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## A Study to assess the effectiveness of structured teaching programme on obesity among the High schools students in selected school at Ankola

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### Abstract

**Background:** Obesity places a major role to promote healthy life this study was performed to assess the current level of knowledge and practicing behavior in regard to obesity.

**Statement of the problem:** A Study to assess the effectiveness of structured teaching programme on obesity among the High schools students in selected school at Ankola.

### Objectives

1. To assess the pretest level of knowledge of students regarding obesity.
2. To assess the posttest level of knowledge of students regarding obesity.
3. Find the association between pre-existing knowledge on obesity with selected socio demographic data

### Research Methodology

- **Research approach:** Quantitative evaluative approach
- **Research design:** One group Pre Test Post Test Design
- **Research setting:** K.L.E'S High school Ankola.
- **Population:** Student studying in 9<sup>th</sup> and 10<sup>th</sup> student selected K.L.E.'S high school Ankola
- **Sample size:** 50 students
- **Sample technique:** Non probability purposive
- **Tool:** Structured knowledge questionnaire

**Results:** The pre-test mean knowledge score was  $\pm 11.6$  and standard deviation (S.D)  $\pm 3.13$  were as the post-test mean knowledge score was  $\pm 22.56$  and standard deviation (S.D)  $\pm 4.9$  the calculated "t" value was 31.01 which was higher than the table value 1.67 at 0.05 level of significance hence H1 and H2 was accepted.

The study showed that there was significant association between the knowledge score age  $X^2=3.4391$ , Df=4, P=9.49 (S)\*, Religion  $X^2=2.857$ , Df=2, P=5.99 (S)\*, Education status of mother  $X^2=14.64$ , Df=8, P=15.51 (S)\* Education status of father  $X^2=3.91$ , Df=8, P=15.51 (S)\*, Mother occupation  $X^2=0.486$ , Df=6, P=12.59 (S)\*, Father occupation  $X^2=4.32$ , Df=6, P=12.59 (S)\*, Type of family  $X^2=3.73$ , Df=2, P=5.99 (S)\*, Junk food practice  $X^2=0$ , Df=2, P=5.99 (S)\* Previous knowledge  $X^2=3.508$ , Df=20, P=5.99 (S)\*, Source of information  $X^2=9.083$ , Df=6, P=12.59 (S)\*. Hence the null hypothesis was rejected and research hypothesis was accepted.

The study showed that there was non-significant association between the knowledge score and Gender  $X^2=11.258$ , Df=2, P=5.99 (NS), Area of residence  $X^2=24.51$ , Df=2, P=5.99 (NS)\*, Monthly income  $X^2=22.158$ , Df=6, P=12.59 (NS), Dietary habits  $X^2=13.27$ , Df=2, P=5.99 (NS), Leisure activity  $X^2=49.99$ , Df=6, P=12.59 (NS), Frequency of consumption of junk food  $X^2=16.354$ , Df=4, P=9.49 (NS)\*, Hence the null hypothesis was accepted and research hypothesis was rejected.

**Conclusion:** The results of the study after introducing structured teaching programme most of the high school students had adequate knowledge regarding obesity. So the study concluded that structured teaching programme is more effective to increase the knowledge of obesity among high school students.

**Keywords:** Obesity, high school students, structured teaching programme

### Introduction

To keep the body in good health is a duty, otherwise we shall not be able to keep our mind strong and clear... Buddha.

In 1984, W.H.O. revised the definition of health and defined it as "the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with

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the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities." Thus, health is referred to the ability to maintain homeostasis and recover from adverse events. Mental, intellectual, emotional and social health referred to a person's ability to handle stress, to acquire skills, to maintain relationships, all of which form resources for resiliency and independent living <sup>[1]</sup>.

Adolescence is the phase of life between childhood and adulthood, from age 10 to 19 years. It is a unique stage of human development and an important time for laying the foundations of good health. Adolescents experience rapid physical, cognitive and psychosocial growth. This affects how they feel, think, make decisions, and interact with the world around them. Adolescence is a crucial stage of human life where most of the health risk behavior is seeded into the life like smoking, alcoholism, eating junk foods and physical inactivity <sup>[2]</sup>.

