

A Study to Assess the Effectiveness of Structured Teaching Programme On Knowledge Regarding Health Hazards of Junk Foods among School Children in Selected Schools at Nagpur

Diksha Nagdeve , Nirbhay Mohod

1. Introduction

“If junk food is the devil, then a sweet orange is a scripture”.

AurdreyForis

Food is necessary for energy, growth, and repair and for health. Eating right and being physically active are not just a diet or program. These are the key to a healthy life style. With the healthful habits we may reduce our risk of many chronic diseases. Now a days, healthy nutritious foods have been replaced by junk food. Junk food comprises of anything that is quick, tasty, convenient and fashionable. It seems to have engulfed every age, every race and the newest entrance in children.

These years are a time of steady growth; good nutrition is a high priority. School days are full of educational challenges that require long attention spans and stamina. Poor nutritional habits can undermine these prerequisites of learning. Today’s school children learned that fast foods are easily available and affordable. But the health hazards considerably outweigh those benefits.

2. Literature Survey

Nirmala desikan S. et al. (2010) conducted a study to raise awareness about junk food consumption by children as part of its campaign, which ran in 60 schools across Chennai, a combination of junk and healthy foods was laid out on a table in each school. They gave the children a tray and asked them to pack their lunch. About 80% picked junk food. It showed that today’s children are behind junk foods without knowing their hazardous effect. Mogasale V. (2010) conducted a study to assess the seriousness of the problem of obesity in school going children. Questionnaires were to assess their lifestyle habits. The result revealed that over 17% children were found to be overweight. Some even had high blood

pressure and a family history of diabetes mellitus. At least 11% children preferred eating lunch from the school canteen; and over 81% children claimed that they went out of a fast food joint at least once a week. 62% children liked eating junk food like burgers, pizzas, etc. and 47% children took at least one cold drink daily. Overweight children have 70% chances of becoming overweight obese adults.

3. Problem Definition

A study to assess the effectiveness of structured teaching program on knowledge regarding health hazards of junk foods among school children in selected schools at Nagpur.

Objectives Study:

- 1) To assess the knowledge regarding health hazards of junk food.
- 2) To assess the post test knowledge regarding health hazards of junk food.
- 3) To find out the association between selected demographic variables and the levels of knowledge among school children.
- 4) To compare pre test and post test knowledge regarding health hazards of junk food.

4. Material and Methods

“Research approach is a systematic, objectives method of discovery with empirical evidence. And evaluative research is applied from of research that involves finding out how well a program, practice, procedure is working. The main aim goal is to assess the success of the program.” (Polit and Hungler 2008). In the present study the research approach is descriptive evaluative research approach. The research design used for the present study is Pre experimental one group pre-test and post-test design.

Sample	Pre Test	Structured Teaching Programme	Post Test
	Day- 1	Day-2	Day- 3
School Age Children	01	X	02

Schematic presentation of the study design:

Sample	Tool	Sample Technique	Test	Treatment
School age children in selected school of the study.	Structured questionnaire	Simple purposive sampling	Structured questionnaire	Structure teaching programme

Setting of the present study is the selected school of Nagpur city. (Upper Primary School, Jamtha and Shiva Saonga High School, Shiva) Variables are qualities, properties or characteristics of person's thing or situations that changes vary. (Burns N. Grove SK, 2004). In the present study the population consist of school age children from Shiwa Saonga high school, consisting of 60 children's in Nagpur city. For present study the sample selected are school children of selected schools of Nagpur city who will full fill the inclusion criteria and the age group is 10-13 years. Sample size is 60 school children aged between 10 -13 years. In the present study sample is collected through non-probability convenient sampling technique.

- Descriptive statistics:
 - a. Frequency and percentage distribution were used to analysis the baseline variables and level of knowledge.
- Inferential statistics:
 - a. Chi- square test was used to compare pre test and post test knowledge.
 - b. Paired t-test was used to fine out significant knowledge score among school children.

