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## “A Study To Evaluate The Effectiveness Of Information Education And Communication And (Iec) On Knowledge Regarding Prevention Of Childhood Obesity Among Students In Selected High Schools At Nelamangala.”

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### ABSTRACT:

Evaluative approach was used for the study. Quasi experimental pre-test post -test design with control group was adopted for this study. The Conceptual framework for the study was based on Ernestine Wiedenbach's model. The study was done at Harsha International Public School, Sondekoppa circle, Nelamangala, Bangalore. The 60 samples were selected through simple random technique. The tool used were a self-administered structured knowledge questionnaire.

**Key words:** Assess, Knowledge, Information Education Communication, Prevention of childhood obesity, High school children.

### INTRODUCTION:

Obesity means having too much body fat. It is not the same as being overweight, which means weighing too much. A person may be overweight from extra muscle, bone, or water, as well as from having too much fat. Obesity is defined as the condition of abnormal excessive fat accumulation in adipose tissue to that extent the health may be impaired (WHO). Life style is considered to be an important determinant of health and sickness. Some of the health problems are rooted in childhood habits, among them obesity is a major problem. Today it is estimated that over 250 million people in low and middle income countries suffer from obesity. Globally more than one billion adults are overweight and of these 300 million are obese. Obesity now considered as a “killer lifestyle” disease is an important cause of preventable death worldwide. According to the World Health Organization, 1.2 billion people worldwide are officially classified as, overweight. This is probably the most sedentary generation of people in the history of the world.

### Statement of the problem:

“A study to evaluate the effectiveness of information education and communication and (IEC) on knowledge regarding prevention of childhood obesity among students in selected high schools at Nelamangala.”

**Objectives:**

1. To assess the pre-test level of knowledge regarding prevention of childhood obesity among students in selected schools at Nelamangala.
2. To evaluate the effectiveness of Information Education and Communication (IEC) on knowledge regarding prevention of childhood obesity among students in selected high schools at Nelamangala.
3. To find the association between the pre-test and post test knowledge among students and their selected demographic variables of high school students.

**Hypothesis:**

H1: There will be a significant difference between pre-test and post-test level of knowledge regarding prevention of obesity among students in selected high school at Nelamangala.

H2: There will be a significant association between pre-test and post-test level of knowledge regarding prevention of childhood obesity among students in selected schools at Nelamangala and their selected demographic variables.

**METHODOLOGY:**

**Research design:** Quasi experimental pre-test post-test control group design.

**Population**

**Target population** - All the students between the age group of 13-15 years.

**Accessible Population** - 8<sup>th</sup>-10<sup>th</sup> class students selected in Harsha International School at Nelamangala, Bangalore.

**Sample Size** - 60

**Pre-Experimental group**-60

**Sampling-technique** – Simple random sampling technique.

**Inclusion Criteria**

Students who were:

Students within the age group of 13-15 years.

Students who are willing to participate in the study.

Students who will be available at the time of data collection.

**Exclusion Criteria**

Students who were:

Students who are deaf and dumb.

Students who are suffering from any illness or absent.

Students who are aging below 10 years.

**DESCRIPTION OF THE TOOL**

The Structured self-administered questionnaire was used to evaluate the effectiveness of Information Education Communication on level of knowledge regarding prevention of childhood obesity among students in high school. It consists of two parts.

**PART I:** A tool to assess the demographic data of high school students such as age, sex, religion, fathers education, mothers education, fathers occupation, leisure time activity, type of family, type of food, previous awareness regarding obesity.

**PART II:** The investigator developed 25 structured self-administered knowledge questionnaires regarding knowledge in prevention childhood of obesity.

**METHODOLOGY:**

The data was collected among students who were present at selected high school, in Nelamangala. Written permission was sought and obtained from the authorities concerned. The period of data collection was 6 weeks. A brief introduction about the study was given to the samples. Data was collected through structured questionnaire to assess knowledge and 3 point likert scale to assess the knowledge of childhood obesity.

**Plan for data analysis**

The data were analysed by using both the descriptive and inferential statistics.