Children and adolescents need more nutritious foods to grow and proper body function, but adolescents are the greatest consumer of calorie rich junk food during puberty. Children have more appetite as rapid growth requires lots of energy but excessively eating high calorie junk foods and increasingly sedentary lifestyles can outweigh any metabolic protection. Junk foods look so attractive and very taste so children are more depend on the foods like pizza, burger, soft drinks, and etc <sup>[3]</sup>.

Obesity is defined, "as a condition in which excessive accumulation of fat in the adipose tissues has taken place. It arises when the intake of food is in excess of physiological needs. Obesity is the most common nutritional disorder in the western countries and among the higher income groups in the developing countries. Childhood obesity is a serious medical condition that affects children and adolescents. It occurs when a child is well above the normal weight for his or her age and height. Childhood obesity is particularly troubling because the extra pounds often start children on the path to health problems that were once confined to adults, such as diabetes, high blood pressure and high cholesterol. Childhood obesity can also lead to poor self-esteem and depression <sup>[4]</sup>.

World Health Organization (1996) described obesity and over weight as one of the today's important public health problem in developed and developing countries undergoing economic and nutrition transition. The prevalence of overweight and obesity among children and adolescents has significantly increased in developed and developing countries during the past 2 decades. This trend is of serious concern, given the consequences that are associated with child hood and adolescent obesity both during adolescence and adult life. Obesity is an excess body weight due to fat deposition as compared to set standards of body weight. Body mass index is a practical indicator of the severity of obesity <sup>[5]</sup>.

### Statement of the problem

A Study to assess the effectiveness of structured teaching programme on obesity among the High schools students in selected school at Ankola.

### Objectives of the study

1. To assess the pre-test level of knowledge of students regarding obesity.

2. To assess the post-test level of knowledge of students regarding obesity.
3. To find the association between pre-existing knowledge on obesity with selected socio – demographic data.

### Hypothesis

#### Hypothesis – I

The mean post – test knowledge score of students regarding obesity will be significantly higher than the mean pre – test knowledge score.

#### Hypothesis-II

There will be significant association between levels of knowledge of students regarding obesity with selected demographical data.

### Delimitation

1. The study is limited to class 9<sup>th</sup> and 10<sup>th</sup> students of K.L.E'S high school, Ankola.
2. Study area is limited to students who were present at the time of data collection.

### Sampling criteria

Sampling criteria is the list of characteristics of the elements that determined beforehand that are essential for eligibility to form part of the sample.

### The following criteria were used for selection of sample in the study involved

#### Inclusion Criteria

Inclusion criteria are set of pre- defined characteristics used to identify subject to be included in a research study. In the present study inclusion criteria of the 9<sup>th</sup> and 10<sup>th</sup> standard who are:

- Studying in rural government school
- Both girls and boys.
- 9<sup>th</sup> and 10<sup>th</sup> standard students.
- Willing to participate in the study.
- Presented the time of data collection.

#### Exclusion Criteria

Exclusion criteria are those characteristics that disqualify prospective subject from inclusion in the study. In the present study exclusion criteria 9<sup>th</sup> and 10<sup>th</sup> Students are as follows:

- Not willing to participate
- Students who are studying in the 9<sup>th</sup> and 10<sup>th</sup> standard.

### Variables

- **Independent variable:** Structured teaching programme
- **Dependant variable:** To assess the effectiveness of structured teaching programme on standard 9<sup>th</sup> and 10<sup>th</sup> regarding obesity.

### Content validity of the tool

#### Reliability of the tool

Reliability is the degree to which an assessment tool produces stable and consistent results or degree of consistency or accuracy with which an instrument measure the attribute it is design to measure. The reliability of the tool was established by using test-retest method (Karl pearson co-efficient of correlation method) which measure the coefficient of internal consistency. The reliability

coefficient value of structured knowledge of questionnaire of knowledge was 0.93. The developed tool was found to be valid, reliable and feasible to conduct main study.

