

A Study To Assess The Effectiveness Of Self Instructional Module On Fast Foods And Its Hazards Among Adolescents In Selected Schools, Guwahati, Assam.

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Abstract

The present scenario flashes light on many adult diseases, have their roots in childhood and adolescence. The study was attempted to assess the effectiveness of self instructional module on fast foods and its hazards among the 80 adolescents in selected schools, Guwahati, Assam. Pre- experimental one group pre test post test design and evaluative research approach was adopted. The sample consisted of 80 adolescents. Random sampling technique was used for this study. Data was collected by using questionnaire on demographic performa, and structured knowledge questionnaire. The results showed that there was marked increase in post test knowledge. In knowledge , post test mean

was 22.4 and the pre-test mean was 17.55 which represent the effectiveness of self instructional module. The t-paired value was found to be 25.12 which were highly significant at $p < 0.05$ levels. The findings of the provided score evidence that self-instructional module was effective in increasing the knowledge regarding fast foods and its hazards. In the study of association between the pre test knowledge scores and the selected socio demographic variables, it is found that there is significant association between the family monthly income and mother's occupation.

Keywords: effectiveness, adolescents, fast foods, hazards, self instructional module.

INTRODUCTION

The present scenario flashes light on many adult diseases, have their roots in childhood and adolescence. This is due to lack of knowledge and awareness regarding bad food habits.

Food is any substance ingested to provide nutritional support for the body. The food that has no or very less nutritional value comes under the category of junk food.¹

Adolescent period is from the age of 10 years to 19 years. It is a period of rapid physical growth and more physical activities. Therefore, both boys and girls require well balanced diet to have normal growth and to keep fit.² Poor nutrition during any of these stages can have lasting consequences on an adolescent's cognitive development, resulting in decreased learning ability, poor concentration, and impaired school performance Eating junk food has become a trend. The children hate homemade

healthy food. Junk food is injurious to health.³ Deficiency in total calories and/or protein, as seen in parts of the world stricken with starvation, severely reduces the immune system's ability to respond.⁴ Fast food culture is a vigorously uprising trend among the youngsters. Although, its impact exits on whole society, whether belong to lower middle class and/or elite class. But beside this thing till today there is no proper definition of the fast food.⁵

According to the National Institutes of Health (NIH), fast foods are substitutes of home – cooked means, having high saturated fat, sugar, salt and calories. The accelerate phase of industrialization and urbanization in recent decades has as expected bring about adjust in the life way.⁶

In India, 30% of children aged 2-19 years are considered overweight or obese and has been estimated that in 3 children born in the year 2000 will develop diabetes in their life time over the past 3

decades the childhood obesity rate has more doubled for pre-school children aged 2-5 years and adolescents aged, 12-19 years and it has more tripled for children aged 6-11 years.⁷ Prompt necessary actions should be undertaken to tackle this health problem. Awareness regarding healthy feeding may save children from harmful effects of fast food in this area.⁸ Good nutrition is of utmost priority in children for a steady growth and development. Knowledge highlighting about the eating habits, Nutritional aspects, quality of unhealthy foods, their health impact and preventive measures should be given to create awareness and render health education for a change towards good eating practices.⁹

MATERIALS AND METHODS

Pre- experimental one group pre test post test design and evaluative research approach was adopted. The sample consisted of 80 adolescents. Random sampling technique was used for this study. Data was collected by using questionnaire on demographic performa, and structured knowledge questionnaire. Ethical permission was obtained from

Table 1. shows the frequency and percentage distribution of selected demographic variables of the adolescents.

Sl. No	Sample characteristics	Frequency	Percentage (%)
1.	Age		
	a. 14 years	20	25
	b. 15 years	60	75
	c. 16 years	0	0
2.	Education		
	a. Class VIII	18	23
	b. Class IX	63	77
	c. Class X	0	0
3.	Gender		
	a. Male	48	60
	b. Female	32	40
4.	Religion		
	a. Hindu	38	48
	b. Muslim	26	32
	c. Christian	16	20
	d. Others (specify)	0	0
5.	Father's occupation		
	a. Government employee	72	90
	b. Private employee	6	7
	c. Private employee	0	0
	d. Private employee	2	3

the principal of Kendriya Vidhyalaya, Khanapara and written consent was taken from the adolescents in selected school, Guwahati. Adolescents who are not willing to participate in the study and adolescents who are not available during data collection were excluded from the study. Data analysis was done using descriptive and inferential. Statistical analysis was done manually.