**RESULT: Table 1: Classification of Respondents by Demographic Characteristics**

Sl. no	Characteristics	Category	Frequency	Percentage
1	Age	13-14 years	30	50%
		14-15 years	20	33.33%
		15-16 years	10	16.66%
2	Gender	Male	23	38.33%
		Female	37	61.66%
3	Religion	Hindu	38	63.33%
		Muslim	07	11.66%
		Christian	15	25%
		Others	00	00%
4	Father's educational status	Primary education	00	00
		Secondary Education	10	16.66%
		Higher secondary	20	33.33%
		Graduate	30	50%
		No formal education	00	00
5	Mothers' educational status	Primary education	00	00
		Secondary Education	30	50%
		Higher secondary	20	33.33%
		Graduate	10	16.66%
		No formal education	00	00

Sl. no	Characteristics	Category	Frequency	Percentage
6	Fathers Occupation	Government employee	30	50%
		Private employee	20	33.33%
		Self employed	10	16.66%
		Unemployed	00	00%
7	Leisure time activity	Outdoor games	20	33.33%
		Watching TV	20	33.33%
		Indoor games	10	16.66%
		Exercise	10	16.66%

8	Type of family	Nuclear family	40	66.7%
		Joint family	20	33.33%
		Extended family	00	00
9	Types of food intake	Veg Non Veg	30	50%
			30	50%
10	Previous exposure to Knowledge	Yes No	10	16.66%
			50	83.33%

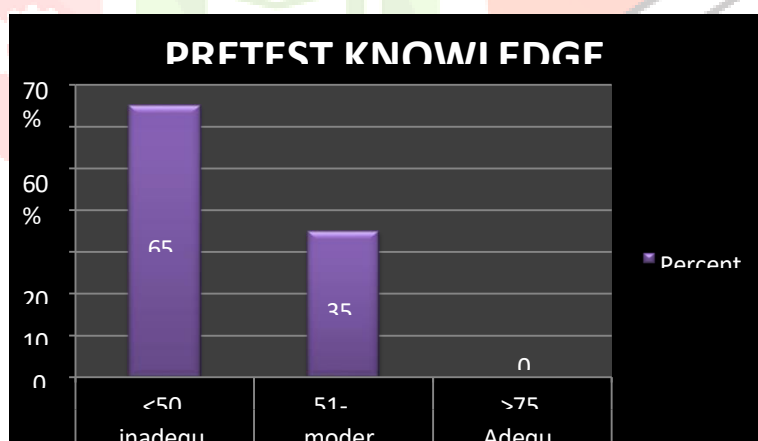
Table-1 depicts the characteristics of the high school students who are 13-16years and studying 8<sup>th</sup> to 10<sup>th</sup> standard at selected school Nelamangala by Age, Gender, religion, Father's educational status, Mother's educational status, Father's Occupation, Leisure time activity, Type of Family ,Type of Food intake and previous exposure to knowledge regarding prevention of Obesity. The findings indicate that majority 50% of high school students fall within 13-14 years, 33.33% are within 14-15 years and 16.66% are within 15-16years . With regard to gender, males (38.33%) and females (61.66%) respondents. Regarding Religion, Hindu (63.33%), Muslim (11.66%), Christian (25%). About Fathers education status majority 50% of respondents were graduates and 33.33% were having higher secondary education. About Mothers education status majority, 50% of respondents were having secondary education and 33.33% were having higher secondary education .With regard to Fathers occupation (50%) were Government employees and 16.66% were self employed. With response to leisure time activity , 33.33% spend time on outdoor games and watching TV. With regard to type of family 66.7% are from Nuclear family and 33.33% were from Joint family. About types of food intake equal 50 % takes Veg and Non veg diet and with regard to previous knowledge 50% were have no knowledge regarding prevention of childhood obesity.

**TABLE- 2: Classification of Respondents Pre- test level scores regarding prevention of childhood obesity among students in selected high schools**

N=60

Knowledge level	Category	Respondents	
		Number	Percent
Inadequate	$\leq 50$ % Score	39	65%
Moderate	51-75 % Score	21	35%
Adequate	$> 75$ % Score	00	00
Total		60	100%

Table-2 represents the frequency and percentage distribution of respondents on pretest knowledge level score of respondent regarding prevention of childhood obesity among students in selected high schools. Majority 65% of them had inadequate knowledge ( $\leq 50\%$ ) scores, 35% of them had moderate knowledge (51- 75%) scores and none of them had adequate knowledge ( $>75\%$ ) score in pretest.