#### Data collection instruments

The tool used for data collection was demographic data of high school students, structured knowledge questionnaires

and structured teaching programme regarding obesity.

#### Results

Data was analyzed by using descriptive and inferential statistics. The analysis of the data organized under the following sections.

**Table 1:** Frequency and percentage distribution of subject according to the socio demographic data

Si. No.	Baseline Data	Frequency	Percentage (%)
<b>1</b>	<b>AGE</b>		
	a)12-13Year	16	32%
	b)14-15Year	33	66%
	c)16-17Year	01	2%
<b>2</b>	<b>Gender</b>		
	a)Boy	23	46%
	b)Girl	27	54%
<b>3</b>	<b>Religion</b>		
	a) Hindu	46	92%
	b)Muslim	03	6%
	c)Christian	01	2%
<b>4</b>	<b>Area of Residence</b>		
	a)Urban	18	36%
	b)Rural	32	64%
<b>5</b>	<b>Education Status of Mother</b>		
	a) No formal education	05	10%
	b)Primary Education	31	62%
	c)Higher Education	09	18%
	d)Graduate	05	10%
	e)Post Graduate	00	00
<b>6</b>	<b>Education Status of Father</b>		
	a) No formal education	09	18%
	b)Primary Education	24	48%
	c)Higher Education	11	22%
	d)Graduate	06	12%
	e)Post Graduate	00	00
<b>7</b>	<b>Mother Occupation</b>		
	a)Unemployed	19	38%
	b)Self-employed	10	20%
	c)Private –employed	16	32%
	d)Government –employed	05	10%
<b>8</b>	<b>Father Occupation</b>		
	a)Unemployed	23	46%
	b)Self-employed	13	26%
	c)Private –employed	08	16%
	d)Government –employed	06	12%
<b>9</b>	<b>Types of Family</b>		
	a)Nuclear Family	31	62%
	b)Joint Family	19	38%
<b>10</b>	<b>Monthly Income</b>		
	a)Below <5000	16	32%
	b)5001-15000	15	30%
	c)15001-25000	14	28%
	d)Above >25000	05	10%
<b>11</b>	<b>Dietary Habits</b>		
	a)Vegetarian	23	46%
	b)Non-vegetarian	27	54%
<b>12</b>	<b>Leisure Time Activity</b>		
	a)Out door games	24	48%
	b)Watching TV	09	18%
	c)Indoor games	16	32%
	d)Exercises	01	2%
<b>13</b>	<b>Junk Food Practices</b>		
	a)Yes	50	100%
	b)No	00	00
<b>14</b>	<b>Frequency of Consumption of Junk Food</b>		

	a)Daily	02	4%
	b)Once In Week	22	44%
	c) Once In Month	26	52%
<b>15</b>	<b>Previous Knowledge</b>		
	a)Yes	38	76%
	b)No	12	24%
<b>16</b>	<b>Source of Information</b>		
	a)Formal Education	05	10%
	b)Family Members	16	32%
	c)Friends	12	24%
	d) Media including News paper and TV	17	34%

#### The data presented in table 1 indicated

- Majority of students 33(66%) belonged to age group of 14-15 years
- Majority of students were female 27 (54%)
- Majority of students were Hindu 46 (92%)
- Majority of student's area of residency is Rural 32(64%)
- Majority of student's mother's education is primary education 31 (62%)
- Majority of student's father's education is primary education 24(48%)
- Majority of student's mothers are unemployed 19(38%)
- Majority of student's fathers are unemployed 23 (46%)
- Majority of students had a nuclear family 31 (62%)
- Majority of students had a family income <5000 per month 16(32%)
- Majority of students are nonvegetarian 27(54%)
- Majority of students spend their leisure time in outdoor games 24(48%)
- Majority of students have a habit of eating junk food 50(100%)
- Majority of students eat junk food once in a month 26(52%)
- Majority of students have previous knowledge about obesity 38(76%)
- Majority of students have a source of information from Media including News paper and TV

**Table 2:** Frequency and percentage distribution knowledge level scoring regarding obesity

Knowledge	Intervals	Pre-test knowledge score		Post-test knowledge score	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Inadequate knowledge	0-10	19	37%	05	10%
Moderate knowledge	10-20	31	63%	15	30%
Adequate knowledge	20-30	0	0	30	60%

This table 2 reveals the Pre-test and Post-test knowledge score of students of class 9<sup>th</sup> and 10<sup>th</sup>. A sample indicates of Post-test that inadequate knowledge of students score 5 (10%) and moderate knowledge score is 15 (30%) and adequate knowledge score is 30 (60%).

