

A STUDY TO ASSESS THE EFFECTIVENESS OF STP ON KNOWLEDGE REGARDING OBESITY AND ITS ADVERSE EFFECTS AMONG RURAL MARRIED WOMEN OF AGED (21-45) AT JHANJHARI, GONDA

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Abstract:

Background: Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have a negative impact on health, leading to reduced life expectancy and or increased health problems. **Objectives:** To assess the effectiveness of structured teaching programme on knowledge regarding obesity and its adverse effects among rural married women aged (21-45 years) at Jhanjhari, Gonda, U.P. **Material and methods:** Pre- experimental research design was employed for this study. Convenience sampling technique was used to select 50 rural married women of age group 21- 45 years. Structured questionnaire was used to collect the relevant data. The questionnaire was formulated after discussions with the experts in the related field and on the basis of review of literature. **Results:** The findings of the study revealed that maximum of married women 80% had moderate, 16% had adequate and 4% had inadequate knowledge in pre-test while after structured teaching programme 96% women had adequate and only 4% had moderate knowledge.

Conclusion: The study result shows that most of the married women had less knowledge about obesity and its adverse effects in pre- test and structured teaching programme was highly effective to enhance their knowledge.

Keywords: Effectiveness, Structured teaching programme, Knowledge, Obesity.

I. INTRODUCTION

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have a negative impact on health, leading to reduced life expectancy and or increased health problems.¹ People are considered obese by dividing a person's weight by square of the person's height, exceeds 30kg/m².² Obesity is most commonly caused by a combination of excessive food energy intake, lack of physical activity, and genetic susceptibility, although a few cases are caused primarily by genes, endocrine disorders, medications or psychiatric illness. Evidence to support the view that some obese people eat little yet gain weight due to a slow metabolism is limited. On average, obese people have greater energy expenditure than their thin counterparts due to the energy required to maintain an increased body mass.³

Obesity is often expressed in terms of body mass index (BMI). A "super obese" male with a BMI of 47 kg/m²: weight 146 kg (322 lb), height 177 cm (5 ft 10 in). It is defined by body mass index (BMI) and further evaluated in terms of fat distribution via the waist-hip ratio and total cardiovascular risk factors. BMI is closely related to both percentage body fat and total body fat. BMI is usually expressed in kilograms per square metre.⁴ The most commonly used definitions, established by the World Health Organization (WHO) in 1997 and published in 2000, provide the values.³

BMI (kg/m ²)	Classification
< 18.50	Underweight
18.50–24.99	Normal weight
25.00–29.99	Overweight
30.00–34.99	Class I obesity
35.00–39.99	Class II obesity
≥ 40.00	Class III obesity

BMI is defined as the subject's weight divided by the square of their height and is calculated as follows.

$$\text{BMI} = \frac{m}{h^2}$$

Where **m** and **h** are the subject's weight in kilograms and height in meters respectively.

The main treatment for obesity consists of dieting and physical exercise.⁵ Diet programs may produce weight loss over the short term, but maintaining this weight loss is frequently difficult and often requires making exercise and a lower food energy diet a permanent part of a person's lifestyle.⁶

STATEMENT OF THE PROBLEM

A Study To Assess The Effectiveness Of STP On Knowledge Regarding Obesity And Its Adverse Effects Among Rural Married Women Of Aged (21-45) At Jhanjhari, Gonda.

OBJECTIVES

1. To assess the level of knowledge regarding obesity and its adverse effects among rural married women by conducting pre- test.
2. To evaluate the effectiveness of structured teaching programme regarding obesity and its adverse effects among rural married women.
3. To find an association between knowledge of rural married women regarding obesity and its adverse effects with their selected socio- demographic variables.

HYPOTHESIS:

H_{0.1}: There will be no significant difference between the pre test knowledge and post test knowledge level regarding obesity and its adverse effects among rural married women after structured teaching programme (STP).

H_{1.1}: There will be significant difference between the pre test knowledge and post test knowledge level regarding obesity and its adverse effects among rural married women after structured teaching programme (STP).

II. Materials and Methods

Research Approach: In the present study, the research approach was evaluative research approach.

Research Design: Pre- experimental research design was employed for this study.

Setting: Jhanjhari, Gonda.

Population: Rural married women of age group between 21 to 45 year residing in Jhanjhari, Gonda.

Sample and Sampling Technique: 50 Rural married women of age group from 21 to 45 year were selected by using non-randomized convenient sampling technique by applying inclusion and exclusion criteria.

Description of the data collection Tool

In this study, the data collection tool was divided into two parts:

Part 1: Socio- demographic data such as age, religion, educational status, occupation, family type, dietary habits, housing pattern and annual income of family.

