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Research Article

KNOWLEDGE, ATTITUDE PRACTICE BEFORE VEDIO-ASSISTED TEACHING REGARDING HABITS IN PREVENTION OF OBESITY AMONG STUDENTS STUDY IN SELECTED SENIOR SECONDARY SCHOOL OF JAIPUR, RAJASTHAN

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ABSTRACT :

Introduction: "The real solution to childhood obesity lies in changing our built environment. There is no other way to approach it." (Dr.Goutham Rav) "Food is the most abused anxiety drug .exercise is the most underutilized antidepressant"

Material & Methods: The study was conducted in the selected senior secondary schools of Jaipur, Rajasthan. One group pre-test post-test design judges the effect of the treatment by the difference between the pre-test and post-test scores. Two hundred forty students who met the inclusion criteria were selected as the sample for the present study. Purposive sampling technique was used to select the samples for the study.

Result: The findings of the present study reveals that highest percentage (90%) of students had average knowledge attitude practice regarding habits in prevention of obesity and others comes under poor (3.33%) in the pre-test and remaining students having good knowledge attitude practice (6.67%) about habits in prevention of obesity while in the post – test score highest percentage (60%) students had excellent knowledge attitude practice and remaining having good knowledge attitude practice with (40%). The total mean percentage of knowledge attitude practice scores of the pre-test was 48.22 with total mean +_SD of 14.466+_8.3942.

Conclusion: In pre-test no. of students in poor knowledge attitude practice category were 3.33%.In pre-test no. of students having average knowledge attitude practice were 90%In pre-test no. of students having good knowledge attitude practice were 6.67%.In pre-test no. of students having excellent knowledge attitude practice were 0%, while in posttest it increased by 60%.

Keyword: Knowledge, Attitude Practice, Video-Assisted Teaching, Obesity

INTRODUCTION: Adolescence (10 to 19yr) is a period of heightened concern regarding obesity. Worldwide more than 1.2 billion are adolescent and about 21 %(about 243million) of Indian population are adolescent. The incidence of obesity increases during this age period and tends to persist into adulthood .The WHO describes obesity as one of today's most important 'public health problem 'and has designated obesity as a 'global epidemic 'and also one of the today's most neglected public health problems. Obesity is a consequence of an energy imbalance – i.e., when energy intake exceeds energy expenditure over an extended period of time. Obesity is now reaching epidemic proportions in both developed and developing countries and is affecting not only adults but also children and adolescents .It is a key risk factor for many chronic and non communicable diseases. Obesity is defined as excess of body fat. The abnormal growth of adipose tissue may be due to an enlargement of fat cell size (hypertrophic obesity) or an increase in fat cell number (hyper plastic obesity) or both [1]

Body Mass Index (BMI) is an index of weight-for-height that is commonly used to classify underweight, overweight and obesity. It is determined by the weight in kilograms divided by the square of the height in meters (kg/m2). Obesity has become a global epidemic with an estimated 1.3 billion people overweight or obese. Its prevalence in developed countries, such as United States is high. National Health and Nutrition Examination Survey in United States indicated that an estimated 33.9 percent of US adults aged 20 and over are overweight, 35.1 percent obese and 6.4 percent are extremely obese [2] "

In response to the obesity epidemic, the First Lady, Michelle Obama, has made it a priority to combat this

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problem with a nationwide initiative called "Let's Move" which was launched on February 9th, 2010, and aims to prevent obesity in childhood. The ultimate goal is to focus on young children, so that in one generation, every child born after February 9th, 2010 will enter adulthood with a healthy weight. [4] The industrialization, urbanization and the globalization increased incidence and prevalence of "non communicable" diseases which are considered today as "Life style diseases". The electronic gadgets, computers, internet and the mobile phones have made the individuals almost immobile. Recently there is an increasing prevalence of childhood obesity (5-19years) due to rapidly changing of dietary practices and a sedentary lifestyle in developing countries.

Prevalence of childhood overweight and obesity worldwide has increased from 4.2% in 1990 to 6.7% in 2010.The trend is anticipated to reach 9.1% in 2020 [5] Due to the basic aetiology of the condition, factors which are consistently highlighted in reviews of this subject are often those directly related to energy balance such as diet, physical activity and sedentary behaviour.[6]

MATERIAL & METHODS:

Research Design: Pre-test post-test design was used in this study

Setting of Study: The study was conducted in the selected senior secondary schools of Jaipur, Rajasthan.

Population: The population of the study comprised of students of senior secondary schools.

Sample Size: Sample is a sub set of population, selected to participate in the study. Two hundred forty students who met the inclusion criteria were selected as the sample for the present study. **Sampling Technique:-** It is the purpose of selecting a portion of the population to represent the entire population. Purposive sampling is the selection of the most readily available persons as participants in a study who fulfill the purpose.

Purposive sampling technique was used to select the samples for the study.

DATA ANALYSIS AND INTERPRETATION

Part I: Percentage distribution of demographic variables of the students.

Table no 1: distribution of demographic variables of the students.