Pre-test knowledge score of students of class 9<sup>th</sup> and 10<sup>th</sup> was inadequate knowledge of students score is 19 (37%) and moderate knowledge score is 31 (63%) and adequate knowledge score is 0.

**Table 3:** Comparison of mean pre-test and post-test knowledge score level of students regarding obesity to evaluate the effectiveness of structural teaching program

Level of knowledge	Mean	Standard deviation	Degree of freedom	P value	Calculated 't' value	Table t' value
Pre-test	11.6	3.13	49	0.05	31.01	1.67
Post-test	22.5	4.9	49	0.05		

The data and the show that mean post-test knowledge score of sample is significantly higher than the mean pre-test knowledge score i.e., the table and the calculated value t = 31.01, which shows the calculated value is greater than the

table value.

Hence the hypothesis was accepted indicated that there will be significant gain in knowledge on obesity among 9<sup>th</sup> and 10<sup>th</sup> students in KLE'S high school, Ankola.

**Table 4:** Analysis of association between the knowledge to obesity among students with socio demographic data

Si. No.	Demographic variables	Knowledge score			Total	Chi square Test
		Inadequate	Moderate	Adequate		
1	Age					
	a)12-13Year	8	8	0	16	X <sup>2</sup> =3.4391
	b)14-15Year	10	23	0	33	Df=4
	c)16-17Year	1	0	0	1	P=9.49 (S)
2	Gender					
	a)Boy	3	20	0	23	X <sup>2</sup> =11.258
	b)Girl	16	11	0	27	Df=2 P=5.99 (NS)
3	Religion					
	a) Hindu	16	30	0	46	X <sup>2</sup> =2.857
	b)Muslim	2	1	0	3	Df=2

	c)Christian	1	0	0	1	P=5.99 (S)
<b>4</b>	<b>Area of Residence</b>					
	a)Urban	15	3	0	18	$X^2=24.51$
	b)Rural	4	28	0	32	Df=2 P=5.99 (NS)
<b>5</b>	<b>Education status of mother</b>					
	a) No formal education	3	2	0	5	$X^2=14.64$
	b)Primary Education	7	24	0	31	Df=8
	c)Higher Education	8	1	0	9	P=15.51 (S)
	d)Graduate	1	4	0	5	
	e)Post Graduate	0	0	0	0	
<b>6</b>	<b>Eeducation status of father</b>					
	a) No formal education	6	3	0	9	$X^2=3.91$
	b)Primary Education	8	16	0	24	Df=8
	c)Higher Education	3	8	0	11	P=15.51 (S)
	d)Graduate	2	4	0	6	
	e)Post Graduate	0	0	0	0	
<b>7</b>	<b>Mother Occupation</b>					
	a)Unemployed	7	12	0	19	$X^2=0.486$
	b)Self-employed	3	7	0	10	Df=6
	c)Private -employed	7	9	0	16	P=12.59 (S)
	d)Government -employed	2	3	0	5	
<b>8</b>	<b>Father Occupation</b>					
	a)Unemployed	6	17	0	23	$X^2=4.32$
	b)Self-employed	5	8	0	13	Df=6
	c)Private -employed	4	4	0	8	P=12.59 (S)
	d)Government -employed	4	2	0	6	
<b>9</b>	<b>Type of Family</b>					
	a)Nuclear Family	15	16	0	31	$X^2=3.73$
	b)Joint Family	4	15	0	19	Df=2 P=5.99 (S)
<b>10</b>	<b>Monthly Income</b>					
	a)Below <5000	15	1	0	16	$X^2=22.158$
	b)5001-15000	1	14	0	15	Df=6
	c)15001-25000	1	13	0	14	P=12.59 (NS)
	d)Above >25000	2	3	0	5	
<b>11</b>	<b>Dietary Habits</b>					
	a)Vegetarian	15	8	0	23	$X^2=13.27$
	b)Non-vegetarian	4	23	0	27	Df=2 P=5.99 (NS)
<b>12</b>	<b>Leisare Time Activity</b>					
	a)Out door games	0	24	0	24	$X^2=49.99$
	b)Watching TV	19	0	0	19	Df=6
	c)Indoor games	0	6	0	6	P=12.59 (NS)
	d)Exercises	0	1	0	1	
<b>13</b>	<b>Junk Food Prectices</b>					
	a)Yes	19	31	0	50	$X^2=0$
	b)No	0	0	0	0	Df=2 P=5.99 (S)
<b>14</b>	<b>Frequency of consumption of junk food</b>					
	a)Daily	1	1	0	2	$X^2=16.354$
	b)Once In Week	15	7	0	22	Df=4
	c) Once In Month	3	23	0	26	P=9.49(NS)
<b>15</b>	<b>Privious Knowledge</b>					
	a)Yes	18	20	0	38	$X^2=3.508$
	b)No	1	11	0	12	Df=20 P=5.99 (S)
<b>16</b>	<b>Source of information</b>					
	a)Formal Education	3	2	0	5	$X^2=9.083$
	b)Family Members	8	8	0	16	Df=6
	c)Friends	6	6	0	12	P=12.59 (S)
	d) Media including Newspaper and TV	2	15	0	17	