5. Result

In present, majority of 65 % school age children had average knowledge regarding health hazards of junk food, 18.33 school children had good knowledge, and 16.66% school children had poor knowledge regarding health hazards of junk food . While in post test, majority of 43.33% school age children had good knowledge regarding health hazards of junk food, 38.33% school children had very good knowledge, 18.33% school children had average knowledge and not a single student had poor knowledge in post test regarding health hazards of junk food. This indicates that there is marked improvement in knowledge of school age children after structure teaching.

6. Discussion

The findings of the study have been discussed with reference to the objectives and hypothesis stated in chapter I and with findings of other studies. Majority of 36.6% of school children's were in the age group of 11-12 years, 63.3% were in the age group of 12 – 13 years. 68.3% were females have more knowledge, 31.6% than male children's. Majority 98.3% school children were live in a village area, and 1.6% of school children's were live in city area. According to the data collection 16.6% children's parents have monthly income below Rs. 5000/- 60% children's parents have income between Rs. 5001 – 10,000/-, 20% children's parents have income between Rs. 10, 001 – 15,000/-, 2% children's parents have income

>15,000Rs. 26.6% children's parents were doing jobs, 33.3% were labour, and 3.3% were having business.

7. Conclusion

The school age children do not have 100% knowledge regarding health hazards of junk food. There was a significant increase in the knowledge of subjects after the introduction of structured teaching programme. To find the effectiveness of structured teaching programme. To find the effectiveness of structured teaching programme "paired t – test" was applied and t value was calculated, post test score was significantly higher at 0.05 level than that of pre test score. Thus it was concluded that structured teaching programme on health hazards of junk food among school age children was found effective as a teaching strategy.

8. Future Scope

- Community health nursing practices: Nursing is a person of action reaction, interaction and transaction whereby nurses assist individual of any age group to meet their basic needs in coping with their health status at some particular point in their life cycle.
- Nursing education: Nursing education curriculum includes more workshop and health education programme based on the actual and potential at that particular time.
- Nursing administration: Nursing as a profession is unique because it addresses. The response of individual and families to actual or potential problems in humanistic and holistic manner. Nurses have many roles, such as care giver, decision maker, advocate and teacher.
- Nursing services: Nursing service as the part of total health organization which aims to clarify the major objectives of nursing services is to provide care for prevention of disease and promotion of health.
- Nursing research: Progress in any field is directly linked with the research in the field. Research is a systematic answer to question, fact and relationship between facts. So there is a strong indication that every nurse in the feature should be involved in a research.

References

- [1] Onila Salins, Nutrition guide 2nd Edition, Jaypee Publication, New Delhi, 2004p 05-18.
- [2] Ruma Singh, Food and Nutrition for Nurses (BSC Nursing), Tata McGraw-Hill Publishing Company Limited, New Delhi, 1998.
- [3] Joshi, Shubhangini A, Nutrition and Diabetes, Tata McGraw – Hill Publishing Company Limited, New Delh, 1998.

- [4] Dr. M. Swaminathan, Handbook of Food and Nutrition, The Bangalore Printing and Publishing Co., Ltd., Bangalore, 2001.Pp. 141 – 150.
- [5] Swarnakar Keshav, Community Health Nursing, 3rd Edition, N.R. Brothers, Indore, 2001, Pp. 1.
- [6] B Srilakshmi: “Dietetics” New Age International (P) Ltd. Publisher – 1995.
- [7] A Brain, I Fox G OLMERON:”Food Science Nutrition and Health”, Edward Arnold and Division of holder headline Pp. 338 Euston Road, London- 1995.
- [8] Gopalan C, Rama Sastri BV, Balasubramanian SC, Narasinga Rao BS, Deosthale YG, Pant KC. Nutritive value of Indian foods. Hederabad: National Institute of Nutrition; 1991.
- [9] Ghai OP, Paul. K. Vinod, Bagga Arvind, Essential Pediatrics, 7th Edition, CBS Publishers and Distributors Pvt Ltd, New Delhi, 2009, Pp.57-62