



A Study To Assess The Effectiveness of Health Teaching Program (HTP) on Knowledge And Practice Regarding Health Hazards Of Junk Foods among Adolescents Of Selected Senior Secondary School of Jhajjar District, Haryana

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ABSTRACT

"A research to evaluate the impact of the health teaching programme (HTP) on teenagers in a chosen senior secondary school in the Jhajjar District, Haryana, on their knowledge and behaviour regarding the health dangers of junk food. "The project intends to contribute to the supply of safe, nutritious, and appropriate food for teenagers by protecting them from the health risks associated with junk food by providing them with a health training programme on information regarding these risks. Since the current study's goal is to evaluate the impact of a health teaching program (HTP) on teenagers at a particular school in the Jhajjar region of Haryana's knowledge and practice of the health risks of junk food, a quantitative research technique was used. The plan for structuring an empirical study is referred to as a research design. It focuses on the overall plan for carrying out the investigation. The study's design is a pre-experimental research plan that includes. This study will use a one group, pre-test, post-test design to evaluate the impact of the health teaching program (HTP) on teenagers' knowledge and behavior about the health risks of junk food. Students at senior secondary schools are included in the study's target audience. The 50 pupils that fall within the study's accessible demographic range in age from 12 to 16. According to the results of the current study, the male group had an average knowledge level of 36.00 percent, 6.00 percent had weak knowledge, and 10 percent had strong knowledge. Poor, average, and high knowledge levels were represented by 2.00 percent, 46.00 percent, and 0.00 percent of the female group, respectively. It was discovered that in the nuclear family, 2% of members have poor knowledge, 2% have average knowledge, and 0% have good knowledge skills. For joint families, the knowledge levels were 6 percent, 80 percent, and 10 percent, respectively, for poor, average, and good. There is no correlation between prior knowledge and knowledge competence measured by levels, according to prior knowledge. Participants' mean scores for pre- and post-test knowledge were 8.34 and 13.48, respectively, with standard deviations of 1.76 and 1.28. The T-test was used, and the findings were significant at the 0.01 level. The mean score and standard deviation for practise levels were 1.04, 2.36 and 0.20, 0.53 correspondingly for the pre- and post-test. The student t-test result that was used produced a significant result at the level of 0.01. The relationship between degrees of practise and prior knowledge. According to the study's tables, there is a negligible difference in knowledge and practise levels regarding menstruation difficulties and menstrual hygiene, as well as a weak negative association between knowledge and practice levels. The results between post knowledge and post practise levels were not significant, and according to the post knowledge and post practise levels, there was also an indirect weak association. The pre-test knowledge and practise levels were compared using the chi square test, and the findings are significant at the 5% and 1% levels of significance. The knowledge mean score on the post-test was 13.48 with a 1.28 standard deviation, and the practises mean score was 8.78 with a 0.74 standard deviation. The link between post-test knowledge and practise levels was examined using the chi square test, and the findings are significant at the 5% and 1% levels of significance..

Keywords:- Junk food , Adolescent , HTP, Effectiveness

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INTRODUCTION

Every person's existence depends on food, thus it's crucial to know which nutrients to consume for good or bad health. Nowadays, in our everyday lives, food is distributed according to age, with light food preferred by the elderly, heavy, nutritious food preferred by adults, and youngsters in adolescence most likely to consume fast food or junk food. Food that is swiftly produced and served at establishments like fast food restaurants is referred to as fast food. The new cuisine known as fast food has replaced wholesome, nutrient-rich meals [1, 2]. Fast food is poor in or deficient in vitamins, minerals, fiber, and amino acids, yet it is abundant in energy (calories). Fast food is a global phenomenon in the current