In above table 4 the association between the knowledge of obesity among students with socio demographic variable have been shown.

Data in the table 4 showed that there was a significant association between the knowledge score age  $X^2=3.4391$ , Df=4, P=9.49 (S)\*, Religion  $X^2=2.857$ , Df=2, P=5.99 (S)\*, Education status of mother  $X^2=14.64$ , Df=8, P=15.51 (S)\*Education status of father  $X^2=3.91$ , Df=8, P=15.51 (S)\*, Mother occupation  $X^2=0.486$ , Df=6, P=12.59 (S)\*, Father

occupation  $X^2=4.32$ , Df=6, P=12.59 (S)\*,Type of family  $X^2=3.73$ , Df=2, P=5.99 (S)\*, Junk food practice  $X^2=0$ , Df=2, P=5.99 (S)\* Previous knowledge  $X^2=3.508$ , Df=20, P=5.99 (S)\*, Source of information  $X^2=9.083$ , Df=6, P=12.59 (S)\*.Hence the null hypothesis was rejected and research hypothesis was accepted.

Data showed in the table 4 showed that there was non-significant association between the knowledge score and Gender  $X^2=11.258$ , Df=2, P=5.99 (NS), Area of residence



$X^2=24.51$ ,  $Df=2$ ,  $P=5.99$  (NS)\*, Monthly income  $X^2=22.158$ ,  $Df=6$ ,  $P=12.59$  (NS), Dietary habits  $X^2=13.27$ ,  $Df=2$ ,  $P=5.99$  (NS), Leisure activity  $X^2=49.99$ ,  $Df=6$ ,  $P=12.59$  (NS), Frequency of consumption of junk food  $X^2=16.354$ ,  $Df=4$ ,  $P=9.49$  (NS)\*, Hence the null hypothesis was accepted and research hypothesis was rejected.

### Conclusion

The structured teaching program significantly improved the knowledge about obesity among high school students in Ankola. The pre-test results showed that most students had inadequate to moderate knowledge, while post-test results demonstrated a significant shift towards adequate knowledge, with a higher mean score. This indicates that structured educational interventions can effectively enhance understanding of health topics such as obesity. There was also a significant association between knowledge improvement and factors like age, parents' education, and junk food habits, while factors like gender and dietary habits showed no significant association.

In summary, the structured teaching program effectively increased obesity-related knowledge, suggesting its potential for promoting health awareness among adolescents.

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