RESULTS AND DISCUSSION

The findings of the study showed that majority. Majority of the students were in the age group of 15 years i.e.75%. Majority of the students were studying in class VIII i.e.77%. Most of the students were male i.e.60%. Most of the students belonged to Hindu religion i.e.48%. Majority of the father's education were found to be graduate passed i.e.73% Most of the mother's education were found to be graduate passed i.e. 53% Majority of fathers were Central government employee i.e. 90%. Majority of the mother's were housewives i.e.85%. Majority had family income/month of 25000 and above i.e. 85%. Majority of the students belongs to nuclear family i.e. 92%. Majority of the students were non vegetarian i.e. 90%

	c. Daily laborer	0	0
	d. Business		
	e. Unemployed		
6.	Father's education		
	a. Primary passed	0	0
	b. High school passed	14	18
	c. Higher secondary passed	58	73
	d. Graduate passed	8	10
	e. Post graduate and above		
7.	Mother's education		
	a. Primary passed	0	0
	b. High school passed	12	15
	c. Higher secondary passed	22	27
	d. Graduate passed	42	53
	e. Post graduate and above	4	5
8.	Mother's occupation		
	a. Government employee	8	10
	b. Private employee	4	5
	c. Housewife	68	85
	d. Business	0	0
	e. Unemployed	0	0

9.	Family income (in rs) a. Below 9000 b. 15001- 20,000 c. 20,001-25,000 d. 25,001 and above	0 4 8 68	0 5 10 85
10.	Type of family a. Nuclear family b. Joint family c. Extended family	74 4 0	92 8 0

11.	Type of food a. Vegetarian b. Non vegetarian	8 72	10 80
12.	Sources of information a. Television b. Friends c. Newspapers d. Others	12 68 0 0	15 85 0 0

ASPECT WISE ASSESSMENT OF KNOWLEDGE OF THE ADOLESCENTS REGARDING FAST FOODS AND ITS HAZARDS.

Table 2. Aspect wise pre test assessment of knowledge of the adolescents regarding fast foods and its hazards.

n=80

Sl no	Aspects	Statement	Max.score	Range score	Knowledge aspects		
					Mean	Mean %	SD%
1.	Knowledge on fast foods	10	10	2-4	3.1	31	8.1
2.	Effects of fast foods	7	7	2-4	2.53	36.25	17.3
3.	Complications	5	5	1-3	1.68	33.75	13.4
4.	Steps to avoid fast foods	3	3	0-1	0.67	22.33	15
5.	Benefits of Healthy habits	5	5	1-3	1.78	35.6	13.93
	Combined	30	30	10-20	17.55	21.93	9.93

Table 3. Aspect wise post test assessment of knowledge of the adolescents regarding fast foods and its hazards.

n=80

Sl no	Aspects	Statement	Max.score	Range score	Knowledge aspects		
					Mean	Mean %	SD%
1.	Knowledge on fast foods	10	10	8-10	8.72	87.2	6.8
2.	Effects of fast foods	7	7	4-7	5.62	80.3	8.64
3.	Complications	5	5	4-5	4.28	85.6	9.02
4.	Steps to avoid fast foods	3	3	2-3	2.72	90.2	14.6
5.	Benefits of Healthy habits	5	5	4-5	4.46	89.2	10
	Combined	30	30	18-25	22.4	28	5.1

The data presented in table 4 showed that in pre- test, majority 78 (97%) of adolescents have moderate knowledge on fast foods and its hazards. In post- test,

majority 77 (96%) of the adolescents have adequate knowledge on fast foods and its hazards.