Part 2: Structured questionnaires regarding obesity and its adverse effects.

Knowledge Score Interpretation

Total score=30

The structured questionnaire was administered by the investigator. The knowledge questions consisted of 30 questions. Correct answers were given a score of 1 and wrong answers were given a score of 0. The total score of 30 knowledge was converted to 100%.

SCORE	PERCENTAGE	KNOWLEDGE
1-10	<33%	Inadequate knowledge
11-20	33-70%	Moderate knowledge
21-30	>70%	Adequate knowledge

III.RESULTS AND DISCUSSIONS

The data findings have been organized and finalized according to plan for data analysis and results are presented as under the following.

Section I: Frequency and percentage distribution of socio demographic variables.

Section II: Findings related to the effectiveness of structured teaching programme on knowledge regarding obesity and its adverse effects among married women.

Section III: Association between the knowledge score of married women with their selected socio-demographic variables.

Section I: Description of socio demographic variables of married women.

Table No: 1Frequency and percentage distribution of respondents - socio demographic variables (N=50)

S.No.	DEMOGRAPHIC	VARIABLES	FREQUENCY	PERCENTAGE
1.	Age	21-25	22	44%
		26-30	09	18%
		31-35	07	14%
		36-40	07	14%
		41-45	05	10%
2.	Religion	Hindu	45	90%
		Muslim	05	10%
		Sikh	00	00%
		Christen	00	00%
3.	Education	No formal education	02	04%
		Primary education	03	06%
		Middle school	10	20%
		High school	07	14%
		Graduation	11	22%
		Post graduation	17	34%
4.	Occupation	Government employee	04	08%
		Private employee	07	14%
		Self business	17	34%
		No occupation	22	44%
5.	Family	Nuclear	44	88%
		Joint family	06	12%
6.	Dietary habits	Vegetarian	39	78%
		Mixed	11	22%
7.	Housing	Pucca	47	98%
		Kaccha	01	02%
		Semi pucca	02	04%

8.	Annual income	20000-30000	15	30%
		30001-40000	07	14%
		40001-50000	04	08%
		Above 50000	22	44%

Table: 2 Frequency and Percentage distribution of level of knowledge among married women in pre- test.

N=50

LEVEL OF KNOWLEDGE	NUMBER OF WOMEN	PERCENTAGE %
INADEQUATE KNOWLEDGE	02	4%
MODERATE KNOWLEDGE	40	80%
ADEQUATE KNOWLEDGE	08	16%

Table: 2 The findings of the study revealed that the maximum 80% had moderate, 16% had adequate and 4% had inadequate knowledge in the pre-test.

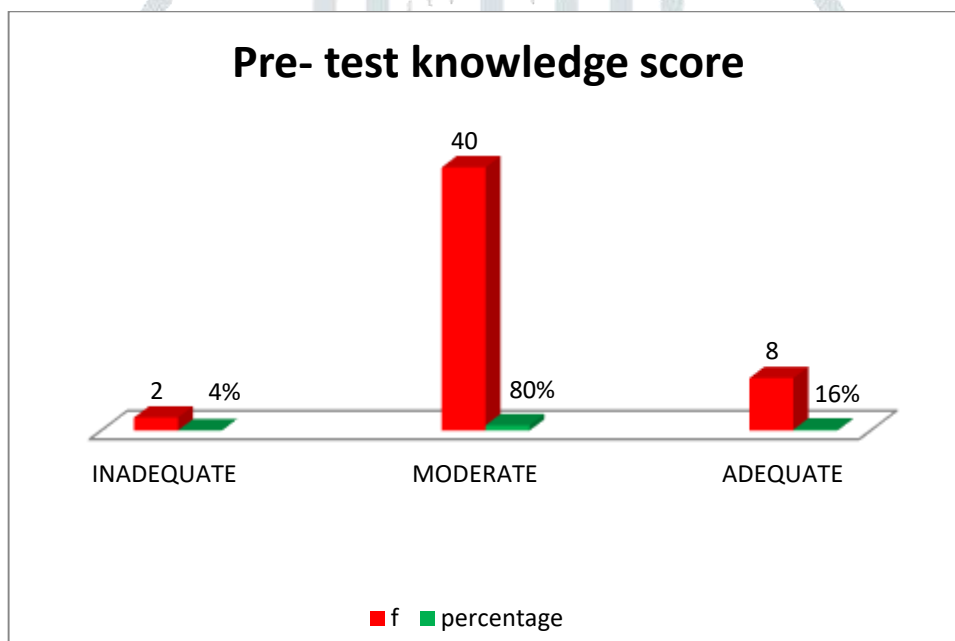


Figure 1: Frequency and Percentage distribution of level of knowledge among married women in pre- test.

