A STUDY TO ASSESS THE IMPACT OF PLANNED TEACHING PROGRAME ON KNOWLEDGE REGARDING HEALTH HAZARDS OF JUNK FOOD AMONG ADOLESCENTS IN A SELECTED ARMY GOODWILL SCHOOL ANANTNAG KASHMIR ."

MISS NELOFAR FAROOQ, Miss Shubana Azeemen,Mr Ishfaq Nazir, Aanisa Mir, Raveesa Jan, Shafia Tabbasum,Shugufta Manzoor, Shafeena Kousar, Mohsin Ashraf.

ABSTRACT

Introduction: Junk food is unhealthy food that is high in calories from sugar or fat, with little dietary fiber, protein, vitamins, minerals or other important forms of nutritional value (WHO). The ill- effects of junk food on our health is very vast such as obesity, heart diseases, digestive issues, depression, stroke, cancer, T2DM and deaths. So it is better to avoid junk food and eat healthy food" EAT HEALTHY, AND LIVE HEALTHY". For that we conduct a study to assess the impact of planned teaching programme on knowledge regarding health hazards of junk food among adolescents in a selected Army Good Will School Anantnag Kashmir. The objectives of the study are:

1. To assess the pre- test knowledge score among adolescents in a selected Army Good Will School Anantnag Kashmir.
2. To assess the post-test knowledge score among adolescents in a selected Army Good Will School Anantnag Kashmir.
3. To compare pre-test and post-test knowledge score among adolescents in a selected Army Good Will School Anantnag Kashmir.
4. To find the association between pre-test knowledge score with selected demographic variables; age, educational status, monthly income, place of residence and gender.

METHOD: - Ludwig Von Bertanioffys General Systems Theory Conceptual framework was used which includes input process and output. Research approach and research design was pre-experimental one group pre-test post-test design. Stratified random sampling was used to select a sample of 30 adolescent students studying in Army Good Will School Anantnag Kashmir. The tool (standard knowledge questionnaire) consisted of demographic variables and knowledge regarding health hazards of junk food.

RESULTS:- The findings of study showed that in the pre-test 25 students (83.33%) had inadequate knowledge and 5 (16.66%) had moderately adequate knowledge. None had adequate knowledge regarding health hazards of junk food. After the introduction of planned teaching programme , most of the students i.e 23 (76.66%)

showed adequate knowledge and about 7 (23.33%) had moderately adequate knowledge .None showed inadequate knowledge regarding the health hazards of junk food among adolescents with a p- value of <0.5.

CONCLUSION:-The findings of the present study suggest that the planned teaching programme on knowledge regarding health hazards of junk food among adolescents was found significantly effective for increasing knowledge level of adolescents.

Key Words : knowledge, junk food, adolescents.

INTRODUCTION
Adolescence is the only time following infancy when the rate of physical growth actually increases. This sudden growth spirit is associated with hormonal, cognitive and emotional changes that make adolescence vulnerable period of life.

First there is a greater demand for calories and nutrients due to the dramatic increase in physical growth and development over a relatively short period of time.

Second adolescence is a time of changing lifestyles and food habit.

Third adolescent drive for individuation means more opportunity to assert food choices and expand or narrow healthy options.

Good nutritious diet or balanced diet is basic need of every child for their growth and development. Most of the children of this age during their meal time eat junk food and get addicted to the taste of junk food. Studies have found that food colouring can cause hyperactivity and lapses of concentration in children.

Junk food has come into our life since 1912 from America and ever since human beings were exposed to its negative health effects. Most of the studies conducted regarding junk food in Bangladesh and overseas fail to notice that eating junk food is foreseeable at the present society; they just focus on junk food health complications and pay less attention on different attitudes among junk food consumers.

The Consumption of junk food has been associated with increased body mass index. In the USA, the diets of children and adults increasingly includes junk food. Eating junk food has been associated with higher intake of energy, fast, sodium added sugars and sugar-sweetened beverages, and lower intakes of fruits, vegetables, fibre and milk in children and adolescents. Junk food also tends to have higher energy densities and poorer nutritional quality than foods prepared at home and in comparison with dietary recommendations. A recent review on US neighbourhood environments reported junk food restaurants are more prevalent in low income and ethnic minority areas, possibly contributing to economic and ethnic obesity disparities

Healthy Food

According to the dietary guidelines for America and 2020-2025,a healthy food consist of fruits ,vegetables, whole grains and fat –free or low fat milk and milk products .It also includes lean meats, poultry, fish, beans ,eggs and nuts[1]

Unhealthy Food

Unhealthy food is also called as junk food that is high in calories and has little dietary fibre proteins, vitamins and minerals.[2]

'EAT HEALTHY AND LIVE HEALTHY'

This proverb which is followed yet last decades, but now everything has been changed in our life style including foods and so on. Now a day 60% of youngsters eating junk food because of work pressure and following western culture. Everyone knows that junk food are not good for health and these people spending too much of money to eat junk food.in India we can see plenty of local food court ,homemade restaurant, hotels and five star hotels. In these days we can see more number of youngsters affected by obesity, heart disease, digestive issues, depression, stroke, cancer, type2 diabetes and deaths.

