

ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME(STP)REGARDING KNOWLEDGE AND IMPACT OF RESTRICTIVE FOOD INTAKE DISORDER ON HEALTH AMONG STUDENTS IN SELECTED HIGH SCHOOL AT BENGALURU

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ABSTRACT

The aim of the study is to assess the level of knowledge regarding knowledge and impact of Restrictive food intake disorder. One group pre-test and post-test pre-experimental design was adopted and the total population of the present study comprised of High School Students, Benagaluru.60 High school students was selected by using convenient sampling method through non-probability sampling method. The key factors: Overall mean percentage of pre-test knowledge score was 46.9%respondents on knowledge and impact of restrictive food intake disorder on health and post-test mean percentage was 80.5%with an enhancement of 33.6%mean percentage knowledge scores. The knowledge and impact of restrictive food intake disorder is significantly associated with Gender, placeof Residence, Type of family, Dietary habit,like to eat outside food. Any food preference and not significantly associated with age, religion, occupation of father, occupation of mother, familyincome, previous source of information at 5%($p<0.05$).

Keywords: Structured teaching programme, Restrictive food intake disorder.

Introduction

Restrictive food intake disorder previously known as selective eating disorder is a type of eating disorders in which people eat only within an extremely narrow repertoire of foods.¹ This avoidance may be based on appearance, smell, taste, texture, brand presentation or a past negative experience with the food, to a point that may lead to nutritional deficiencies orothernegative health outcomes².Restrictive food intake disorder is different to other restrictive eating disorders in which Restrictive food intake disorder isn't affected by a person's beliefs about the size and shape of their body.

Someone with Restrictive food intake disorder doesn't restrict their food intake for the specific purpose of losing weight. Restrictive food intake disorder doesn't feature some of the other behaviour that can be associated with anorexia, bulimia, or such as over exercising³.

Objectives :

1. To assess the existing knowledge and impact regarding Restrictive food intake disorder on health among students in selected High schools at Bengaluru.

2. To evaluate the effectiveness of structured teaching programme on knowledge and impact regarding Restrictive food intake disorder on health among students in selected High schools at Bengaluru.

3. To find the difference between the pre-test knowledge scores and post-test knowledge scores among High school students.

4. To find the association between the pre-test knowledge scores and selected demographical variables among High school students.

Research Hypotheses

H₁: There will be a significant difference between pre-test knowledge scores and post-test knowledge score regarding. Knowledge and impact level on Restrictive food intake Disorder on health.

H₂: There will be significant association between pre-test scores of knowledge and impact on health of Restrictive food intake disorder and the selected demographic variables of High school students.

Research Methodology:

one group pre-test and post-test pre-experimental design is adopted for the present study.

Setting: Based on the geographical proximity, feasibility of conducting the study and availability of the samples, the present study was conducted in Sharadha Stree Samaja High School

Population The population referred to as the target population, which represents the entire group or all the elements like individuals or objects that meet certain criteria for inclusion in the study. The total population of the present study comprised of High School Students at Bengaluru.

Sample: High School students studying in selected High School, Bengaluru. **Sample size:** The sample size of the present study consists of 60 High School Students Bengaluru.

Sampling technique: The sampling technique adopted for the study was a convenient sampling method through non-probability sampling technique was used for selection of subjects.

Criteria for selecting the sample:

Inclusion criteria:

High school students:

- who are studying in selected High schools.
- who are willing to participate in the study.
- who understands English.

Exclusion criteria:

High school students:

- who are absent at the time of data collection.
- who are not willing to participate in the study.
- Who are sick at the time of data collection.

Table:1.2: pre-test knowledge scores of high school students on knowledge and impact of restrictive food intake disorder on health. N=60

Knowledge Level	Category	Respondents	
		Number	Percent%
Inadequate	≤ 50 % Score	40	66.7
Moderate	51-75 % Score	20	33.3
Adequate	> 75 % Score	0	0.0

Table1.3 : aspect wise pre-test mean knowledge and impact scores on restrictive food intake disorder on health. N=60

Sl.No	Knowledge Aspects	Statem ents	Max. Score	Knowledge Scores			
				Mean	SD	Mean (%)	SD (%)
I	General information and Definition	8	8	4.13	1.05	51.7	13.1
II	Types, Risk factors, Warning signs and Clinical features	7	7	2.98	0.70	42.6	10.0
III	Diagnostic criteria and Management	9	9	3.93	1.36	43.7	15.2
IV	Complications	6	6	3.02	1.30	50.3	21.6

overall pre-test knowledge scores on knowledge and impact of restrictive food intake disorder on health.