Table: 3 Frequency and Percentage distribution of level of knowledge among married women in post- test.

N=50

LEVEL OF KNOWLEDGE	NUMBER OF WOMEN	PERCENTAGE %
INADEQUATE KNOWLEDGE	00	00%
MODERATE KNOWLEDGE	02	04%
ADEQUATE KNOWLEDGE	48	96%

Table: 3 The result revealed that in the post- test, maximum 96% had adequate, 4% had moderate, while no one had inadequate knowledge after structured teaching programme.

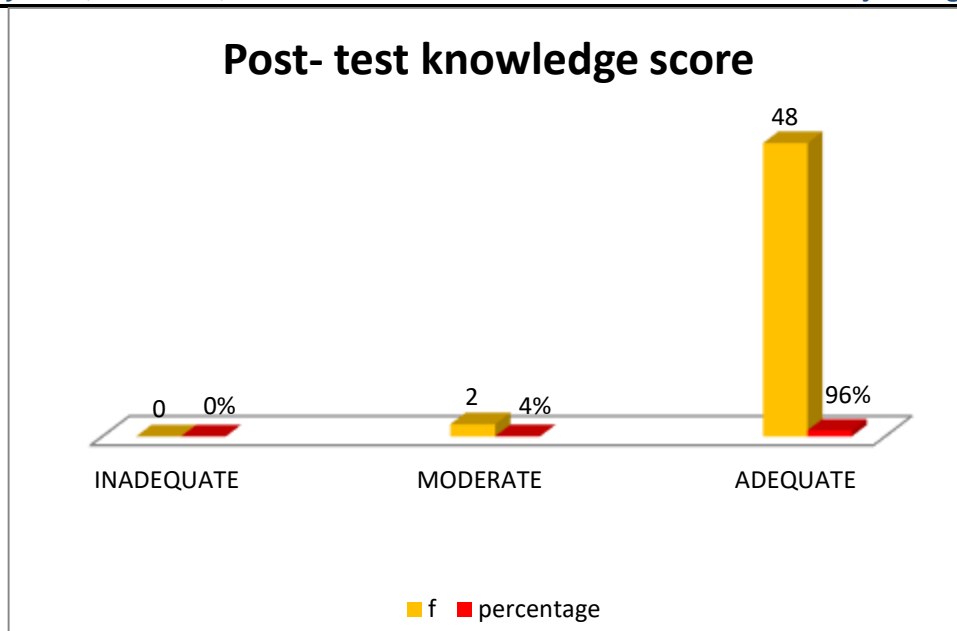


Figure 2: Frequency and Percentage distribution of level of knowledge among married women in post- test after implementation of structured teaching programme.

Table: 4 Mean and Standard Deviation of level of knowledge regarding obesity and its adverse effects among married women.

MARRIED WOMEN KNOWLEDGE	MEAN	STANDARD DEVIATION	P- value
Inadequate	8.78	4.34	0.001
Moderate			
Adequate			

Table: 4 depicts that knowledge score of married women had mean of 8.78 with S.D.of \pm 4.34, p- value significant at the level of 0.001.

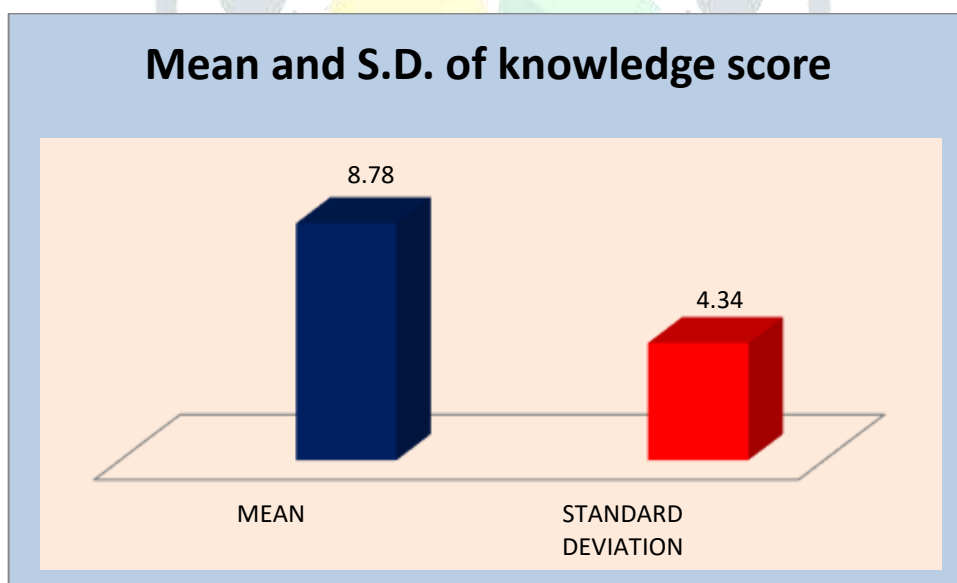


Figure: 3 Mean and Standard Deviation of level of knowledge regarding obesity and its adverse effects among married women.