In Tamil Nadu especially Chennai people having junk food habits because of taste, low price, taking pictures, treat and so on. We can easily overcome from junk food culture making organic foods at home and having fruits and vegetables as major foods and proper exercise can reduce the percentage value of junk food eaters.

Junk Food

"If you put junk food in your body, your body will turn to junk"

(Goldiehawan)

The famous microbiologist Dr.Michad F Jacobson director of the centre for science in the public interest, coined the phrase "Junk Food" in 1922 to describe unhealthy or non-nutritious food.

Definition of Junk Food

Junk food is unhealthy food that is high in calories from sugar or fat, with little dietary fibre, protein, vitamins, minerals. Or other important forms of nutritional value.(WHO)[3]

The consumption of junk food can be related to past as this trend was started by romans in past. Junk foods are easy and convenient methods which save time and money but contain high quantity of saturated fat and calories. In present era the percentage of people consuming these foods have shown a sudden incline which is a matter of concern as it causes gastrointestinal, cardio vascular problems. And even effects fertility of both genders. As per data available, the cases of obesity and heart diseases have increased rapidly in foreign and developing countries which result in sudden heart attacks and increased death rate. The upsurge in cardiac arrests during lockdown in J&K especially among youth can be somehow related to change in dietary pattern from normal diet to high calorie foods. The purpose of study is to assess the knowledge of adolescents regarding health hazards of junk food.

STATEMENT OF PROBLEM

"A Study to assess the impact of planned teaching programme on knowledge regarding health hazards of junk food among adolescents in a selected Army Good Will School Anantnag Kashmir."

OBJECTIVES OF THE STUDY

- To assess the pre-test knowledge score among adolescents in a selected Army Good Will School Anantnag Kashmir.
- To assess the post-test knowledge score among adolescents in a selected Army Good Will School Anantnag Kashmir.
- To Compare pre-test and post -test knowledge score among adolescents in a selected Army Good Will School Anantnag Kashmir.

- To find the association between pre-test knowledge score with selected demographic variables; Age, Educational status, Monthly income, Place of residence and Gender.

HYPOTHESIS.

H_1: There is significant increase in the mean post-test knowledge score as compared to the mean pre-test knowledge score among adolescents regarding impact of junk food on health at 0.05 level of significance.

H_2: There is significant association between pre-test knowledge score of adolescents with selected demographic variables.

Delimitations

1. The study is limited to adolescents.

2. The study is limited for a period of three weeks.

3. The study is limited to a selected Army Good Will School Anantnag Kashmir .

REVIEW OF LITERATURE

Studies related to prevelance, risk factors, complications, and knowledge regarding junk food.

Research methodology

"Methodology is a way to solve research problem .It may be understood as a science of studying how research is done scientifically."[17]

Study Population:

Population is an entire group of people, objects or events which have at least one characteristic in common and must be defined specifically and unambiguously.

Target population: In the present study, the target population was all adolescents of class 8th and 9th.

Accessible population: The aggregate of cases that conform to designated inclusion or exclusion criteria and that are accessible as subjects of the study.

SAMPLE

The present study was conducted on 30 adolescents of Army Goodwill School Anantnag Kashmir who were available during the period of data collection.

SAMPLING TECHNIQUE

The sample was selected by using purposive sampling technique from the selected School. In this technique, sample was chosen by choice not by chance.

CRITERIA FOR SELECTION OF SAMPLE:

A criterion for selection of sample was based on cost, practical concern, design and the people's ability to participate in the study. The present study has mainly two criteria: inclusion and exclusion criteria.

Inclusion Criteria:

- Willing to participate for the study.

- Available at the time of data collection.

.**Exclusive Criteria:**

- Not willing to participate for the study.

- Not available at the time of data collection.

Variables of the study:

Variables are qualities, properties or characteristics of persons, things or situation that change or vary. The present study aimed to assess the effectiveness of planned teaching programme on Knowledge regarding health hazards of junk food among adolescents in an Army Goodwill School Anantnag Kashmir.

Dependent variable:

The dependent variable of the present study was Knowledge regarding health hazards of junk food among adolescents.

Independent variable:

The independent variable of the present study is planned teaching programme of Knowledge regarding health hazards of junk food among adolescents.

Demographic variable:
Demographic variables selected for this study were age, educational status, monthly income, place of residence and gender.