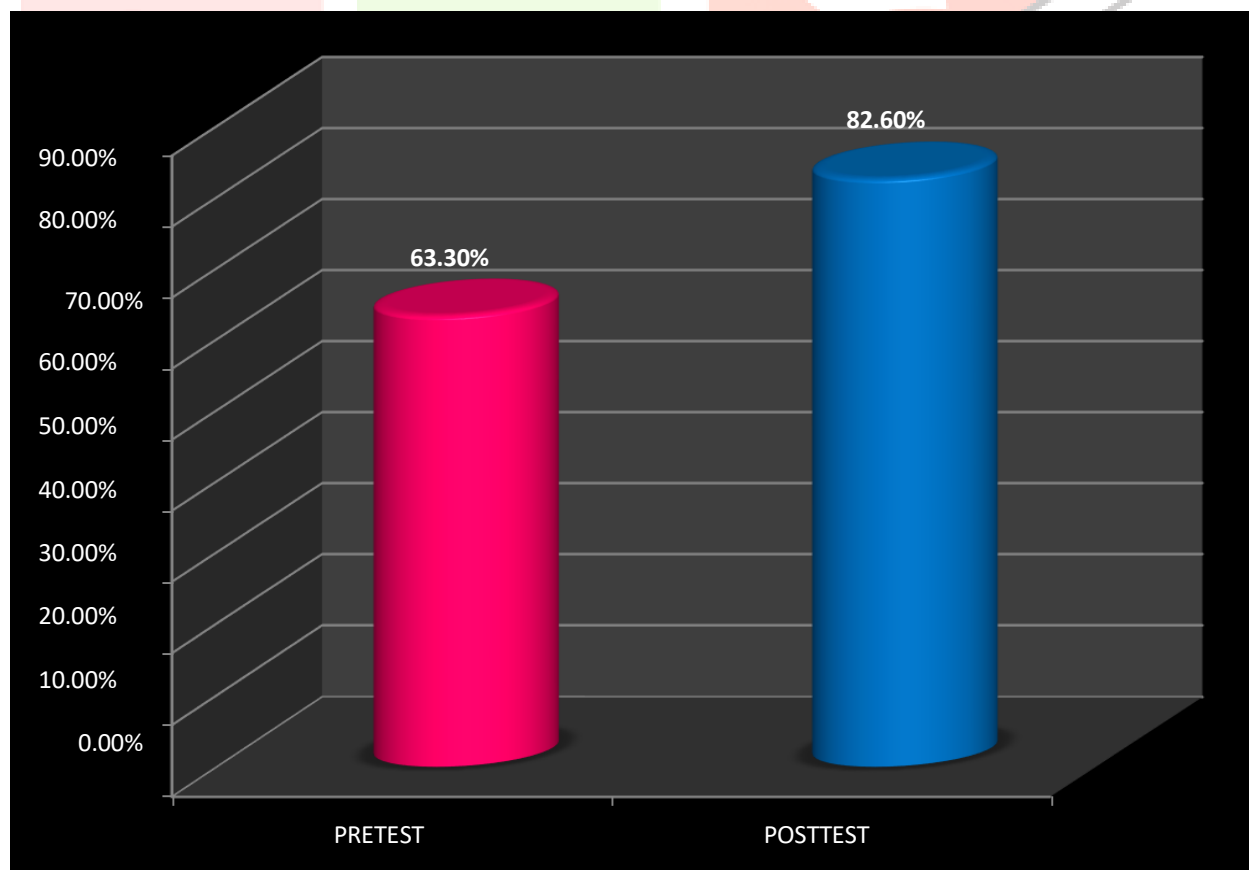
**COMPARISON OF PRE- TEST AND POST- TEST KNOWLEDGE SCORES TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME.**

**TABLE -3: Over all Pre-test and Post-test Mean Knowledge scores regarding prevention of childhood obesity among students in selected high schools**

N=60

Aspects	Max score	Knowledge scores				Paired t test
		Mean	SD	Mean%	SD%	
<b>Pretest</b>	25	15.825	4.079	63.3	16.31	<b>9.046*</b>
<b>Posttest</b>	25	20.65	3.496	82.6	13.98	
<b>Enhancement</b>	25	4.825	0.583	16.17	1.94	

Table-4: projects the overall pretest, posttest and enhancement of mean knowledge scores prevention of childhood obesity. The mean pre-test knowledge was 15.825% with SD 4.079. The mean post-test knowledge found to be 20.65% with SD 3.496. However, the enhancement was proved as mean (16.17%) and SD of (1.94%). Further, the paired t-test value (9.046) shows statistical significance at level of  $p < 0.05$  with df (39), establishing the effectiveness of STP.