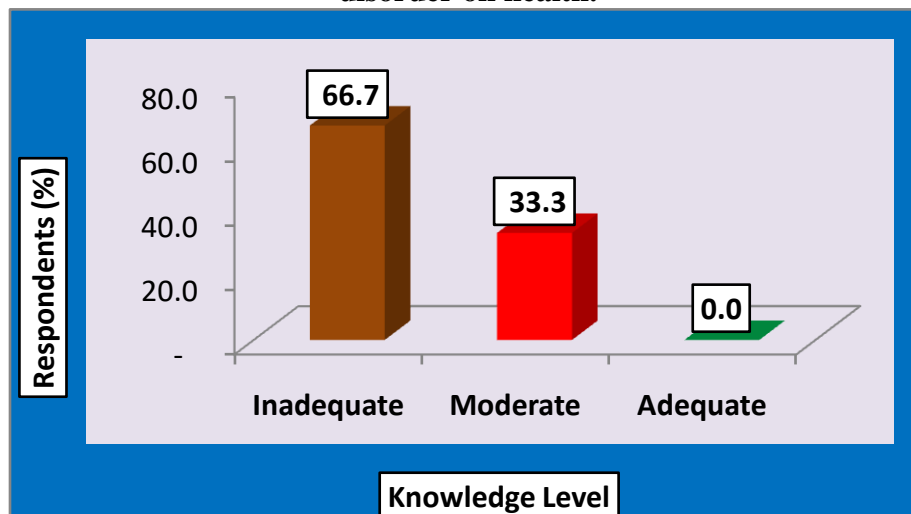


Table 1.4: difference between pre-test and post- test knowledge scores of high school students on health.

N=60

Aspects	Max. Score	Knowledge Scores				Paired 't' Test
		Mean	SD	Mean (%)	SD (%)	
Pre test	30	14.07	3.15	46.9	10.5	25.52*
Post test	30	24.15	1.86	80.5	6.2	
Enhancement	30	10.8	3.07	33.6	10.2	

Table: 1.5 Association between Demographic variables and Pre test Knowledge level on Restrictive food intake Disorder on health

Demographic Variables	Category	Sample	Knowledge Level				X ² Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Age group	14 years	19	14	73.7	5	26.3	0.66 NS	P>0.05 (5.991)
	15 years	21	13	61.9	8	38.1		
	16 years	20	13	65.0	7	35.0		
Gender	Male	28	15	53.6	13	46.4	4.05*	P<0.05 (3.841)
	Female	32	25	78.1	7	21.9		
Religion	Hindu	33	25	75.8	8	24.2	3.40 NS	P>0.05 (5.991)
	Muslim	22	13	59.1	9	40.0		
	Christian	5	2	40.0	3	60.0		
Place of residence	Rural	34	19	55.9	15	44.1	4.11*	P<0.05 (3.841)
	Urban	26	21	80.9	5	19.2		
Occupation of Father	Government	6	3	50.0	3	50.0	1.25* NS	P>0.05 (7.815)
	Private	10	6	60.0	4	40.0		
	Self-employed	21	15	71.4	6	28.6		
	Others	23	16	69.6	7	30.4		

Occupation of Mother	Government	4	3	75.0	1	25.0	5.53 NS	P>0.05 (7.815)
	Private	9	8	88.9	1	11.4		
	Self-employed	43	25	58.1	18	41.9		
Family income/month	Below Rs.10,001	28	19	67.9	9	32.1	2.56 NS	p>0.05 (7.815)
	Rs.10,001-20,000	23	17	73.9	6	26.1		
	Rs.20,001-30,000	9	4	44.4	5	55.6		
Type of family	Nuclear	42	29	76.2	13	23.8	5.71*	P<0.05 (3.841)
	Joint	8	11	44.4	7	55.6		
Dietary habit	Vegetarian	18	8	44.4	10	55.6	5.71*	P<0.05 (3.841)
	Mixed diet	42	32	76.2	10	23.8		
Like to eat outside food/junk food	Occasional	46	30	65.2	16	34.8	6.33*	P<0.05 (5.991)
	Regular	7	3	42.9	4	57.1		
	Never	7	7	100.0	0	0.0		
Any food preference	Yes	42	24	57.1	18	42.9	5.71*	P<0.05 (3.841)
	No	18	16	88.9	2	11.1		
Previous source of information	Mass media	25	15	60.0	10	40.0	0.87 NS	P>0.05 (5.991)
	Education	25	18	72.0	7	28.0		
	Others	10	7	70.0	3	30.0		

The findings reveal that, the χ^2 values calculated for knowledge scores, wide regard age of the High School Students (0.66), gender of the High School Students (4.05), religion of respondent (3.40) non-significant and previous source of information (0.87) non-significant, were more than the χ^2 table values at 0.05 level of significant which indicates that there is a significant association between pre- test knowledge

scores and these demographic variables, the χ^2 values calculated for knowledge scores (6.30) were less than the χ^2 table values at 0.05 level of significant which indicates that there is no significant association between pre-test knowledge scores and these demographic variables. Hence stated research hypothesis H₂ is accepted with regard of these variable.

Conclusion:

The chapter presents the conclusions drawn, implications, limitations and recommendations. The main focus of this study was to evaluate the effectiveness of Structured Teaching Programme on Knowledge and Impact of Restrictive food intake disorder on health among High School Students in selected School at Bengaluru. Using a Non probability convenient sampling technique 60 samples were selected. The data was collected by Structured Knowledge Questionnaire. Data was analyzed and interpreted by descriptive and inferential statistical methods.

The study findings showed that there is significant difference between pre-test 46.9% and posttest 80.5% knowledge scores. There is enhancement 33.6% in the pre- test scores after giving the Structured Teaching Program. It reveals that there is significant association between Structured Teaching Programme on knowledge and impact of Restrictive food intake disorder on health among the High School Students.

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