mode difference was 20.72. The variability around the mean of attitude score distribution was -1.78. The range between the highest and lowest score was -6 after administering the PTP.

Section IV: A. Findings related to data on effectiveness of ptp on Knowledge regarding health hazards of fast food Consumption among adolescent students.

Table 6: Effectiveness of PTP on knowledge regarding health hazards of fast food consumption among adolescent students

Mean Difference	Standard Error Difference	Paired 't' value		df
		Calculated	Tabulated	
4.64	0.8	09.25*	2.00	59

*p<0.05

Table 6: shows that, The calculated paired 't' value (tcal= 09.25) was greater than tabulated value (t tab = 2.00). This indicated that the gain in knowledge score was statistically Therefore the findings revealed that the Planned Teaching Programme (PTP) on health hazards of fast food consumption was effective in increasing the knowledge

regarding health hazards of fast food consumption among adolescent students.

B. Findings related to data on effectiveness of ptp on attitude regarding health hazards of fast food consumption among adolescent students.

Table 7: Effectiveness of PTP on attitude regarding health hazards of fast food consumption among adolescent students

Mean Difference	Standard Error Difference	Paired 't' value		df
		Calculated	Tabulated	
0.93	2.25	7.43*	2.00	59

*p<0.05

Table 7 shows that, The calculated paired't' value (t cal = 7.43) is greater than tabulated value (t tab = 2.00). Hence indicates that the Planned Teaching Programme (PTP) on health hazards of fast food consumption was effective in increasing the positive attitude regarding health hazards of fast food consumption among adolescent students and shows gain in positive attitude and was Statistically significant at P<0.05 level.

Section V: Findings related to data on correlation between knowledge and attitude regarding health hazards of fast food consumption among adolescent students.

Table 8: Correlation between knowledge and attitude regarding health hazards of fast food consumption among adolescent students

X	Y	Karl Pearson coefficient of correlation (rxy)
1155	4719	R=0.28 (tcal=0.28 > ttab=0.25)

Table 8: Indicates that, the calculated correlation value (t cal = 0.28) is greater than tabulated value (t tab= 0.25). which denotes that there was a correlation between knowledge and attitude among adolescent students regarding health hazards of fast food consumption. Statistically significant at P<0.05 level.

Section VI:

A. Findings related to association between pre-test Knowledge scores with their selected socio-demographic variables

There was significant association between pre-test knowledge scores with their selected socio-demographic variables like Age [$X^2_{cal}= 9.67, X^2_{tab}= 3.84,$] Gender [$X^2_{cal}= 5.74, X^2_{tab}= 3.84,$] Standard studying in [$X^2_{cal}= 4.12, X^2_{tab}= 3.84,$] Education of Mother [$X^2_{cal}= 13.0, X^2_{tab}= 11.1,$]. Out of eleven selected socio demographic variables age, gender, standard studying in, education of mothers shows association between their selected socio demographic variables and pre-test knowledge scores of health hazards of fast food consumption. The calculated Chi-square value was higher than tabulated value at 0.05 level of significance which indicates that there was significant association between pre-

test knowledge scores of adolescents with their selected socio demographic variables at 0.05 level of significance.

B. Findings related to association between pre-test attitude scores with their selected socio-demographic variables

There was significant association between pre-test Attitude scores and selected socio-demographic variables like Age [$X^2_{cal}= 8.87, X^2_{tab}= 5.99,$]. Out of eleven selected socio demographic variables i.e age shows association between their selected socio demographic variables and pre-test attitude scores of health hazards of fast food consumption. The calculated Chi-square value was higher than tabulated value at 0.05 level of significance.

5. Conclusion

The knowledge results indicated that the gain in knowledge score was statistically significant at P<0.05 level. Therefore the findings revealed that the PTP on health hazards of fast food consumption was effective in increasing the knowledge regarding health hazards of fast food consumption among adolescent students.

The attitude results revealed the change in attitude score was statistically significant at P<0.05 level. Therefore the findings revealed that the PTP on health hazards of fast food consumption was effective in change the attitude regarding health hazards of fast food consumption among adolescent students.

Tabulated value of karl Pearson's coefficient of correlation (0.28) was greater than calculated value (0.25), which indicates that there was a correlation between knowledge and attitude among subjects regarding health hazards of fast food consumption and found Statistically significant at P<0.05 level.