**ASSOCIATION BETWEEN MEAN PRETEST KNOWLEDGE SCORES WITH THEIR SELECTED SOCIO- DEMOGRAPHIC VARIABLES.**

**TABLE – 3: Association between Pre-test Knowledge level scores and variables regarding****prevention of childhood obesity among students in high schools****N=60**

S/No	Characteristics	category	sample	Knowledge level				X <sup>2</sup>	P value	
				Moderate		Inadequate				
				N	%	N	%			
1	Age	13-14 years	30	10	33.33	20	66.66	1.71	0.42	NS
		14-15 years	20	10	50	10	50			
		15-16 years	10	5	50	5	50			
2	Gender	Male	23	08	34.78	15	65.21	0.03	0.85	NS
		Female	37	12	32.43	25	67.56			
3	Religion	Hindu	38	09	23.68	29	76.31	1.31	0.51	NS
		Muslim	07	03	42.85	04	57.14			
		Christian	15	05	33.33	10	66.66			
		Others	00	00	00	00	00			
4	Father's educational status	Primary education	00	00	00	00	00	1.87	0.39	NS
		Secondary Education	10	05	50	05	50			
		Higher secondary	20	05	25	15	75			
		Graduate No formal education	30	10	33.33	20	66.66			
			00	00	00	00	00			

5	Mothers' educational status	Primary education	00	00	00	00	00	1.87	0.39	NS
		Secondary Education	30	10	33.33	20	66.66			
		Higher secondary	20	05	25	15	75			
		Graduate	10	05	50	05	50			
		No formal education	00	00	00	00	00			
6	Fathers Occupation	Government employee	30	10	33.33	20	66.66	1.87	0.39	NS
		Private employee	20	05	25	15	75			
		Self employed	10	03	30	07	70			
		Unemployed	00	00	00	00	00			

7	Leisure time activity	Outdoor games	20	08	40	12	60	0.60	0.89	NS
		Watching TV	20	10	50	10	5			
		Indoor games	10	05	50	05	50			
		Exercise	10	04	40	06	60			
8	Type of family	Nuclear	40	10	25	30	75	3.75	0.52	NS
		Joint	20	10	50	10	50			
		Extended	00	00	00	00	00			
9	Types of food intake	Veg Non	30	11	36.66	19	63.33	0.07	0.79	NS
		Veg	30	12	40	18	60			



10	Previous exposure to Knowledge	Yes	10	05	50	05	50	1.18	0.27	NS
		No	50	16	32	34	68			

\* Significant at 5% Level, NS: Non-significant S: Significant

## DISCUSSION:

Finding revealed that the 50% belongs to 13-14 years, 33.3% belongs to 14-15 years, 16.66% belongs to 15-16 years, in term of gender 38.33% were boys and 61.66% were girls, in term of education 43.33% belong to eighth standard, in term of religion 63.33% children's belong to Hindu, in term of type of family 66.7% belong to nuclear family and in term of source of information 50% gain information through parents. Based on the analysis of pre test knowledge scores of high school students (13-10) years, it is found that majority 65% of them had inadequate knowledge ( $\leq 50\%$ ) scores, 35% of them had moderate knowledge (51-75%) scores and none of them had adequate knowledge ( $> 75\%$ ) score regarding childhood obesity. It was inferred that majority of high school students schools overall there is a need of structured teaching programme to enhance knowledge regarding childhood obesity. The mean pre-test knowledge score was 15.825% with standard deviation 4.079. The mean post-test knowledge was 20.65% with standard deviation 3.496. The mean (16.17%) and standard deviation (1.94%). It was inferred that there was significance enhancement in knowledge score after structured teaching programme in the experimental group. Hence, STP was effective. Hence there is no association between selected demographic variables and pre-test knowledge regarding prevention of childhood obesity among students in selected schools at Nelamangala and their selected demographic variables.

**CONCLUSION:** Overall observation showed that Information, Education and Communication on knowledge regarding road safety measure was effective. The "t" test was computed between pre test and post test knowledge scores, indicates the actual gain in knowledge. Hence it was concluded that STP was effective as teaching method to improve knowledge.

## Implication of the study :

### Nursing practice:

- STP helps to improve the primary school children's level of knowledge on prevention of childhood obesity
- STP can be used in various child health care centers, community areas, primary and high schools, to give health education to the primary and high level students.