S.NO.	VARIABLES	FREQUENCY	PERCENTAGE%
1	AGE IN YEARS:		
	14-16	48	20
	16-18	190	80
2	Gender		
	Female	208	86.67
	Male	32	13.33
3	Religion		
	Hindu	236	98.33
	Others	4	1.67
4	Faculty of Education		
	Science	132	55
	Arts	52	21.17
	Commerce	56	23.33
5	Food pattern of family		
	Vegetarian	184	76.67
	Mixed	56	23.33
6	Types of family		
	Nuclear Family	136	56.67
	Joint Family	88	36.67
	Extended Family	8	3.33
	Single Family	8	3.33
7	Interested in extra cocurricular activities		
	If yes	224	93.33
	Sports	76	33.92
	Music	52	23.21
	Drama	56	25
	Debate	40	17.85
	If no	16	6.67
8	Having information regarding prevention of obesity		
	If yes	216	90
	T.v./Media/Radio	104	48.15
	Teacher	36	16.67
	Friend and Relative	12	5.56
	Family	64	29.63
	No	24	10

Section B: Analysis of Knowledge attitude practice of students regarding habits in prevention of obesity.

Table no. 2: distribution of overall level of knowledge attitude practice of students

s.n.	Level of knowledge attitude & practice	% of score	Pre- test		Post- test	
			Frequency	Frequency %	Frequency	Frequency %
1	Poor	0-33	8	3.33	0	0
2	Average	34-59	216	90	0	0
3	Good	60-74	16	6.67	96	40
4	Excellent	75-100	0	0	144	60

The findings of the present study reveals that highest percentage (90%) of students had average knowledge attitude practice regarding habits in prevention of obesity and others comes under poor (3.33%) in the pre-test and remaining students having good knowledge attitude practice (6.67%) about habits in prevention of obesity while in the post – test score highest percentage

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(60%) students had excellent knowledge attitude practice and remaining having good knowledge attitude practice with (40%). Overall there was increase in knowledge attitude practice after administration of VAT.

Table 3: significance difference between pre -test and post-test knowledge attitude practice score

S.NO	AREA	MEAN EFFECTIVENESS	't' value
1	**Structured knowledge**	**2.75**	**10.323**
2	**questionnaire regarding**	**2.966**	**12.3241**
3	**introduction and BMI of**	**2.833**	**12.2145**
4	**Obesity**	**8.617**	**23.0497**

Table 't' value at 0.05:t_{59} =1.6711, * significant

Table3 : describe the comparison of knowledge attitude practice score on habits in prevention of obesity before and after intervention. The post-test mean score was significantly higher than the pre- test mean score. The tabulated value of 't' score at 0.05 level of significance and 59 degrees of freedom is 1.67 and the calculated value was higher than the tabulated value which represents the significant gain in knowledge attitude practice through the Vedio Assisted Teaching Program. Thus it suggests that the VAT has been effective in increasing the knowledge attitude practice of students about habits in prevention of obesity ($p<0.05$ HS)

Tables 4: Association between pre-test knowledge attitude practice scores of students on habits in prevention of obesity and demographic variables.

N= 240

s.n.			Chi-square		Degree of freedom	Level of significance
			Calculated value	Tabulated value		
1		**Age in years** ▪ **14-16** ▪ **16-18**	0.5671	5.99	2	0.05 NS
2		**Gender** ▪ **Female** ▪ **Male**	14.6114	5.99	2	0.05 S
3		**Religion** ▪ **Hindu** ▪ **Others**	1.0129	5.99	2	0.05 NS
4		**Faculty of education** ▪ **Science** ▪ **Arts** ▪ **Commerce**	3.7019	9.49	4	0.05 NS
5		**Food Pattern of family** ▪ **Vegetarian** ▪ **Mixed**	2.023	5.99	2	0.05 NS
6		**Type of family** ▪ **Nuclear** ▪ **Joint** ▪ **Extended** ▪ **Single** parents	8.6026	12.59	6	0.05 NS
7		**Are you interested in extra co-curricular activities** ▪ **Yes** ▪ **No** **If yes then specify** ▪ **Sports** ▪ **Music** ▪ **Drama** ▪ **Debate**	2.9915	12.59	6	0.05 NS
8		**Have you any information regarding prevention of obesity** ▪ **Yes** ▪ **No** **If yes then specify** ▪ **TV/Media/Radio** ▪ **Teacher** ▪ **Friends and relative** ▪ **Family**	8.6679	12.59	6	0.05 NS

The above table no 6 shows that the obtained chi-square values of variables of age, religion, faculty of education, food pattern of family , interested in extra co curricular activities and information regarding prevention of obesity is less than table value so there is no significant association between the knowledge attitude practice scores and these variables at the 0.05 level of significance. Hence the H1 is rejected. And in case of gender it calculated value is higher than table value at 0.05 level of significance so it is significant in this case H1 is accepted.

CONCLUSION: The main aim of the study was to assess student with excellent knowledge but in post-test 36 students having excellent knowledge regarding healthy habits in prevention of obesity. Teaching was given through the VAT which included introduction definition, risk factors. Diagnosis, complication, management and prevention of obesity. This helped the students to gain knowledge attitude practice regarding habits in prevention of obesity. The following conclusions were drawn on the basis of the findings of the study:

- ❖ The pre-test knowledge attitude practice scores among most of the students were poor and average.
- ❖ The VAT proved its validity as one of the effective teaching method of information transmission. It was well appreciated and accepted by the students.
- ❖ The chances for the better practice in healthy habits in prevention of obesity could be anticipate.
- ❖ The study paved the path to find a variety of other information regarding healthy habits in prevention of obesity

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RECOMMENDATION: Keeping in view the findings of the present study, the following recommendations have been made for further study:-

01. A similar study can be conducted on a larger sample, may help to draw more definite conclusions and make generalizations.
02. The study may be replicated in different settings.
03. An experimental study could be undertaken with a control group
04. A follow- up study may be conducted to determine the effectiveness of the structured teaching programme
05. A comparative study can be conducted on school teacher of rural and urban schools and the findings can be compaired.

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