Table No: 5 Association between knowledge of rural married women regarding obesity and its adverse effects with their selected socio- demographic variables.

N=50

S.NO	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE						CHI SQUARE
		INADEQUATE		MODERATE		ADEQUATE		
		f	%	f	%	f	%	
1.	Age							23.89 S.A*
	21-25	0	-	15	30%	07	14%	
	26-30	0	-	08	16%	01	02%	
	31-35	0	-	07	14%	00	-	
	36-40	0	-	06	12%	01	02%	
	41-45	2	4%	03	06%	00	-	
2	Religion							1.566 N.A**
	Hindu	2	4%	34	68%	09	18%	
	Muslim	0	-	05	10%	00	-	
	Sikh	0	-	00	-	00	-	
	Christen	0	-	00	-	00	-	
3.	Educational status							34.2 S.A
	No formal education	1	02%	01	02%	00	-	
	Primary education	1	02%	02	04%	00	-	
	Middle education	0	-	10	20%	00	-	
	High education	0	-	07	14%	00	-	
	graduation	0	-	10	20%	01	02%	
	Post graduation	0	-	09	18%	08	16%	
4.	Occupation							8.75 N.A
	Government employee	0	-	02	04%	03	06%	
	Private employee	0	-	06	12%	01	02%	
	Self business	0	-	15	30%	01	02%	
	No any work	2	04%	16	32%	04	08%	
5.	Type of Family							3.99 N.A
	Nuclear	1	02%	34	68%	09	18%	
	Joint family	1	02%	35	10%	00	-	
6.	Nutritional status							3.579 N.A
	Vegetarian	2	04%	32	64%	05	10%	
	Mixed	0	-	07	14%	04	08%	
7.	Housing							11.87 S.A
	Pucca	0	00%	38	76%	09	18%	
	Kaccha	-	-	01	02%	00	-	
	Semi-pucca	1	02%	01	2%	00	-	
8	Annual income of family							2.4792 N.A
	20000-30000	1	02%	12	24%	01	02%	
	30001-40000	0	-	05	10%	02	04%	
	40000-50000	0	-	04	8%	01	02%	
	above 50000	1	02%	18	36%	05	10%	

KEYS: S.A* is significant association & N.A is no association**

Table No: 4 The study findings revealed that there was significant association found between knowledge of married women with age, education and Housing while there was no significant association between knowledge and other socio demographic variables such as religion, occupation, type of family, nutritional status and annual income of the family.

IV. Conclusion: The following conclusions are drawn on the basis of findings of the study.

- There was an increase in the knowledge of married women regarding obesity and adverse effects after structured teaching programme.
- There was significant association found between knowledge of married women with age, education and Housing while there was no significant association between knowledge and other socio demographic variables such as religion, occupation, type of family, nutritional status and annual income of the family.

Nursing Implications:

Nursing Practice: Educational programs with effective teaching strategies make it easy for the married women to understand the concepts in better way.

Nursing Education: The nursing curriculum consists of knowledge related to health information and appropriate strategy to imparting the knowledge.

Nursing Administration: Nurse Administrators are the key persons to plan, organize and conduct the educational programs. Nurse administrator's supports are needed to conduct and evaluate health educational programs on obesity and its adverse effects.

Nursing Research: The researcher should be able to conduct the research on each and every aspects of obesity including educational, psychological and social in order to generate in-depth and relevant scientific data.

Recommendations:

- This study can be replicated with large samples.
- A comparative study can be done in urban and rural setting.

REFERENCES

- [1] Park K; Park's Textbook of Preventive and Social Medicine; edition 21; published by bhanot; Pp-366-370.
- [2] Haslam DW et al; Obesity; Lancet **366** (9492); Pp 209-1197.
- [3] Robert et al (2007); treatment of the obese patient; published by Humana Press; p. 158.
- [4] Sweeting HN; Measurement and Definitions of Obesity in Childhood and Adolescence: A field guide for the uninitiated; nutr J; volume 6; Pp- 32.
- [5] Sharma am et al; 2006 Canadian clinical practice guidelines on management and prevention of obesity in adults and children summary; CMAJ 176; Pp- 1-13
- [6] Hill JO et al; persons successful at long term weight loss and maintenance continue to consume a low energy, low fat diet; J am diet assoc 98; Pp- 408-413.