### Nursing education

- The nurse educator should have the responsibility to update the knowledge, attitude and practice of nursing students on knowledge and awareness about prevention of childhood obesity

### Nursing administration

- It helps the nursing administrator to prepare STP regarding different prevention of childhood obesity
- It helps the nurse to learn how they can reach the high school children, teacher to create awareness

regarding prevention of childhood obesity.

### Nursing research

a. The study provides a baseline data for conducting other research studies.

The study will be a motivation for the budding researchers to conduct similar

### **REFERENCES:**

1. Bellize, M.C. Standard definition for childhood overweight and obesity. Br med. 2001.
2. Wongs, Wong. Essentials of pediatric nursing, 2nd edition missouri by publications, 2001.
3. Parthasarathy, A. IAP text book of pediatrics (4th edition) New Delhi publications, 2001.
4. Parul Datta., "Text Book of Paediatric Nursing", Second Edition., J.P. Brothers Medical Publication., New Delhi., Pg. 259, 480.
5. Pouliot MC, Despre's JP, Nadeau A. Visceral obesity in men. Associations with glucose tolerance, plasma insulin and lipoprotein level Diabetes 1992.
6. Jones AP, Remington T, Williamson PR, Ashby D, Smyth RL: High prevalence but low impact of data extraction and reporting errors were found in Cochrane systematic reviews. Journal of Clinical Epidemiology, 58(7) 2005:741-742
7. Journal of school Health, School based intervention for obesity (2004).
8. Sister Nancy., "Principles and Practice of Nursing", 4th Edition., 2nd Volume.,
9. N.R. Brothers Publication., Indore., Pg. No. 170-180.
10. J.J Reilly obesity in childhood and adolescence: evidence based clinical and public health perspectives, post graduate medical journal 2006. 429-437.
11. C-E Flodmark interventions to prevent obesity in children and adolescent: a systematic literature review International Journal of obesity 30, 2006 (579-589).
12. Mahshid Dehghan childhood obesity prevalence and prevention: nutritional journal 2004.
13. Marina A Njeleka knowledge and attitude towards obesity among primary school children in Dar es Salaam, Tanzania, Nigerian medical journal 56 (2) 2015:103-108
14. Nafisa.M, 21st century review: childhood obesity in north America : International Journal of obesity (2006).
15. Manjushasamudre knowledge on prevention of obesity among the students from selected high schools, International Journal of Obesity 2016 (200-208)
16. American Academy of Pediatrics Policy Statement (2007) Prevention of Pediatric Overweight and Obesity, Pediatrics Vol. 12, No 2, viewed online 2/21/2008 at <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/2/421>
17. The Future of Children: 16 (1). Viewed online @ [www.futureofchildren.org](http://www.futureofchildren.org)
18. Barlow, S. F., Bobra, S. R., Elliott, M. B., Brownson, R. C. & Haire-Joshu, D. (2007) Recognition of childhood overweight during health supervision visits: Does BMI help pediatricians. Obesity 15:225-232. Retrieved 8/7/07 from <http://www.obesityresearch.org/cgi/content/abstract/15/1/225>
19. Centers for Disease Control and Prevention National Center for Health Statistics (2005)
20. National survey of children's health The Health and Well-being Of Children: A Portrait of States and the Nation 2005 Viewed online 11/20007 At [www.cdc.gov/nchs/about/major/slats/nchs.htm](http://www.cdc.gov/nchs/about/major/slats/nchs.htm)
21. Bragg, S., & Leight, E, The application of vulnerable populations conceptual model to rural health. Public Health Nursing, 20(6), 440-449. Retrieved October 1, 2006 from: <http://www.lif.montana.edu/epubs/indexes/health.html> 2003.
22. C-E Flodmark interventions to prevent obesity in children and adolescent: a systematic literature review International Journal of obesity 30, (579-589), 2006.
23. [www.aecf.org/knowledgecenter/publications](http://www.aecf.org/knowledgecenter/publications)
24. American Heart Association; Cardiovascular Disease Statistics Viewed online.
25. Jones AP, Remington T, Williamson PR, Ashby D, Smyth RL (2005): High prevalence but low impact of data extraction and reporting errors were found in Cochrane systematic reviews. Journal of Clinical Epidemiology, 58(7):741-742.
26. Journal of school Health (2004), School based intervention for obesity.
27. Babita Rexlin (2015) prevalence of obesity among school children in Madurai IJCRR section health care sci-journal impact factor 4.016
28. Janaspilkova (2016) teenage overweight and obesity: A pilot study of obesogenic