economic climate [3]. Fast food has advanced at a high rate as a result of its accessibility at low costs and the marketing strategies used by its producers. Fast food is deficient in the nutrients our bodies need to be healthy. As a result, meals with minimal nutritional content are seen as harmful to health and are sometimes referred to as junk food [4]. Fast preparation and simple meal consumption have been cited as reasons for the popularity of fast food in this period of economic expansion. The younger generation is becoming more and more interested in fast food culture. Compared to teens, older individuals are more captivated by healthful foods. In India, the fast-food industry is growing at a pace of 40% yearly. With 2.1 percent of annual total expenditure on fast food, India comes in at number 10 in the world. There are various negative repercussions on health as a result of the present ubiquitous adoption of a fast food consumption system [5-8]. Therefore, fast food's high calorie content and low nutrient value contribute to childhood obesity. Junk food also contains colors that are frequently unpalatable, cancer-causing, and harmful to the body. The consequences of this fast food on the digestive system can take years to manifest. Based on these results, educational interventions aimed at changing school-aged teenagers' behavioral intentions about the eating of junk food may help them get a better knowledge of the practice and consumption of healthy food [9, 10]. The information was gathered from a variety of websites. As a result of kids' constant interaction with teachers—those who may help them create positive habits for the duration of their time in school—this study exclusively focuses on the school environment, which has been recognized as a key location for gathering information. As a result, educational interventions to improve teenage knowledge, attitudes, and behavior for health promotion are appropriate in schools.

MATERIAL AND METHODS

This study will show the types of junk food that are most popular among students as well as the most common risk factors. The information will be utilized to inform pupils at L.R. Green Field School in Jhajjar and to offer advice and interventions for the avoidance of and risk factors associated with junk food consumption. To evaluate the pupils' knowledge and behaviour about their use of junk food. To evaluate the impact of HTP on people's understanding and behaviour about the risks that junk food poses to their health. to determine the relationship between knowledge and practise on the dangers of junk food to health. To ascertain the relationship between understanding and usage of junk food.

Inclusive Criteria:-

- Adolescent student; student enrolled in senior secondary school

Exclusive criteria:-

- A student who refuses to participate.
- Students who were not in class that day.
- Those who are ill students.

Procedure of Data Collection:

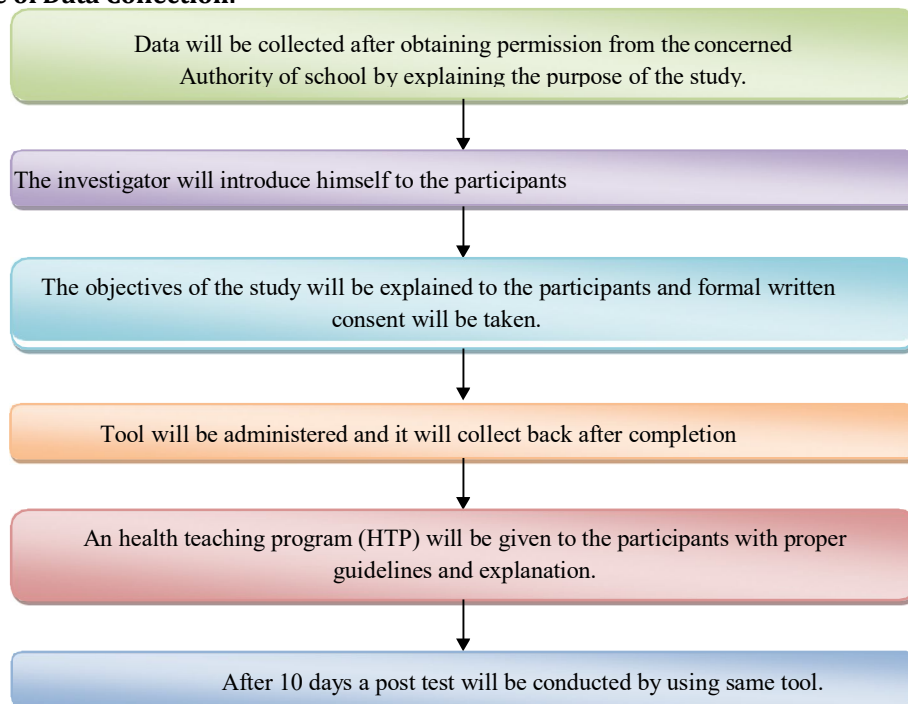


Fig 1 :- Schematic presentation of data collection

Consultation with the statistician was done for the preparation of the plan for statistical analysis.

- SECTION A: Socio-Demographic Variable
- SECTION B: Structured Knowledge Questionnaire regarding health hazards of junk food .
- SECTION C: Checklist regarding practice of health hazards of junk food.

RESULTS AND DISCUSSION

Table. 1- Comparison between pre and post by knowledge and practice levels of the study participants.