There was significant association between Pre-test knowledge scores and selected socio-demographic variables like Age [$X^2_{cal}= 9.67, X^2_{tab}= 3.84,$] Gender [$X^2_{cal}= 5.74, X^2_{tab}= 3.84,$] Standard studying in [$X^2_{cal}= 4.12, X^2_{tab}= 3.84,$] Education of Mother [$X^2_{cal}= 13.0, X^2_{tab}= 11.1,$]. The calculated Chi-square value was higher than tabulated value at 0.05 level of significance. This indicates that there was significant association between pre-test knowledge scores of adolescents with their selected socio demographic variables at 0.05 level of significance.

There was significant association between Pre-test Attitude scores and selected socio demographic variables like Age [$X^2_{cal}= 8.87, X^2_{tab}= 5.99,$]. The calculated Chi-square value was higher than tabulated value at 0.05 level of significance. This indicates that there was significant association between Pre-test Attitude scores and selected socio-demographic variables at 0.05 level of significance. Study revealed that planned teaching programme was very effective in order to gain knowledge and attitude regarding health hazards of fast food consumption among adolescent students

6. Future Scope

Based on the findings of the study, the following recommendations were made:

- 1) A similar study on a large setting with more samples for a longer period of time would be more pertinent in making broad generalizations.
- 2) Quasi-experimental study can be conducted in two groups; one group as experimental and the other as control could be undertaken to evaluate the effectiveness of PTP in more precise way.
- 3) A comparative study can be conducted to evaluate the effectiveness of two different teaching strategies.
- 4) A longitudinal study can be done to assess the effect of PTP on health hazards of fast food consumption.

References

- [1] Periera, Karthosav, Ebbeling. A CARDIA STUDY. Fast food habits (serial online) 2007 (cited 18 sep 2009) Available from URL: <http://www.ncbi.nlm.nih.gov/pubmed/15639678>
- [2] Mohd Nasir M. T. "Eating behaviours among adolescents". Pakistan journal of nutrition 8(4); 425, 2009.
- [3] Journal of American Medical Association, "Adolescents over eat fast food but lean compensate for over consumption by eating less" June 15 2004.
- [4] A. B. Harrins and G. V. Robbins, "Nutrition and diabetes" first edition published by Tata Mcgraw-Hill publishing company limited page; 183.
- [5] BBC. Health: Healthy Eating for Teenagers' .August. 2011. available from. <Http://www.bbc.co.uk/health/treatment/health/life/adolescents>.
- [6] Google, Junk Food List available from [http://www.buzle.com/article/junk food list](http://www.buzle.com/article/junk%20food%20list).
- [7] Gregory Green, Shirley A. Reese. Childhood obesity: a growing phenomenon for physical educators Education. Available from: URL: http://findarticles.com/p/articles/mi_qa3673/is_1_12/ai_n29301577/.
- [8] Indian junk food published on November 2008 available from. [http://www.fat free chicken.com/junk foods/junk foods](http://www.fat%20free%20chicken.com/junk%20foods/junk%20foods)
- [9] Achieves of paediatrics and Adolescent medicine; volume 161, no.8; Aug 2007.
- [10] Krause's food, nutrition and diet therapy, 11th edition, saunders publications Page No. 284-294.
- [11] Carol west. Suiter and Merely Forbes "Nutrition – Principles And Application in Health promotion" second edition 1984 page no; 293
- [12] Children and junk food – [http://www.indiaparenting.com/food and nutrition/56, 2009](http://www.indiaparenting.com/food%20and%20nutrition/56,2009).
- [13] Junk foods makes kids fatter, but happier – [http://www.sciencedaily.com 2009/04](http://www.sciencedaily.com/2009/04)

[14] The Hindu: magazine/health: beware of junk foods – <http://www.hindu.com/mag/2009/11>

Author Profile



Prof Mrs Suchitrarani Rathod, Dean and Principal, Professor and HOD Medical Surgical Nursing, D.Y. Patil, College of Nursing, Kolhapur.



Nursing Tutor, Dept of Medical Surgical Nursing, Shree Saraswati College of Nursing, Sindhudurg.