Evaluate The Effectiveness Of Structured Teaching Programme On Knowledge Regarding The Health Hazards Of Junk Food Among Adolescent Students.

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Abstract— Good health is the necessity of living a healthy existence for ever person within needs to maintain a healthy diet and healthy habits throughout the life. Every one having intake of junk food because it is tasty, attractive, delicious, easily available and costs less than fruits and vegetables. The foods contain various harmful ingredients , food additives and preservatives that cause physical, psychological and problems. Objectives 1. To assess the level of knowledge regarding health hazards of junk food among the adolescent students in selected school of Kanpur. 2. To evaluate the effectiveness of Structured teaching programme on health hazards of junk food among adolescent students in selected school of Kanpur. 3. To determine association between pre-test knowledge score of adolescent students with their selected demographic variables. A Quantitative research approaches which one group Pre-test and Post-test design was used in the study. 60 Adolescent students were selected by convenient sampling techniques. Structured knowledge questionnaire were used for data collection. The time period for data collection was for 2 weeks. Result showed that among 60 Adolescent students (83.67%) had poor knowledge, (16.33%) had average knowledge, and no one had good knowledge in pre-test. (90%) had good knowledge (10%) had average knowledge, no one had poor knowledge of post-test. Pre-test mean was 8.78 and the post test mean was 25.73, is significant at 0.05 levels.

Keywords— Junk food ,Effectiveness, STP, Adolescent students.

INTRODUCTION

Adolescents are typically fond of eating 'junk food' not only for its taste, but because of peer group habits. Although snacks can be source of needed nutrients and calories, but it can lead to overweight too. Adolescents with special health care needs require a special diet, but they are not receiving special educational services, lack of awareness regarding healthy diet. The present scenario shows that many of the adult diseases have their origin during childhood and adolescence.[1] rate contains to rise among 12-17 years and now a days 79 million children prefers soft drinks, chips, cookies which are high in added sugars, fat, calories and sodium but low in nutrition. Adolescents are a time of period of rapid physical growth and development and pubertal increase in height, weight, lean muscle mass. Hence adolescent requires minerals particularly iron and calcium.[2] The rising consumption of unhealthy foods has been facilitated by trade liberalization and foreign investment in the food and beverage industries, which have resulted in the proliferation of large transnational food companies, according to a study.[3]

STATEMENT OF THE PROBLEM "A study to assess the effectiveness of planned teaching program on knowledge regarding health hazards of junk food among adolescent students of a selected school of Kanpur U.P."

OBJECTIVES:-

1. To assess the level of knowledge regarding health hazards of junk food among the adolescent students in selected school of Kanpur, U.P.
2. To evaluate the effectiveness of Structured teaching programme on health hazards of junk food among adolescent students in selected school of Kanpur, U.P.
3. To determine association between pre-test knowledge score of adolescent students with their selected demographic variables.

METHODOLOGY_

Quantitative approach with quasi experimental one group pre test post test design was used in the present study. 60 adolscent students were selected by non probability convenient sampling technique from ST. Francis Assisi Public school Kanpur. Data were collected by using structured knowledge questionnaire. Tool were administered to the participan ts and collected the pre-test data on day 1st. on the same day intervention was given and after 7 days post-test data were collected.

RESULT;-

Table no 1.Frequency and percentage description of socio demographic variables of adolescent students N=60

s.no	Variable	Frequency	Percentage (%)
1	**Age (years)**		
	12-13 year	6	10
	14-15 year	37	62.66
	16-17	17	28.3
	>18	0	0
2	**Gender**		
	Male	29	48.3
	Female	31	51.7
3	**Religion**		
	Hindu	50	83.3
	Muslim	10	16.7
	Sikh	0	0
	Cristian	0	0
4	**Class**		
	7	26	43.3
	8	16	26.6
	9	9	15
	10	9	15
5	**Type of family**		
	Nuclear	38	63.3
	Joint	14	23.3
	Extended	8	13.3
6	**Residence**		
	Rural	22	36.6
	Urban	38	63.3
7	**Family income**		
	<10000	18	30
	10000-20000	26	43.3
	20000-40000	16	26.7
	>40000	0	0
8	**Pocket Money**		
	<500	60	100
	>500	0	0
9	**Occupation of father**		
	Government job	22	236.6
	Private job	20	33.3
	Business	12	20
	Other	6	10
10	**Occupation of Mother**		
	Government job	0	0
	Private job	18	30
	Business	38	63.6
	Other	4	6.4