RELIABILITY OF THE TOOL

Reliability means that the investigator consistently comes up with same measure when used on repeated occasions.

To establish reliability, the tool was administered on two different occasions to 3 students other than the subjects. The reliability of the tool was established by testing the stability and internal consistency. The test re-test method was used to test the reliability of the tool. Scores obtained at two different occasions were compared and calculated by using Karl Pearson's correlation reliability coefficient. The coefficient of reliability of knowledge was 'r' 0.87. Hence the tool was found to be statistically significant and reliable.

METHOD OF DATA COLLECTION:-

Data collection is the gathering of information needed to address a research problem .prior to data collection, permission was obtained from the principal for conducting the study.

The steps used in the data collection were as

1. On day first the research group went to Army Goodwill School Anantnag. The researcher group introduced themselves and explained the purpose of the study to the subjects.
2. The pre-test assessment was done by structured questionnaires. After collecting data regarding demographic variables
3. After 1hour, the planned teaching programme was given to the subjects on the same day.
4. The planned teaching programme was given by face to face lecture method
5. On the 4th day,post –test of subjects was conducted using the same tool.

RESULTS:

Frequency and percentage distribution as per their level of knowledge among adolescents in a selected Army Goodwill School Anantnag.

| s. no	Grade	Score	Percentage
1	In adequate	<=14	<=50%
2	Moderately Adequate	15-21	50-75%
3	Adequate	>21	>75%

This table categorizes the score obtained into three grades with score less than or equal to 50% labelled as inadequate and a score above 75% as adequate. Anything between these is labelled as moderately adequate.

Comparison between pre-test and post-test knowledge scores of study subjects

n =30

Grade	Pre-test		Post-test	
	Number	%age	Number	%age
Inadequate	25	83.33	0	0
Moderately adequate	5	16.666	7	23.33
Adequate	0	0	23	76.66

Organisation and presentation of data.
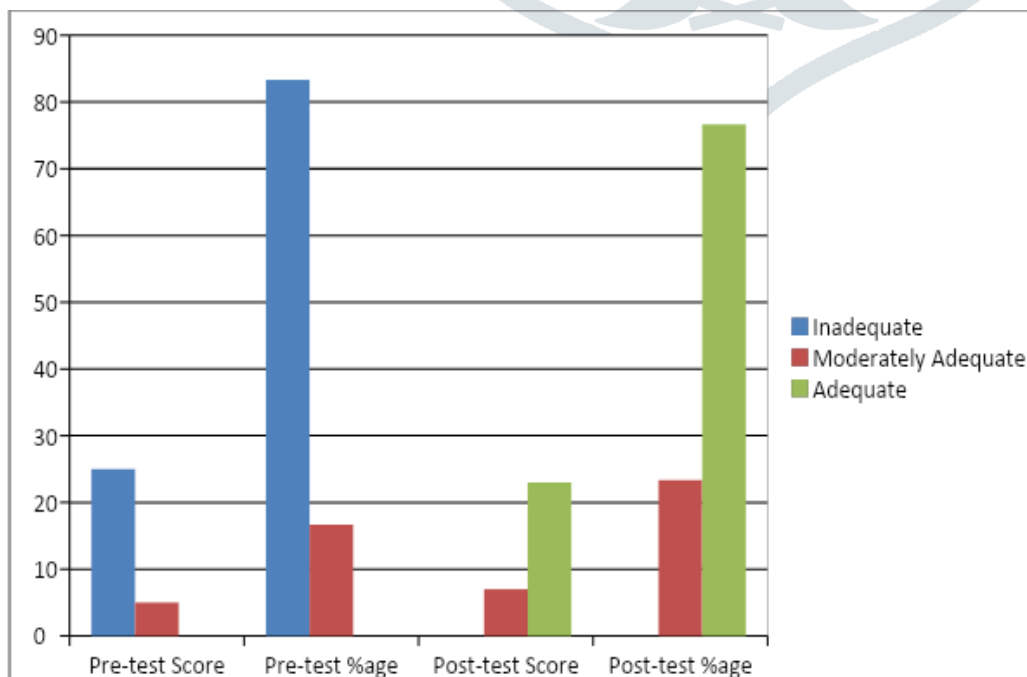
In the pre-test series 25(83.33%) students had inadequate knowledge and 5(16.666%) had moderately adequate knowledge, were none had adequate knowledge regarding health hazards of junk food among adolescent in selected Army Goodwill School Anantnag and after the introduction of PTP on knowledge of subjects among adolescent, most of the students i.e. 23 (76.66%) showed adequate knowledge and moderately adequate knowledge increased to 7(23.33%). None showed inadequate knowledge in post-test analysis. This means that there was a high significant improvement in the knowledge among adolescent with a p-value of <0.000

Total Pre-test & Post Test scores with percentage

Pre-test		Post-Test	
score	%age	Score	%age
298	35.47	693	82.5

In the pre-test the total score achieved by the study group was 298 out of 840 which 35.47% is and the score improved to 693 which is 82.5% in the post-test analysis. This shows an significant improvement of knowledge by 47.03% .This means that there was a significant improvement in the knowledge of the subjects after the introduction of PTP.