Fig 1: Graph showing percentage distribution of pre-test and post-test knowledge score of adolescent on fast foods and its hazards

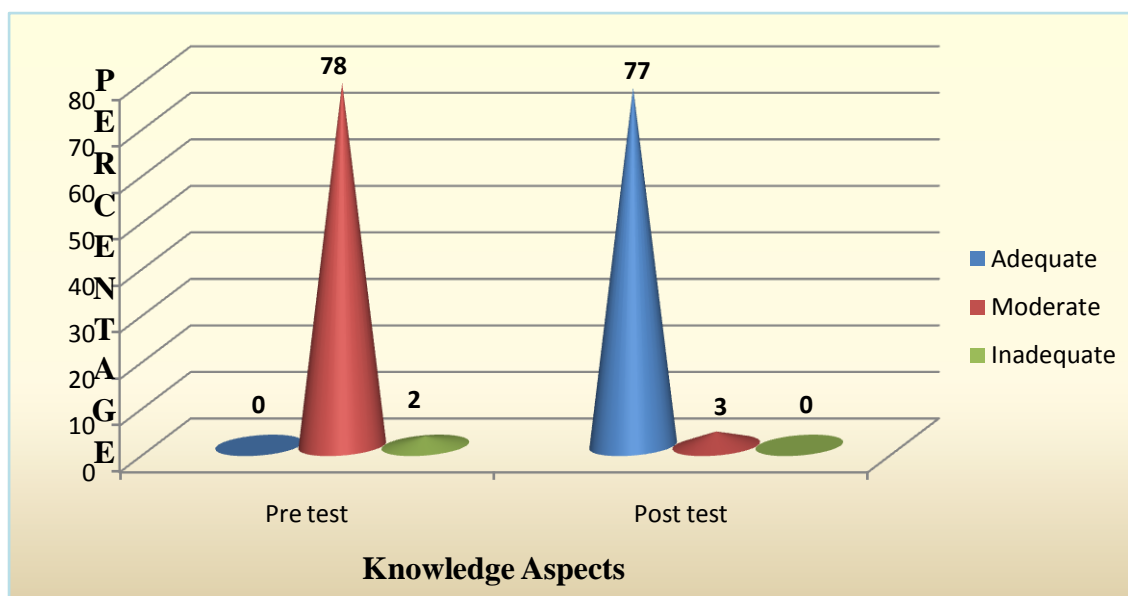


Table 5: Mean, standard deviation, t-value, df and inference of pre-test and post-test knowledge score of adolescents on fast foods and its hazards

n=80

Knowledge Score	Mean	Standard deviation	Mean Difference	t-value	df	p value (0.05)
Pre test	17.55	2.98	4.85	25.12	79	1.9905
Post test	22.4	1.53				

*S= Significant at $p < 0.05$

The data presented in table 5 shows that the mean post test knowledge score (22.4) was higher than the mean pretest knowledge score (17.55). The calculated t-value was 25.12 and the tabulated value of df 79 for 0.05 level of significance was 1.9905. Thus the calculated value is greater than the tabulated value and hence null hypothesis (H_{01}) was rejected and accepted the research hypothesis i.e. there is significant difference between pre test and post test knowledge scores on fast foods and its hazards. This indicates that the self instructional module on fast foods and its hazards was effective in improving the knowledge of the adolescents.

structured teaching programme regarding Health Hazards of Junk Foods among School Children at Selected School, Chennai. A quasi experimental one group pretest posttest design was adopted for this In pretest out of 100 school children, 83 (83%) children had at the level of $P < 0.05$ was significant . It has been inadequate knowledge and 17(17%) had moderately adequate knowledge. In post test 22(22%) had moderately adequate knowledge and 78 (78%) had adequate knowledge. The 't' value 30.48 was compared with tabulated table value revealed that the self instructional module on health hazards of fast foods among school children was effective. ¹⁰

Ms. V. Gnanagowri (2016) conducted a Quasi Experimental Study to Evaluate the Effectiveness of