Levels	Pre- test (Mean ± SD)	Post-test (Mean ± SD)	t-value	p-value
Knowledge	8.04 ± 1.76	13.48 ±1.28	20.16	0.001*
Practice	3.80 ± 1.41	8.78 ± 0.74	21.71	0.001*

Since p-value is less than .05 or .01 therefore there is a highly significance difference between pre & posttest of knowledge

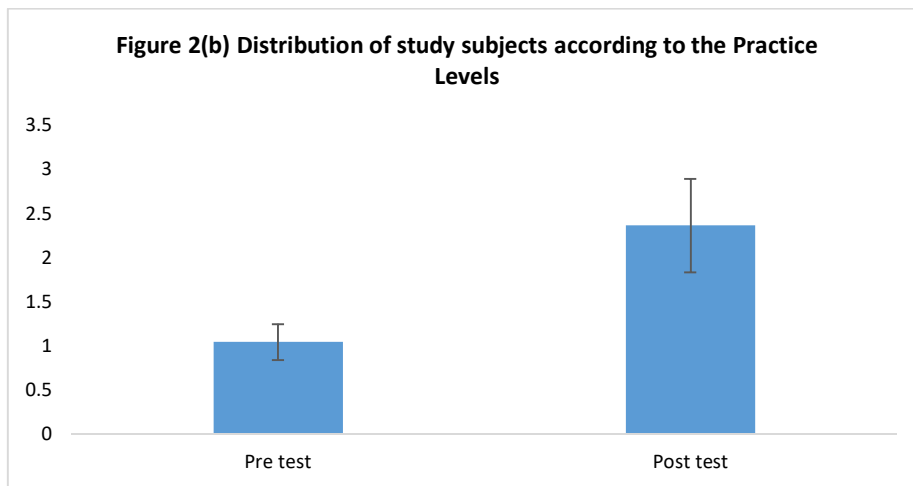
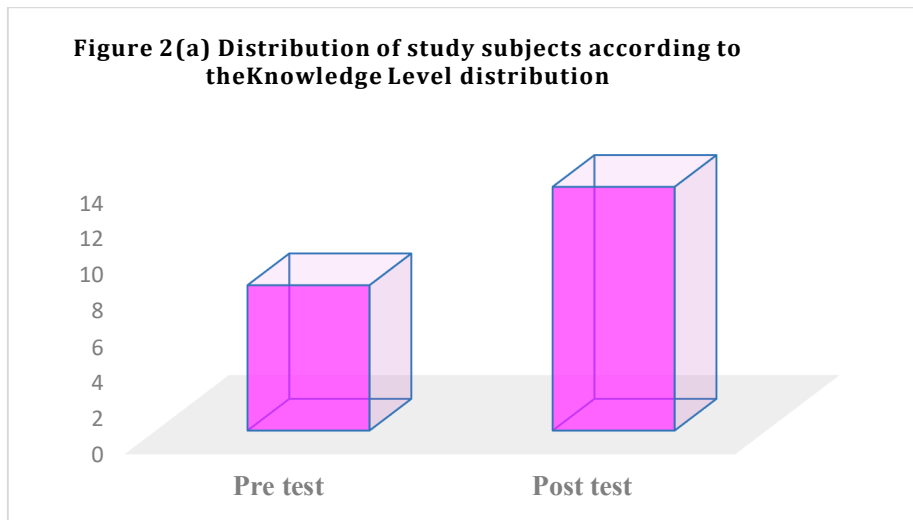


Table.2. Correlation between Knowledge & practice levels according to the pre and post test.

Karl Pearson's		Pre-practice	Post-Practice
Pre-Knowledge	Correlation Coefficient	-0.226	-
	p-value	0.114	-
Post- Knowledge	Correlation Coefficient	-	-0.124
	p-value	-	0.392

Table.3.. Association between Knowledge & practice levels according to the pre and post test.