Table no 1 Showed that the majority(62.66%) of population were in the age group of 14-15 years, most (51.66%) of the population were female, maximum (83.33%) number of adolescent students were Hindu, majorly (43.33%) student's was from class 7th . majority (63.33%) of students belongs from Nuclear family, most (63.33%) of the students stay in urban area, majority (43.33%) of the student's family income was between 10000-20000, all of the student's pocket money was less than 500, majority (36.66%) of the father's occupation was government job, and majority (63.66%) of mother's occupation was business.

Table no-2 : Distribution of knowledge level of adolescent students regarding health hazards of junk food to pre-test and post-test. N=60

Knowledge	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Poor	50	83.6 %	0	0 %
Average	10	16.3 %	6	10 %
Good	0	0	54	90 %

Table no- 2 Showed that in pre-test level of knowledge majority (83.67%) of adolescent students had poor knowledge,(16.33%) had average knowledge and none of the adolescent students had good knowledge and in post-test majority (90.00%) had good knowledge , (10.00%) had average knowledge and none of the adolescent students had poor knowledge.

Table no. 4 Effectiveness of structured teaching programme among adolescent students N=60

S.N0	Knowledge score	Mean	SD	Mean difference	Df	Calculated t value	Table value
1	Pre test	8.7	1.6	16.95	59	36.9	1.6
2	Post test	25.7	3.2				

Table no-3 showed that pre-test mean was 8.78 and the post test mean was 25.73, pre test SD was 1.63 and post test SD was 3.28 and the mean difference was 16.95. The value of t test was (calculated) 36.93 & (table value) 1.68. Hence it is proved that the improvement in knowledge score was because of our intervention.

CONCLUSIONS

83.76% of adolescent students were poor level of knowledge,16.33% were average level of knowledge, 0% were good level of knowledge in pre-test.0% were poor level of knowledge, 10.00% average level of knowledge, 90.00% good level of knowledge in post-test. The pre test knowledge score mean is 8.78 and the post- test knowledge score mean 25.73. After the structured teaching programme the concept regarding health hazards of junk food was clear to them as indicated by significant increase in post-test mean knowledge score. It can be concluded that structured teaching programme had a great impact the knowledge regarding health hazards of junk food. Urgent steps are needed to prove the knowledge of adolescent students to create appropriate awareness regarding health hazards of junk food. The findings of the study revealed that there was no significant association of knowledge selected demographic variables such as age in years. Gender, religion, class, type of family, residence, family income, pocket money, father's level of education, mother's level of education, father's occupation, mother's occupation.

LIMITATION

- The study was confined to only 60 adolescent students.
- The study was limited to selected ST. Francis Assisi public school, Kanpur, U.P.

RE COMMENDATIONS:

- A similar study can be carried out on a large sample for broader generalization
- A comparative study can be done between urban and rural schools regarding health hazards of junk food.
- A descriptive study can be done to assess the knowledge regarding health hazards of junk.

REFERENCES

[1] www.enotes.com/nursing.encyclopedia/adolescents
[2] American Journal Of Preventive Medicine, 2009, Pp.42-45
[3] Jacobson MF. Liquid Candy. Nutrition Action Health Letter 2008
[4] Nutrition 7. Bayol SA, Macharia R, Farrington SJ, Simbi BH, Stickland NC. Evidance That a maternal junk food diet during preganancy and lactation can reduce muscle force in offspring. Eur J Nutr 2009 ; 48: 62-5. J.
[5] Sharma V. Adolescent knowledge regarding harmful effects of junk food. IOSR journal of nursing and health sciences 2013; Volume .1(6): p.1-4.