Table 6: Association of pre-test knowledge score of adolescent girls with selected demographic variables

n=80

Demographic variables	Pre Test Knowledge			Total	χ^2	df	p-Value	Inference
	Inadequate	Moderate	Adequate					
Age								
a. 14 years	1	19	0	80	8.2	4	9.49	NS
b. 15 years	1	59	0					
c. 16 years	0	0	0					
Education								
a. Class VIII	2	16	0	80	5.47	4	9.49	NS
b. Class IX	0	62	0					
c. Class X	0	0	0					
Gender								
a. Male	1	47	0	80	0.08	2	5.99	NS
b. Female	1	31	0					
Religion								
a. Hindu	1	37	0	80	0.19	2	12.56	NS
b. Muslim	1	25	0					
c. Christian	0	16	0					
d. Others (specify)	0	0	0					
Father's occupation								
a. Government employee	1	71	0	80	5.29	8	15.51	NS
b. Private employee	1	5	0					
c. Daily laborer	0	0	0					
d. Business	0	2	0					
e. Unemployed	0	0	0					
Father's education								
a. Primary passed	0	0	0	80	0.005	8	15.51	NS
b. High school passed	0	0	0					
c. Higher secondary passed	2	12	0					
d. Graduate passed	0	58	0					
e. Post graduate and above	0	8	0					
Mother's education								
a. Primary passed	0	0	0	80	3.55	8	15.51	NS
b. High school passed	1	11	0					
c. Higher secondary passed	0	21	0					
d. Graduate passed	0	42	0					
	0	4	0					

e. Post graduate and above									
Mother's occupation									
a. Government employee	2	6	0						
b. Private employee	0	4	0						
c. Housewife	0	68	0						
d. Business	0	0	0	80	18.4	8	15.5	S	
e. Unemployed	0	0	0		6		1		
Family income (in rs)									
a. Below 9000	0	0	0	80	18.4	8	15.5	S	
b. 15001- 20,000	0	4	0		5		1		
c. 20,001-25,000	2	6	0						
d. 25,001 and above	0	68	0						
Type of family									
a. Nuclear family	2	72	0						
b. Joint family	0	6	0	80	0.17	4	9.49	NS	
c. Extended family	0	0	0						
Type of food									
a. Vegetarian	0	8	0	80	0.27	2	5.99	NS	
b. Non vegetarian	2	70	0						
Sources of information									
a. Television	0	12	0						
b. Friends	2	66	0						
c. Newspaper	0	0	0	80	0.85	6	12.5	NS	
d. Others	0	0	0				6		

*S= Significant

*NS= Not significant at $p < 0.05$

The result of chi square analyst presented in the table 6 indicates that there is significant association between the pre-test knowledge score on fast foods and its hazards with mother's occupation, family income. Thus, the null hypothesis (H_{02}) with respect to the mother's occupation and family income is rejected and research hypothesis is accepted.

This finding is supported by the findings of the Joshi et al (2012) :Avoid junk food and start cycling to school : An easy way to manage adolescent obesity. where majority of their study subjects (96%) were consuming junk foods and the high prevalence was partly attributed to their socioeconomic status as

evidenced by higher junk food consumption (89.2%) among either upper or upper-middle socioeconomic class and association with family income was being found.¹¹

Anija Johnson, Beena Rani, Julee Rajan,(2018) conducted a study on Effectiveness of Structured Teaching Programme on adverse effects of Junk Foods among Mothers in selected Rural Area, Kolla. One group pre test post test research design was adopted for the present study. The study was conducted to collect the data among 60 mothers in selected rural area, Kollam. A structured questionnaire was given to collect the data. The

samples were collected by using purposive sampling technique and the collected data was analyzed by descriptive and inferential statistics. The major findings of the study were, the demographic variables such as education and occupation had significant association with pretest knowledge regarding adverse effects of junk foods and the study was effective.¹²

CONCLUSION

The present study was conducted to assess the effectiveness of self instructional module regarding fast foods and its hazards among the adolescents. The study reveals that the total post test knowledge score is significantly higher than of pre test as evidenced by $t=25.12$ ($p<0.05$).

Thus, the self instructional module was effective in improving the knowledge of the adolescents on fast foods and its hazards. On the basis of the findings, the researcher concluded that the self instructional module was very effective.

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