Graphical representation of pre and post-test score with Percentage
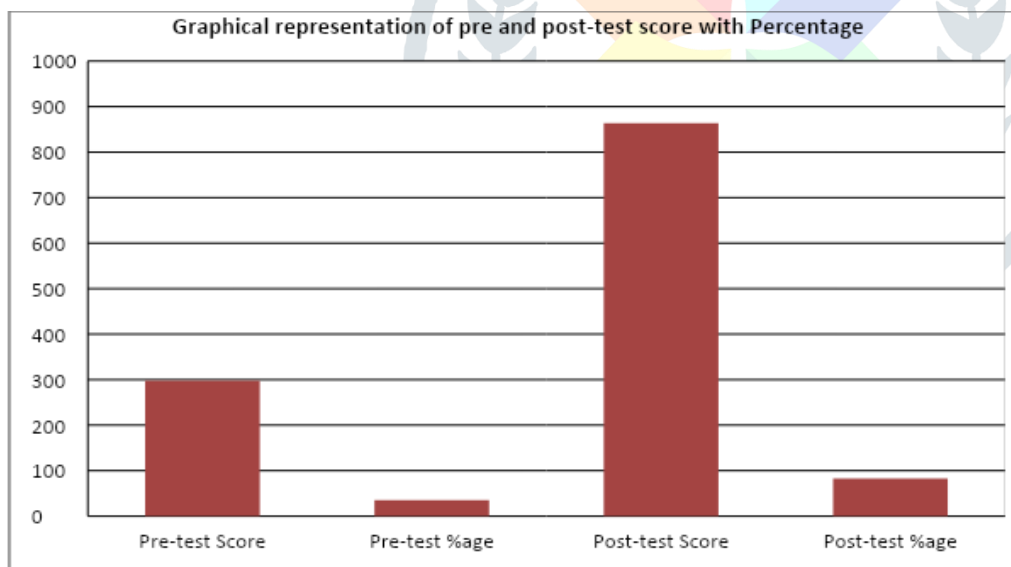
In order to compare the pre-test and post-test level of knowledge regarding health hazards of junk food among adolescents, we will check the normality of the data so that appropriate test can be used. If the data is normally distributed we will use paired t test otherwise its alternative test i.e. wilkoson signed Rank test will be used.

Checking the normality of pre-test and post-test score

	KOLMOGOROV-SMIRNOV TEST				SHAPIRO-WILK TEST			
	Statistics	d.f	P value	Interpretation	Statistics	d.f	P value	Interpretation
Pre-test	0.123	30	0.200	Normally distributed	0.959	30	0.300	Normally distributed
Post-test	0.148	30	0.092	Normally distributed	0.930	30	0.049	Normally distributed

From the above table it is evident that Pre-test and Post test data both are normally distributed, so we will be using paired t test to compare pre-test and post-test level of knowledge

	Mean	N		Standard deviation			
Pre-test	9.9333	30		3.41329			
Post-test	23.1000	30		2.3682			
	Mean	Standard deviation	T value	df	P value	interpretation	
Pretest-Posttest	-13.16667	2.50631	-28.774	29	0.000	Highly Significant	

Reporting the result: Reporting the result: From the above table it is evident that there was a significant improvement in knowledge regarding health hazards of junk food among adolescents after the introduction of PTP with t=-13.1667 ,p<0.000.

n =30

S.No.	Demographic Variables		Frequency	Percentage
01	Age	12-14	12	40%
		14-16	18	60%
02	Educational Status	9th Class	11	36.66%
		10th Class	19	63.33%
03	Monthly Income	Less than 10000	10	36.33%
		Above 10000	20	66.66%
04	Place of Residence	Rural	21	70%
		Urban	9	30%
05	Gender	Female	13	43.33%
		Male	17	56.66%

CONCLUSION

The following conclusion was drawn on the basis of the findings of the study:

Pre-test findings showed that the adolescents did not possess adequate knowledge regarding junk food thus this vulnerable group needs to be educated.

Planned teaching programme was effective in improving the knowledge regarding health hazards of junk food, hence there is need to conduct education programmes to abreast knowledge of adolescents.

Significant association between the demographic variables like educational qualification and gender was found with the pre-test knowledge which indicates that probably these variables enhances their knowledge regarding junk food.

However there was no significant association between pre-test knowledge score with their demographic variables like age, place of residence and monthly income which indicates that these variables have no effect on knowledge regarding junk food.

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