	Mean± SD (Knowledge)	Mean± SD (Practice)	Chi-square	p-value
Pre-test	8.04 ± 1.76	3.80 ± 1.41	78.94	0.001
Post-test	13.48 ± 1.28	8.78 ± 0.74	96.14	0.001

****p-value is significant at the 0.01 level of significance.**

In the current study, the majority of students (78%) and (98%) had average and good knowledge in the pre- and post-tests about junk food, respectively, followed by (18%) and (2%), who had good and average knowledge, respectively, and (4%), who had bad knowledge. The mean knowledge scores for the respondents on the pre- and post-test were 8.04 and 13.48, respectively, with 1.76 and 1.28 standard deviations. The mean pre-knowledge score in the current study was 8.04, with a standard deviation of 1.76, and the mean pre-practice score was 3.80, with a standard deviation of 1.41. Regarding junk food, the correlation coefficients between pre knowledge and practice scores were -0.23 and the p-value was more than 0.05 level of significance, indicating that there was only a little difference between the two scores. Regarding junk food, the mean post-test scores for knowledge and practice were 13.48 and 8.78, respectively, with standard deviations of 1.28 and 0.74. The correlation coefficient between the post-test knowledge and practice scores was -0.12, and the p-value was greater than 0.05, indicating that there was only a marginal difference between the knowledge and practice scores.

Regarding junk food, the mean pre-knowledge score in the current study was 8.04 with a standard deviation of 1.76 and the mean pre-practice score was 3.80 with a standard deviation of 1.41. The correlation between the two scores was -0.23, and the p-value was greater than 0.05, indicating that there was little difference between the two scores and that the correlation was weakly negative. Regarding junk food, the mean post-test scores for knowledge and practice were 13.48 and 8.78, respectively, with standard deviations of 1.28 and 0.74. The correlation coefficient between the post-test knowledge and practice scores was -0.12, and the p-value was greater than 0.05, indicating that there was only a marginal difference between the knowledge and practice scores.

IMPLICATIONS

The results of the current study have implications for nursing practice, nursing education, and nursing administration.

NURSING EDUCATION: -

- Education is a type of learning in which information, expertise, and societal norms are passed down from one generation to the next through instruction and training.
- Nursing students are taught about the dangers of junk food on teenagers' health.
- The nurse or other health professional can inform the adolescent about the dangers of junk food consumption among teenagers.
- Teachers may inform teenagers about the dangers of junk food on their health.

NURSING PRACTICE

- The study's conclusions may be used as the foundation for teaching students about the health risks of junk food consumption among teenagers, and students could also put those lessons into practice.
- In order to interact with teenagers and further their understanding of the health risks associated with junk food consumption among adolescents, teachers in schools need to be knowledgeable about this topic, have the necessary abilities, and have a positive attitude.

NURSING ADMINISTRATION

- More investigation into the understanding and behavior of teenagers regarding the dangers of junk food to their health.
- The goal of the current study is to assist teenagers in coping with issues related to the dangers of junk food on their health.

NURSING RESEARCH

The study's applicability to teenagers' daily lives can attest to its efficacy.

RECOMMENDATIONS

The following recommendations are given based on the research's findings and the study subjects' ideas: -

- A similar research with a larger sample size can be conducted to confirm the results and make generalisations.
- It is possible to do a comparison analysis to assess the efficiency of information booklets.
- College students might be the subjects of a similar study.

CONCLUSION

The mean pre-knowledge score for individuals in rural areas was 8.04, while the mean pre-practice score was 3.80. It was determined that participants from rural areas had good practices and average knowledge during the pre-test examination, and following the post-test examination, they had very good practices (13.48) and good knowledge (8.78). The student's t-test results for the knowledge and practice scores applied between pre and post for comparison with the value were 20,16 and 21,71, respectively. Since there is a substantial difference between pre- and post-test knowledge and practice scores regarding the health risks of junk food among teenagers in senior secondary schools in the Jhajjar area of Haryana, the study hypothesis H1 was confirmed. According to study hypotheses H2 and H3, knowledge and gender are related. Knowledge levels are not related to any other factors. Similarly, there is no correlation between pre-practice results and certain demographic characteristics. A link between knowledge and prior knowledge, knowledge and the types of households, and knowledge and monthly family income was discovered by the post analysis. Knowledge levels are not related to any other factors. The post-practice evaluation revealed that while the other factors were not related to practice levels, there was a relationship between practice and family monthly income. The p-value is greater than 0.05 level of significance, which supports the study hypothesis H3 that there is no significant link between post test knowledge and post test activities.

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